ADOLESCENT AND YOUTH-FRIENDLY HEALTH SERVICES

National Operational Guidelines

Samoa – 2023

UNFPA

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Adolescent and Youth-Friendly Health Services Guidelines

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Contents

Appendices

ACRONYMS

AHD	ADOLESCENT HEALTH AND DEVELOPMENT
AIDS	ACQUIRED IMMUNE DEFICIENCY SYNDROME
ANC	ANTENATAL CARE
AYFHS	ADOLESCENT YOUTH-FRIENDLY HEALTH SERVICES
CSO	CIVIL SOCIETY ORGANISATIONS
DHS-MICS	DEMOGRAPHIC HEALTH SURVEY-MULTIPLE INDICATOR CLUSTER SURVEY
ECP	EMERGENCY CONTRACEPTIVE PILLS
FBO	FAITH BASED ORGANISATION
FLE	FAMILY LIFE EDUCATION
GBV	GENDER-BASED VIOLENCE
HFRSAA	HEALTH FACILITY READINESS AND SERVICE AVAILABILITY ASSESSMENT
HIV	HUMAN IMMUNODEFICIENCY VIRUS
HMIS	HEALTH MANAGEMENT INFORMATION SYSTEM
HPV	HUMAN PAPILLOMAVIRUS
ICT	INFORMATION AND COMMUNICATIONS TECHNOLOGY
ICHAP	INTEGRATED COMMUNITY HEALTH ADVOCACY PROGRAM
IEC	INFORMATION, EDUCATION AND COMMUNICATION
LARC	LONG-ACTING REVERSIBLE CONTRACEPTIVE
MESC	MINISTRY OF EDUCATION SPORTS AND CULTURE
MISP	MINIMUM INITIAL SERVICE PACKAGE FOR SEXUAL AND REPRODUCTIVE HEALTH EMERGENCIES
MOH	MINISTRY OF HEALTH
NGO	NON-GOVERNMENT ORGANISATION
OOS	OUT-OF-SCHOOL
PIC	PACIFIC ISLAND COUNTRIES
PMS	POST MISCARRIAGE SERVICES
PNC	POSTNATAL CARE
RMNCAH	REPRODUCTIVE, MATERNAL NEWBORN, CHILD, AND ADOLESCENT HEALTH
SDG	SUSTAINABLE DEVELOPMENT GOALS
SGBV	SEXUAL AND GENDER-BASED VIOLENCE
SFHA	SAMOA FAMILY HEALTH ASSOCIATION
SOGIE	SEXUAL ORIENTATION AND GENDER IDENTITY AND EXPRESSION
SRH	SEXUAL AND REPRODUCTIVE HEALTH
SRHR	SEXUAL AND REPRODUCTIVE HEALTH RIGHTS
STI	SEXUALLY TRANSMITTED INFECTIONS
TTM	TUPUA TAMASESE HOSPITAL

Acronyms cont...

UN	UNITED NATIONS
UNESCO	UNITED NATIONS EDUCATIONAL SCIENTIFIC AND CULTURAL ORGANISATION
UNFPA	UNITED NATIONS POPULATION FUND
UNFPA-PSRO	UNITED NATIONS POPULATION FUND PACIFIC SUB-REGIONAL OFFICE
UNICEF	UNITED NATIONS CHILDREN'S FUND
YFSRH	YOUTH-FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH
VCCT	VOLUNTARY CONFIDENTIAL COUNSELLING AND TESTING
WHO	WORLD HEALTH ORGANIZATION

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GLOSSARY

Adolescents, youth, and young people

The World Health Organization (WHO) and the United Nations (UN) define 'young people' as girls and boys between the age of 10-24 years, which ranges from the period defined as adolescence (10-19 years) to youth (15-24 years). However, the definition varies from country to country.

For the purposes of these Guidelines, the following definitions are used.

Definition	WHO/UNFPA	Samoa[1]
Adolescents	10-19 years	10-19 years
Youth	15-24 years	18-35 years
Young people	10-24 years	10-35 years

Appropriate package of services

Minimum services package (essential packages) is the minimum expected sexual and reproductive health (SRH) services to be provided at adolescent and youth-friendly health facilities at the primary health care setting, using the available resources in the country. Advanced services package refers to services provided at the secondary or tertiary health facilities as part of routine care or AYFHS.

Disability

Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.[2]

Gender-based violence (GBV)

An umbrella term for any harmful act that is perpetrated against a person's will. GBV is based on socially ascribed (gender) differences between male and female. GBV includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or private.[3]

Mental health

Mental health is the foundation for the wellbeing and effective functioning of individuals. It is more than the absence of a mental disorder; it is the ability to think, learn, and understand one's emotions and the reactions of others. Mental health is a state of balance, both within and with the environment. Physical, psychological, social, cultural, spiritual, and other interrelated factors participate in producing this balance. There are inseparable links between mental and physical health[4].

Reproductive health

WHO defines reproductive health as a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes.[5]

Sexual health

WHO defines sexual health as a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity in all matters relating to sexuality. Sexual health also means having a responsible, satisfying, and safe sex life. Sexual health includes aspects of sexuality not necessarily related to reproduction.

Sexual and reproductive health (SRH)

There is an overlap in the definitions of SRH. For these Guidelines, the term SRH addresses every issue included in 'sexual health' and 'reproductive health' above.

Adolescent and youth-friendly health services

AYFHS are accessible, acceptable, comprehensive, and appropriate for young people. They are in the right place and delivered in the right style to be acceptable to young people. They are effective, safe, and affordable (free when necessary), are equitable, and do not discriminate on the grounds of gender, ethnicity, religion, disability, social status, marital status, sexual orientation, or any other reason.[6]

AYFHS reaches out to those who are most vulnerable and those who lack services. Services are youth-friendly if they have policies and attributes that attract young people to the facility, meet the needs of young people, and retain the clientele for follow-up visits. AYFHS are a wide range of health and related services provided to young people to meet their individual needs, in a manner and environment to attract interest and sustain their motivation to utilise such services.

Accessible

Young people, including young people with disability, experience significant barriers when choosing to access SRH services which impact their health outcomes. Services that acknowledge and address barriers such as infrastructure, complicated systems, and referral processes, poor previous experiences, cost, and confidentiality will improve the engagement of young people.

Acceptable

Young people have distinct needs and aspirations, including being treated with respect, receiving culturally and religiously sensitive care, and accessing services with stringent privacy and confidentiality systems. Health services that provide adequate time for appointments and availability of youth advocates demonstrate to young people the service is responsive to their needs.

Appropriate

Youth will continue to access health care if they feel comfortable and experience care that is responsive to their needs. Services that provide minimum services packages in one setting are an example of ensuring SRH health services are appropriate.

Comprehensive

Young people can experience complex and chronic issues, which require a comprehensive approach in service delivery. To ensure young people's wellbeing and health needs are met, integrated systems and partnerships with internal and external services are critical to improving outcomes.

1 INTRODUCTION

Purpose of the AYFHS Guidelines

Samoa's Adolescent and Youth-Friendly Health Services National Operational Guidelines (also referred to as AYFHS Guidelines or the Guidelines) provide technical and operational guidance to government authorities, Non-government organisations (NGOs), and stakeholders in delivering SRH services to young people aged 18-35 years. This includes healthcare and non-health professionals in a diverse range of positions, including facility managers, clinicians, allied health care providers, health promotion, outreach workers, and other support roles to ensure a standardised and comprehensive approach to providing AYFHS. The Guidelines are intended to be used by government and non-government service providers and other stakeholders to plan and implement SRH services, including the scale-up of existing services.

Importantly, the Guidelines ensure that the provision of AYFHS in Samoa are in line with international standards, including the WHO Standards for *Youth-friendly Services*[6], other best-practice guidelines, and current evidence. The Guidelines also delineate the service delivery responsibilities of health workers, support staff, and facilities within the MOH and other non-government service providers and stakeholders. As a result, implementing the Guidelines will promote comprehensive, integrated, accessible and sustainable SRH services.

Background

Guidelines development process

The development of the 2023 Guidelines has been a collective effort from the AYFHS Core Review Committee.

WHO Global Standards for Quality Health-care Services for Adolescents

Family Planning Australia's *Adolescent and Youth-friendly Health Services in the Pacific: A template for developing youth-friendly guidelines*[7] was used in the development of these Guidelines.
The template is based on the eight *WHO Global Standards for Quality Health-care Services for Adolescents* and incorporates up-to-date research and other existing international guidelines and resources.

The eight WHO Global Standards are as follows (see appendix 1 for further information).

Standard 1: Health literacy

Standard 2: Community support

Standard 3: Appropriate package of services

Standard 4: Providers' competencies

Standard 5: Facility characteristics

Standard 6: Equity and non-discrimination

Standard 7: Data and quality improvement

Standard 8: Young people's participation

Policy context

The Sustainable Development Goals (SDG) were adopted by the UN in 2015 as a universal call to action to end poverty, protect the planet, and ensure that all people enjoy peace and prosperity by 2030. Among the 17 SDGs, three directly relate to how we approach and prioritise programs to improve the SRH of young people.

These include:

- **Goal 3: Good health and wellbeing** – addressing lack of access to quality reproductive healthcare, including contraception and safe abortion.
- **Goal 4: Quality education** – addressing gender inequality where girls are disproportionately affected by lack of access to education. The more years a girl spends in education, the smaller her family size, which in turn empowers them to pursue further educational opportunities.
- **Goal 5: Gender equality** – gender inequality is one of the main drivers of fertility rates. Therefore, empowering women and girls to take control of their bodies and lives is crucial.

1. Samoa *National Sexual and Reproductive Health Policy 2017-2022*

   Key components directly related to the SDGs 3,5 and 7:

   - safe motherhood
   - fertility regulation
   - prevention and control of sexually transmitted infections (STIs)
   - gender-based violence

2. Samoa *National Policy for Gender Equality Policy 2016-2020*

   Goal: 'All women and girls have equal access to opportunities that guarantee their full participation in, and benefit from, the sustainable development of Samoa'.

Key outcomes:

- Safe families and communities including ending violence against women and children
- Healthy women and girls
- Equal economic opportunities for women
- Increased participation of women in public leadership and decision-making
- Increased access to education and gender-sensitive education curriculum
- Enhanced gender equality approaches to community resilience and disaster preparedness
- Enhanced institutional mechanisms for the promotion of gender equality

3. The Ministry of Women, Community and Social Development (MWCSD) *National Youth Policy 2011-2015*

Key outcomes:

- Building knowledge on youth development to ensure responsive and relevant interventions in the medium and long term
- Improved accessibility of youth to vocational training and second chance education with respect to employment creation in both the formal and informal sector
- Improved accessibility of youth to vocational training and second chance education with respect to employment creation in both the formal and informal sector
- Improved health and wellbeing of young people towards a healthy and vibrant youth population
- Strengthened family relationships, partnerships with various sectors and responsive community networks to ensure a high degree of social protection for young people

Outcome 4 outlines five objectives specific to the health of young people of Samoa:

- To strengthen current partnership initiatives with the health sector to address prevalence of non-communicable diseases through promotion of community primary health care
- To strengthen the coordinated response to reduce the prevalence of STIs and HIV/AIDs
- To engage collective cross-sector support, including NGOs, private sector, and civil society organisations (CSOs), to advocate key regulative and implement preventative and rehabilitation measures to address the growing, alcohol, tobacco, and drug abuse by youth
- To contribute to the prevention of youth suicide in Samoa
- To enhance support and facilitate opportunities for the participation of young people inclusive of people with disabilities in sports at all levels

In 2017, a Health Facility Readiness and Service Availability Assessment (HFRSAA), was completed by John Snow, Inc. (JSI) with support from UNFPA. The Assessment provided baseline information on the availability and potential to provide essential reproductive and maternal health services, including family planning, safe motherhood, youth-friendly, HIV and STIs, as well as the availability of contraceptives and essential medicines.[8] The HFRSAA team attended 14 facilities and resulted in the key findings listed below.

Key findings

- Zero percent of facilities provide adolescents and youth-friendly services according to global standards (however 85.7% of facilities reported offering AYF services).
- Zero of facilities can provide minimum services for SGBV that meet global standards (however 57% of facilities reported SGBV services are provided).
- Sixty-four percent of facilities received FP supervision visits in the previous six months.
- Forty-three percent of facilities offered a dedicated room for adolescent friendly services.
- Fifty percent of facilities provided flexible hours, including weekends.

As a result of the HFRSAA, key recommendations identified several core elements of service delivery that required addressing to improve the SRH outcomes of young people.

Recommendations

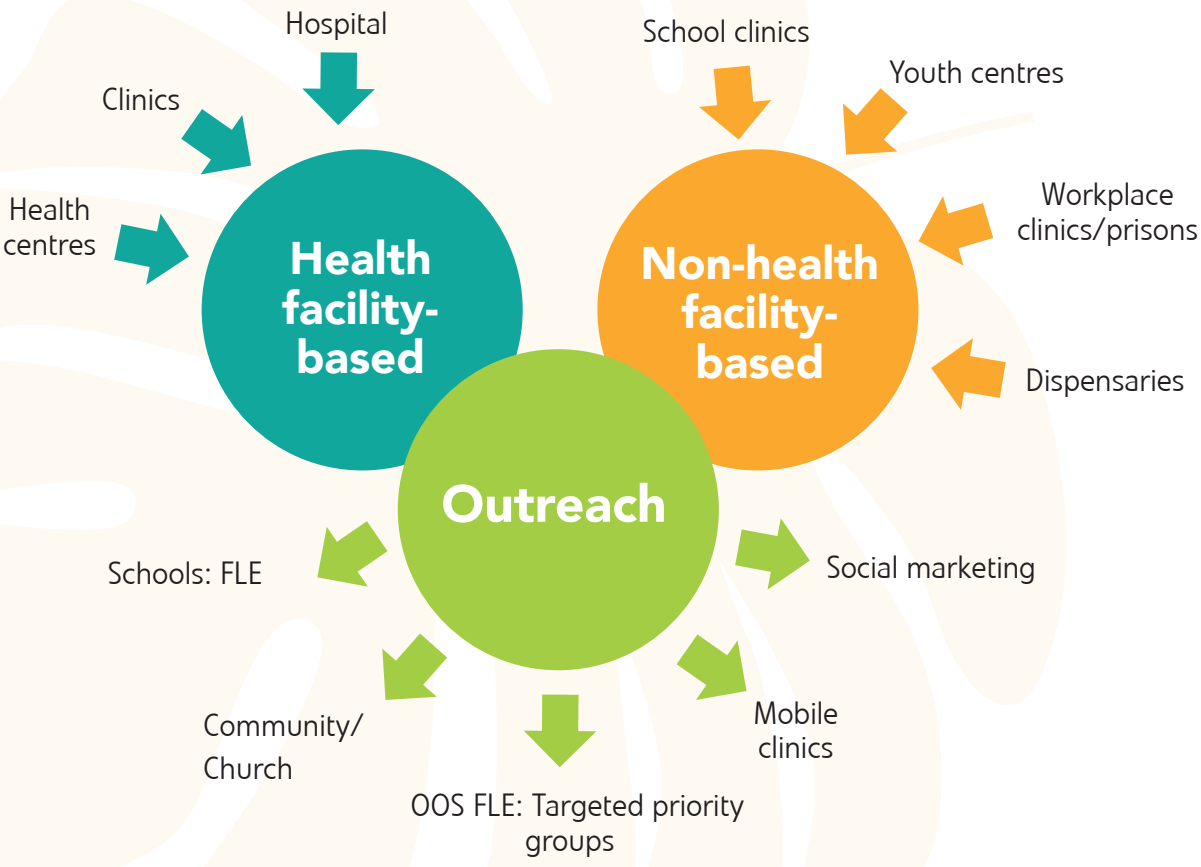
- Ensure facilities are equipped to provide comprehensive and AYF reproductive health services.
- Ensure facilities are equipped and staff training to provide response and referral services for survivors of SGBV, in line with minimum global standards.
- Strengthen the capacity of health providers in coordination management.
- Review and update logistics management tools and practices, including stock cards, ordering and resupply forms, and data reporting, and ensure their availability at each level of the supply chain.
- Review and update health management tools, including registries and reports, and practices for reporting to higher levels.

The recommendations correlate with the AYFHS Core Review Committee feedback and Integrated Community Health Advocacy Program conducted in June 2022.

Models for AYFHS delivery

A range of methods are required to build demand amongst young people for health services and reduce barriers from the wider community and within the health facility setting. An integrated approach using various means to achieve this is encouraged and outlined in the figure below. This means addressing the needs of young people's SRHR in a variety of settings.

- **Health facility-based efforts:** Refers to facilities where AYFHS are provided as part of the routine health care within the mainstream health facilities with a special arrangement made to make services accessible and acceptable to youth. Mainstream primary health care facilities provide basic curative and preventive care. In addition, hospital settings provide a wide range of specialised services. Therefore, the needs of young people can be addressed by integrating youth-specific services into the existing mainstream system.
- **Non-health-facility based:** Refers to facilities that provide AYFHS outside the fixed health facilities. The services can be provided in schools, churches, prisons, youth centres and workplace settings regularly.
- **Outreach efforts:** Refers to services provided outside of the fixed facilities. This includes activities run from health or non-health-based model, such as mobile clinics, regular visits, social marketing etc. The purpose of which is to reach out to young people in the community, faith based organisations, schools, prisons, workplaces. These young people can also be reached during special events, such as sport and music events. Outreach services have the potential to reach out to young people who are unlikely to attend mainstream or other fixed services.



2 ABOUT YOUNG PEOPLE

The SRH of young people of Samoa

Samoa has a growing younger population, with 50% of the total population (195,979), being under the age of 21 years.[9] 22.4% are women within the reproductive age group (15-49).

High fertility rate, teenage pregnancy, and unmet need for contraception

In 2019, the adolescent birth rate was 55/1,000 and the use of contraceptives decreased from 26.9% in 2014 to 16.6% in 2019.[10]

HIV and STIs

The first case of HIV recorded in Samoa was in 1990. Since that time, the recorded prevalence of the virus has remained low (0.005%) with no new cases being confirmed between 2012-2015. However, this could be contributed to low testing rates, with approximately 5% of the population being tested annually.

Chlamydia is a major problem in Samoa with a high prevalence in pregnant women. MOH policy dictates mandatory screening at antenatal visits. According to MOH reports, 26% of 2,025 individuals who were tested at hospitals and health clinics in 2015 tested positive to chlamydia.[11]

GBV

An umbrella term for any harmful act that is perpetrated against a person's will. GBV is based on socially ascribed (gender) differences between male and female. GBV includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.[12]

Alcohol and substance abuse

The use of alcohol and tobacco are leading causes of chronic disease in the Pacific region. In Samoa, 32.6% of males and 4.6% of females had drunk alcohol within the last 30 days. Seventeen-point seven percent (17.7%) of males and 2.0% of females engaged in heavy episodic drinking, which is defined as five or more drinks on one day.[13] The use of alcohol before the age of 15 years, to mean consumption of at least one alcoholic drink, stood at 1% for women and 4.6% for men. Between 2019-2020, 26.6% of women aged between 15-49 and 34.7% of men aged between 15-49 have smoked cigarettes.

Mental health

Mental health issues are an increasingly prominent disease in international health and an emerging challenge for Samoa. An estimated 16.4% of the Samoan population has been diagnosed with a moderate to severe mental disorder. In 2017-18, there were 210 patients admitted with a mental illness or disorder in the Tupua Tamasese Hospital, totalling 2,014 patients since 2014-15. According to MOH reports, 154 patients access mental health outreach programs and the total number of the MOH mental health workforce consists of one psychiatrist and three nurses with post graduate qualifications.[14]

2 About young people cont...

Cervical cancer

Cervical cancer is a major cause of mortality among women in the Pacific region. Cervical cancer is the fourth most frequent cancer in women an estimated 604,000 new cases per year. 90% of these occur in less developed regions.[15] In Samoa, cervical, uterus and breast cancer have been the top three cancers affecting Samoan women. Samoa age adjusted death rate is 7.89 per 100,000. It has also been recorded that cervical cancer is underestimated in Samoa, and women often present in late stages of invasive cancer, with 50% of cases dying in the first year.[16]

Human papillomavirus (HPV) is a virus that causes the majority, or more than 90%, of cervical cancers. HPV easily spreads by skin-to-skin contact during sexual activity with another infected person. The lifetime probability of ever encountering HPV is as high as 80-90%. Risk factors for HPV infection and cervical cancer are engaging in sexual intercourse at an early age, having multiple sexual partners, tobacco use, and presence of other STIs. All these risk factors are often embedded with adolescent and youth SRH issues. Progression from infection to pre-cancerous lesions and cancer is slow but can be rapid in women with immune suppression.[17] Cervical cancer therefore is more complicated as its symptoms tend to appear only after the cancer has reached an advanced stage. Samoa launched the HPV vaccine roll-out in July 2022 in schools targeting girls from 13-17 years.

General health problems

Youth are affected by common and communicable diseases that also impact the general population of the country such as tuberculosis, acute respiratory illnesses, and dengue fever. Young people are also at risk of developing, preventative non communicable diseases such as diabetes, chronic obstructive pulmonary and cardiovascular disease, which are becoming a high burden of disease among the Pacific Island Countries (PICs).

Priority groups of young people

Young people have unique clinical, psychosocial, and SRH needs. They are often described as being one step away from engaging in high and multiple risk behaviour owing to displacement, ethnicity and social exclusion, family breakdown and abuse, harmful cultural practices, and poverty. Certain young people are more at risk of contracting STIs and HIV and experiencing an unplanned pregnancy. The experience of these factors results in groups of young people being vulnerable to poor SRH outcomes. They are therefore considered priority groups for SRH information and clinical services and public health programs. These priority groups require specific attention and strategies to ensure access to services and programs equal to their peers.

It is important to recognise the different issues and life experiences these young people bring to healthcare settings. Providing AYFHS enables health workers and support staff to stay connected, build a good rapport and respond appropriately to young peoples' needs.

In Samoa, the *National Youth Policy 2011-2015* and the *National SRH Policy 2018-2023* have identified the importance of youth development through investment in health, education, training, employment, youth justice and the environment for all of Samoa's young people.

See appendix 2 for more information on priority groups in Samoa and Pacific Island Countries.

Young people's rights

The *UN Convention on the Rights of the Child*[18] bears in mind the need to extend particular care to children to ensure they are fully prepared to live an individual life in society in the spirit of peace, dignity, tolerance, freedom, equality, and solidarity.

Two articles (listed below) relate specifically to children aged 0-18 years of age, in relation to SRH.

- **Article 24** – Children have the right to good quality health care, clean water, nutritious food, and a clean environment to stay healthy. Richer countries should help poorer countries achieve this.
- **Article 34** – Governments should protect children from sexual abuse.

These internationally accepted rights form the foundation of these Guidelines and apply to all young people irrespective of age, gender, ethnicity, race, religion, nationality, sexual orientation, socioeconomic status, disability, HIV status, or other health status.[19]

- **The right to equality** – no young person should be discriminated against based on sexuality, sex, gender, gender identity, sexual orientation, age, religion, race, ethnicity, nationality, HIV status, marital status, socioeconomic status, or any other status.
- **The right to participation** – meaningful involvement in the planning, implementation, and evaluation of services, programs, and policies.

2 About young people cont...

- **The right to life and to be free from harm** – protection from sexual violence, sexual exploitation, sexual harassment, honour crimes, sexual abuse, and human trafficking.
- **The right to privacy and confidentiality** – ensuring information shared by young people with health care providers is kept confidential, and the physical layout of the facility encourages privacy.
- **The right to personal autonomy and to be recognised as an individual before the law** – to freely decide on all matters related to their sexuality and to fully experience their sexuality and gender in a pleasurable way.
- **The right to think and express oneself freely** – access to accurate information about SRH and the ability to form, join, lead, or participate in groups to express thoughts, ideas, opinions, and desires (e.g., public policy making and decision-making).
- **The right to health** – access to a comprehensive package of youth-friendly SRH services and programs.
- **The right to know and learn** – access to family life education which is evidenced based.
- **The right to choose whether or not to marry or have children** – access to all methods of contraception and elimination of forced marriage.
- **The right to have your rights upheld** – governments and services must respect, protect, and fulfil all sexual rights.

Young people with disabilities have the same rights as any young person and have the right to access SRH services equally to others. Samoa is a signatory to the *2008 United Nations Convention on the Rights of Persons with Disabilities.*[20] The Convention focuses on people with disabilities as capable of claiming their rights and making decisions for their lives based on their free and informed consent and being active members of society.

3 ADOLESCENT AND YOUTH-FRIENDLY HEALTH SERVICES GUIDELINES

The Adolescent and Youth-Friendly Health Services Guidelines include the following sections.

a. At the facility
b. In the community
c. Information, education, and communication
d. Equal access for all young people
e. Appropriate package of services
f. Health worker and support worker competencies
g. Decision-making and consent
h. Young people's participation in service services
i. Data and quality improvement

A. At the facility

All health workers and support staff have a responsibility to ensure a welcoming environment for young people by providing:

- warm and friendly greetings, such as a smile
- clean and tidy facilities
- audio and visual privacy and confidentiality in all interactions

Convenient appointment procedures and operating hours

To increase young people's access to AYFHS, facilities must have convenient operating hours and flexible appointment procedures.

Considerations include the following.

- Service operating information on signage
- Hotline or confidential social media contact available 24 hours
- Contact sources are accessible for people with disabilities. e.g., forms in braille
- Services should be available and provided to young people during general opening hours and by appointments after hours
- Allocated hours for young people to drop in without an appointment
- Specific days for young people to book appointments to ensure youth-friendly health workers and support staff are available

3 Adolescent and youth-friendly health services guidelines cont...

- YFS in health facilities which operate 24 hours to include weekends
- Minimal waiting times
- Easy to use registration forms, including use of online registration forms
- Provide a 'one-stop shop' for the minimum services package in one appointment (refer to 'appropriate package of services')
- Establish robust referral pathways with secondary and tertiary level health services

Accessible facilities

Considerations for an accessible AYFHS facility includes physical, social, and economic factors, such as the following:

- youth-friendly name or unnamed clinic and rooms (i.e., not STI clinic or family planning clinic)
- close to transport
- adequate signage, which is appropriately placed, to provide directions to the facility and youth corner to provide directions to the facility and youth corner
- accessible for young people with disabilities including ramps, adjustable clinic beds transfer/lifting aids, toilets, and a room with adequate space for equipment and support people
- free or subsidised services
- located in an area that is accessible for young people

Ensure and maintain privacy and confidentiality

Privacy and confidentiality are critical to providing AYFHS. When health workers and support staff implement processes that guarantee privacy and confidentiality, it will improve the engagement of young people with SRH services. Considerations for practice include:

- providing a separate waiting area or 'youth corner' to improve privacy and comfort, if possible
- allocating a private examination or counselling room where young clients cannot be seen or heard by non-facility staff
- making sure doors are closed during consultation time
- making sure doors have functioning locks for the safety of all young people, specifically young people who have experienced GBV to ensure trauma-informed care is provided
- ensuring other clients are not able to overhear or see when a young person is at reception or in consultation by providing a private space or closed room that is adequately screened and separated
- reducing waiting time to minimise the chance of other clients seeing the young person at the facility
- ensuring all information, including laboratory results and treatment related to the young client, are stored in a secure place

- not disclosing any client related information to colleagues who are not young person's care
- only sharing information with parents or guardians with the young person's consent irrespective of the age of the client unless legally obligated
- sharing information with referral services with the young person's consent when necessary
- health workers and staff not discussing client information in open spaces where people can hear
- clients providing their consent before seeing a health worker
- acknowledging gender sensitivity considering the impacts of specific cultures and cultural norms regarding gender and sexual identities and gender-based power relationships

B. In the community

Community partnerships

It is important to address young people's SRH by building community support, including educating parents and guardians, community leaders, stakeholders, and organisations about young people's SRH needs and rights. Strategies that gain community support for providing SRH information and education for young people can help drive demand for service utilisation.

- The facility has a list of local community organisations (e.g., youth agencies, disability organisations, and parent groups) and services it partners to increase community support for young people's access to services and programs. The list is updated at a minimum annually
- The MOH has Memorandums of understanding (MOU) in place with key organisations
- The facility has a community engagement action plan which includes SRH activities
- The facility develops local partnerships to coordinate family life education (FLE) and outreach activities, including with the following stakeholders.
  - Church leaders and congregations
  - Community leaders and elders
  - Disability organisations and community rehabilitation workers and caregivers of persons with disability
  - Interested groups from villages
  - Other community workers, committees, and organisations.
  - Parents and guardians
  - Religious youth groups
  - Teachers and schools
  - Village councils
  - Women's committees

3 Adolescent and youth-friendly health services guidelines cont...

  - Youth advocates
  - Youth leaders and youth focal persons in the village as volunteers
  - Youth workers and youth centres
- The facility maintains local partnerships with young people, community leaders, stakeholders, and organisations to develop, implement and disseminate health promotion strategies and materials such as:
  - out-of-school (OOS) FLE, including through youth advocates
  - information, communication and educational (IEC) materials
  - community education, e.g., village meetings
  - marketing campaigns, including print and digital
  - regular communication strategies to maintain engagement with partners (e.g., newsletters, facility open days)
  - planning and strategic consultation with partners
- The MOH maintains partnerships with national organisations to address barriers young people experience in accessing SRH services such as:
  - Fa'ataua Le Ola
  - Ministry of Agriculture
  - Ministry of Education, Sports, and Culture
  - Ministry of Police and Prisons
  - Ministry of Women Community and Social Development
  - Men Sex with Men
  - NUANUA O LE ALOFA
  - Samoa Faafafine Association
  - Samoa Family Health Association
  - Samoa Victims Support Group
  - SOGIE groups
  - Teen Challenge
  - The Rogers
  - Young Women Christian Association

- The MOH and service providers should inform the community about the services and programs, clarify concerns raised by the community, and gain support for providing SRH services to young people
- The MOH collaborates with the MESC to support teachers responsible for teaching FLE integrated into relevant subjects

Community outreach programs

- Community outreach activities are planned and delivered by health care providers to promote health and increase young people's use of SRH services, including priority groups
- A plan is developed with regular community outreach activities coordinated and includes methods to reach young people in targeted ways, including specific efforts to engage with priority groups of young people
- Training and ongoing support is provided to community stakeholders who will be delivering content related to SRHR to young people

Strategies	Description
Mobile clinics	Delivered through the routine community-based health promotion activities conducted by health workers and support staff. When possible, health workers can provide counselling to clients and carry out appropriate referrals to AYFHS facilities.
OOS FLE	OOS FLE can be organised to reach targeted groups of young people and can be delivered by trained health care workers and other staff from key organisations. These programs can be adaptable to their target audience, duration, and focus of the content. They can be organised through existing community-based channels such as church youth groups and youth leaders.
Youth advocates	Delivered through trained youth networks, such as youth advocates, youth leaders and volunteers. The network can reach out to broader youth groups in the community or school and youth groups who are not likely to attend health facilities, such as youth in remote areas, most at risk, and vulnerable groups. There is a need to expand existing networks and strengthen them through regular training, monitoring, and supervision.
School health programs	FLE in schools is led by MESC. There are opportunities to support teachers with lessons, placing particular emphasis on breaking down barriers to seeking care, highlighting opportunities for referrals to health facilities. School health programs can be organised.

C. Information, education, and communication

All health workers and support staff are responsible for ensuring that young people have access to information about SRH and know where and when to access SRH services.

IEC materials: marketing services to young people

Facilities should have a marketing and health communication plan that includes specific strategies to promote SRH services to young people, including priority groups. The marketing plan should be updated annually and include some of the following:

- signage that appeals to young people and takes into consideration the stigma associated with accessing SRH services (e.g., youth clinic instead of sexual health clinic)
- print media, such as advertising in youth related publications
- media campaigns on local radio stations
- brochures, leaflets, and posters about services available to young people
- internet listings on health and youth related websites
- buy-in materials
- social media, such as a Facebook page and paid advertising
- hotlines for young people listed in information resources

IEC materials: provision to young people

- SRH IEC materials should be provided in waiting rooms, during consultations, and via outreach programs and other youth related services (e.g., youth centres, FLE in schools, FLE OOS programs)
- IEC materials are made available for young people with disabilities in formats such as easy-to-read, large print, high contrast, audio, and digital resources. Materials must include inclusive images of young people with disabilities. Considerations should also be made for young people with visual and hearing impairments using braille and audio applications
- In line with current standards, IEC material is available from the Adolescent and Youth Health Programme, Health Promotion and Education Unit, health facilities and other service providers
- Materials should be revised at a maximum of every five years, from the date of publication

IEC materials: development and approval

MOH program areas, such as Adolescent and Youth Health, at the provincial level, are responsible for developing IEC materials related to SRHR for young people. The MOH SRH unit develops all AYFHS related IEC materials and distributes to all service delivery points and service providers.

Methods to ensure IEC material is inclusive and reflects the needs of young people include:

- conduct focus groups that include young people, including young people from priority groups

- promote participatory and young people-led development processes
- support faith based organisations to contribute to material development, design and review to ensure cultural integrity of the material

Young people's rights

Young people should be informed about their rights and the responsibility of healthcare providers to uphold these rights. These rights and responsibilities should be clearly displayed in the facility through IEC materials, such as posters and brochures in the waiting area. During consultations, health workers and support staff should discuss young people's rights, including their right to:

- accurate information and education about SRH
- be free from harm, including GBV and sexual violence
- be treated equally without judgment or discrimination
- make their own decisions about their SRH based on accurate information
- privacy and confidentiality

See 'Young people's rights in Section 2 and 'Equal access for all young people' below for further information about rights.

D. Equal access for all young people

Policy and procedures

Health workers and support staff must provide services to all young people with respect, non-judgement, and without discrimination on the grounds of:

- age
- disability
- drug/alcohol use
- history of sexual abuse
- level of education or literacy
- marital status
- other characteristics or health condition
- race or ethnicity
- sex or gender
- sexual orientation

3 Adolescent and youth-friendly health services guidelines cont...

All young people have the same SRH rights irrespective of the above characteristics, and health workers and support staff are responsible for upholding these rights. All young people have the right to access SRH services on an equal basis with others.

- Services should be free or affordable for young people
- Affordable services are provided at low cost or on a sliding scale

All health workers and support staff must be aware of and implement the following policies and procedures.

- Free or affordable health services policy (e.g., universal healthcare)
- Non-discrimination policy

The facility has the responsibility to ensure that all staff enact these policies and procedures, including a public display of commitment to provide services with respect, non-judgement, and without discrimination, and the intention to take remedial action where necessary.

Priority groups

The overall principle for delivering the minimum services package among the most at risk and vulnerable young people remains the same as their mainstream peers. However, service providers should recognise the specific needs of these priority groups, and provide appropriate services tailored to their needs, in relation to the risk behaviour and other vulnerability factors.

Specific considerations for the provision of services and programs to priority groups include the following.

- Legal limitations and the need to consider evolving capacity for informed consent and to support a young person's decision-making. This is outlined in Section G: Decision-making and consent of the Guidelines.
- The provision of information and education to priority groups of young people should follow the same principles outlined for any young person. However, as priority groups are more vulnerable, service providers should apply Behaviour Change Communication to promote individual behaviour changes such as the use of condoms, reduction in the number of sexual partners, and cessation of alcohol and drugs. In addition, the approach should promote positive behaviours associated with treatment and preventative services, including STI testing, voluntary, confidential counselling, and testing (VCCT) for HIV dual protection, and family planning.
- Developing young people's essential life skills, including risk-reduction, decision-making, and communication skills, will equip young people to make informed, voluntary, and responsible decisions such as negotiating safe sex.
- Service providers to recognise the sensitivity of behavioural issues among priority groups, establish trust, ensure privacy, and maintain confidentiality while providing services to these clients.
- Social support mechanisms such as family, school, Church, and community protect young people against risk behaviours. This is particularly important among priority groups who are just one step away from engaging in high-risk behaviours. When appropriate, service providers should discuss the importance of establishing and maintaining these supportive mechanisms during counselling sessions and support the client in making informed decisions.

- Service providers to communicate, with the young person, the importance and need for follow-up visits or referrals for supportive services with both government and non-government agencies. Referrals should be made upon the consent of the young person.

E. Appropriate package of services

The purpose of defining a SRH minimum services package for the provision of AYFHS is to:

- clearly outline the type of essential services and activities to be provided at all facilities
- guide allocation of resources (staffing, medicines, diagnostics), staff training, and monitoring and evaluation of services
- enable effective referral mechanisms to be developed between levels of services

Minimum services package for AYFHS

WHO recommendations for minimum services packages incorporates nine essential components listed below.

- Provision of information and education on SRHR and related issues
- Provision of counselling on SRHR and related issues Including management and referral for infertility
- STI screening, testing, management, and treatment
- HIV screening, testing, and appropriate referral for treatment
- Provision of a full range of appropriate contraception options for young people – including emergency contraception, short-acting methods, and LARCs
- Provision of a referral system for services that are not available at the facility
- Counselling, clinical management, and referral for management of GBV
- Maternal and neonatal services
- Cervical cancer program, including Human papillomavirus vaccine (HPV)

Samoa SRH minimum service package

AYFHS facilities should include all components, as young people are reluctant to seek SRH services when referred to other facilities. Therefore, as much as possible, AYFHS should aim to deliver all the essential components listed above (i.e., one-stop-shop).

This minimum services package will not apply to SRH activities and services provided outside of facilities, such as outreach activities through mobile clinics, youth advocates, volunteers, health workers, and support staff.

Secondary and tertiary health facilities are responsible for managing cases referred from primary care AYFHS, requiring specialised health care. The services and activities at these levels are defined as the advanced services package.

Both the minimum and advanced package of services are provided to fulfill the needs of all young people either at the point of health service delivery, in the community, or through referral linkages.

3 Adolescent and youth-friendly health services guidelines cont...

Samoa's levels of care:

Level 3	Primary care	Community care and outreach
Level 2	Secondary care	District hospitals and health centres
Level 1	Tertiary care	Tupua Tamasese Meaole and Malietoa Tanumafili II Hospitals

The table below outlines aspects for the minimum service package and their provision at levels of care from outreach, primary, secondary, and tertiary level services.

Strategies	Outreach	Primary	Secondary	Tertiary
1. Provision of information and education on SRH and related issues				
Information and education on SRHR	×	×	×	×
2. Provision of counselling on SRH and related issues				
Counselling to clients, including contraception, GBV response, emergency contraception, HIV/STI counselling	×	×	×	×
Management and referral for infertility				×
3. STI management				
STI screening, testing, management and treatment	×	×	×	×
4. HIV management				
HIV screening, testing, and referral for treatment	×	×	×	×
5. Contraception options				
Emergency contraception	×	×	×	×
Short-term methods	×	×	×	×

Strategies	Outreach	Primary	Secondary	Tertiary
Long-acting reversible contraceptives (LARCs)	×	×	×	×
6. Gender-based violence management				
Psychosocial first aid and referral pathway	×	×	×	×
Clinical management of sexual assault		×	×	×
7. Maternal and neonatal care				
Pregnancy testing	×	×	×	×
Post-abortion care				×
Antenatal care	×	×	×	×
Basic emergency obstetric and neonatal care		×	×	×
Comprehensive emergency obstetric and neonatal care	×	×	×	×
Postnatal care check-ups	×	×	×	×
Essential early newborn care	×	×	×	×
8. Cervical cancer				
HPV vaccination	×	×	×	×

3 Adolescent and youth-friendly health services guidelines cont...

Relevant clinical protocols and guidelines

The following table outlines policies, protocols, and guidelines relevant to each area of focus from the minimum service package.

Area of focus	Relevant protocol/ guidelines /policy
Provision of information and education on SRHR and related issues	Samoa OOS Family Life Education Manuals (2021) Adolescent Reproductive Health Flipchart (revised 2020) National Youth Policy (2011) National Sexual and Reproductive Health Policy 2018-2023 Sexual Reproductive Health Policy 2016-2022
Provision of counselling on SRHR and related issues	Family Planning Contraceptive Flipchart (2020)
STI management	National STI management protocol 2017-2022 National Comprehensive Guidelines on STI Diagnosis, Treatment and Management (2018)
HIV management	National Guidelines HIV Testing Services (2018) National Guidelines on the use of Antiretroviral drugs for the treating and preventing of HIV infection (2018)
Contraception options	WHO Family Planning Guidelines (2020) WHO Essential Medicines List (2022)
GBV management	National Policy on Family Safety: Elimination of Family Violence 2021-2031 National Policy on Gender Equality and Rights of Women and Girls 2021-2031 Standard Operating Procedures, Clinical Management of Rape Sexual Violence and Gender-Based Violence Management (2021)
Maternal and neonatal care	Antenatal National Protocols for Standard management in pregnancy and childbirth, 3rd Edition, 2022. Nutrition Policy and Strategic Plan. Integrated management of acute malnutrition guidelines. (2013)
Cervical cancer	National Sexual Reproductive Health Policy 2018-2023

Referral system

- Facilities need to establish a strong referral network with other services to ensure that young people have a seamless continuum of care.
- Facilities must have an effective referral system for clinical services not available at the facility, particularly from primary care to more specialised secondary and tertiary care.
- The main reasons for referring young clients include the need for advanced medical examination and evaluation by specialist doctors (e.g., gynaecologists); advanced treatment and care at the secondary and tertiary levels; and specialised counselling and care for victims of GBV and sexual violence or substance abuse.
- Health workers and support staff should clearly explain the need for the referral to the client and ensure informed consent.
- A referral system should be established between facilities and workers involved in outreach, peer education, and other community programs. This is particularly useful for targeting priority populations, such as sex workers.
- A 'twin-track approach' should underpin the referral system for young people with disabilities. Where possible, young people with disabilities should be accommodated within mainstream SRH services with appropriate support. Referral to disability specific services should also be considered, where appropriate, such as when more specialised support is required.

Essential medicines, stock management, and equipment

Facilities are to ensure that there are adequate supplies of medicines and vaccines for young people as well as the availability of essential equipment to health care workers.

The MOH will ensure:

- a procurement and stock management system are in place to ensure medicines and supplies necessary to deliver the package of services
- a system of procurement, inventory, maintenance, and safe use of the equipment necessary to deliver the package of services is in place

In line with essential infrastructure, equipment and medicines outlined in the role delineation policy (RDP) and essential drug list, the sexual reproductive health service assessment tool and the SRH facility checklist, can be used to assess those requirements specific to a youth-friendly service provision. They include the following aspects:

- commodities and equipment: these should complement the core services required in the RDP, or equivalent, for the appropriate health facility level
- vaccines and medicines adapted from the WHO 2022 Essential Medicines List
- contraceptives
- diagnostic sets/kits
- facility infrastructure requirements

F. Health worker and support worker competencies

The MOH and other relevant NGOs, and their respective facility managers, are responsible for ensuring the facility is staffed with the appropriate number and skill set of healthcare providers and support staff. They also have the responsibility to ensure young people have access to competent health workers and support staff who have access to resources, training opportunities, and ongoing supportive supervision that focuses on the needs of young people.

Staff selection considerations

- Up-to-date job descriptions and recruitment practices focus on AYFHS provision (e.g., diverse/young staff, youth advocates, interview questions about AYFHS)
- Skilled, trained, and qualified nurses in all areas of SRH health, including family planning, STIs, and HIV
- Personal attributes – non-judgmental attitude, commitment, motivation, and willingness to assist young people with their sexual and reproductive health needs
- Communication – good communication skills and the ability to relate to young people

Health care workers competencies

Health care workers are to be trained, including attending refresher trainings, every two years in:

- antenatal care
- basic EmONC (emergency obstetric and neonatal care)
- cervical cancer screening
- data collection and reporting
- family planning- counselling and contraceptives
- GBV
- logistic management of health supplies
- STI/HIV screening and treatment
- youth-friendly services

Access to resources and training

- Health care providers have competencies and support materials to effectively communicate with parents, guardians, and other community members about the value of providing SRH services to young people and promoting their use by young people, including young people with disabilities.
- The MOH provides training to healthcare providers to develop their competencies in delivering youth-friendly services.

- Health care providers have the technical competencies and attitudes necessary to provide the required package of services.
- Health care providers are trained on SRH issues of young people, including:
  - understanding youth culture and the complexities, pressures (including gender norms), and barriers young people face in their sexual lives
  - communicating with young people
  - child-protection, GBV, and trauma-informed care
  - the rights of young people to be sexual beings with access to information, privacy and confidentiality, and choice (not abstinence-only)
  - laws and regulations which affect young people's SRH, including informed consent
  - inclusion of vulnerable young people and priority groups (e.g., SOGIE young people and young people with disabilities)
  - ensuring health care is provided in a respectful, non-judgemental, and non-discriminatory manner
- When possible, service providers should provide evidence-based and age-appropriate SRH information using visual aids (e.g., poster, flipcharts) in a language the young person understands.
- Outreach workers should be able to deliver health education to young people in the community and schools to increase the health literacy of young people and drive demand for clinical services.
- The Samoa Family Health Association, through the OOS FLE program, has the responsibility for providing training to service providers and outreach workers to develop competencies in providing information and education to young people about SRH, including disability inclusive strategies.
- The MOH and the MESC are responsible for providing training in understanding the previously listed policies and procedures and how to comply with them.

Supportive supervision

- A supportive supervision system including providing continuous professional development and education, are in place to improve health care providers' performance.
- Quality assurance processes are in place to ensure health services deliver evidence-based care.
- Health workers and support staff have access to training and tools to support self and peer assessments.

G. Decision-making and consent

Health workers have a responsibility to assist young people in making their own decisions, not making decisions for them. Consent is the link between young peoples' right to participation and their right to information and education. When health workers obtain consent from young clients, they uphold their right to make independent and informed decisions about their SRH. To be fully involved in the decision-making process and give consent, young people need accurate and comprehensive information presented in an accessible way.[21]

Whether a health worker is offering STI testing, contraception counselling, or a referral, it is important to provide young people with:

- clear details of what decision needs to be made
- all the facts and information they need to make an informed decision (including IEC materials)
- a clear understanding of the options being proposed
- privacy and adequate time to decide
- reassurance their decision is confidential

It is often assumed that young people with disabilities cannot make their own decisions; however, they have the same rights as any young person regarding consent. It is important to acknowledge that they may require additional or specific support to make an informed decision. This is called 'supported decision-making' and may include use of the following:

- communication supports such as a sign language interpreter or communication board
- easy-to-read text, pictures, diagrams, or demonstrations to support understanding
- support from a carer or guardian if the young person agrees
- longer consultation times or additional appointments[22]

Legal limitations

Age is often used as an indicator for determining young peoples' capacity to exercise their rights and make their own decisions.
In Samoa, the:

- age of consent to sexual activity is 16 years
- legal marriage age is 16 for years for females and 18 years for males
- age of consent to medical treatment is 16 years old with exceptions of:
  - the patient is incapacitated
  - life-threatening emergencies with inadequate time to obtain consent
  - voluntary waived consent

When young people under 17 years are accessing SRH services, clinicians are bound by the *UN Convention on the Rights of the Child* to ensure they can access health care services. Article 24 recognises the right of the child to the highest attainable standard of health and facilities for the treatment of illness and rehabilitation of health. The article emphasises that no child should be deprived of their right of access to such healthcare services, including appropriate antenatal and postnatal care for young mothers, preventative healthcare, and family planning education and services.

Evolving capacity

Age alone is not the only consideration in the context of informed consent and young peoples' decision-making capacity. Health workers should also be familiar with the concept of 'evolving capacity' as this concept has positive implications for the provision of SRH services and information to young people.

- Evolving capacity is about individual development and autonomy, as it refers to how each young person gradually develops the ability to take full responsibility for their actions and decisions.
- Some young people will be more mature and experienced than others; context and personal circumstances will influence each young person's development.
- Evolving capacity establishes that as young people acquire competency and maturity, there is a reduced need for guidance from adults and an increased ability to take responsibility for their actions, including their own decisions about sex and reproduction.[23]

Assessing capacity to make decisions

The following criteria are adapted from the Fraser Guidelines[24] and will support a clinician to assess capacity to provide contraception to under 17 year old without parental consent. To be deemed competent, the following criteria should be met:

1. The young person understands the advice being given.
2. The young person cannot be convinced to involve parents/carers or allow the health worker to do so on their behalf.
3. The young person will likely begin or continue having sex with or without treatment or contraception.
4. Unless the young person receives treatment or contraception, their physical or mental health (or both) is likely to suffer.
5. The young person's best interests require contraceptive advice, treatment, or supplies without parental consent.

Parental involvement

Although young people can make autonomous decisions about their SRH, this does not negate the importance of support systems, including parents or guardians.

- Young people, like most adults, want support in making important life decisions
- While mandatory parental involvement has been shown to deter young people from accessing services, young people should be presented with advice on involving someone they trust and who can support them
- Where appropriate, health workers and support staff should encourage young people to talk with their parents or guardians and involve them in decision-making processes
- Alternatively, health workers and support staff can encourage young people to involve friends or other trusted adults whose opinions they value
- Parental involvement and open communication about sexuality and health are critical components of healthy development as a young person[25]

H. Young people's participation in services

Role of health workers and support staff

- Facility managers are responsible for ensuring a common understanding among staff about the value of young people's participation; including those from priority groups (see 'Priority groups').
- Health workers and support staff are responsible for ensuring young people are involved in decision-making relating to clinical services, outreach activities, and health promotion programs. Staff should also ensure inclusive practices are in place to ensure meaningful participation by young people, including priority groups.
- The MOH provides training opportunities for health workers and support staff that include strategies for ensuring young people have the opportunity to fully participate in decisions at an individual and service delivery level, including evolving capacity and informed consent.

Governance structure and policy

The facility has a governance structure and policies that ensure young people are involved in the planning, monitoring, and evaluation of services and programs.

Examples include the representation of young people at:

- board membership
- facility management committees
- focus groups
- project working groups
- service planning meetings
- youth committees
- youth-led research, such as surveys

Activities undertaken in collaboration with young people may include:

- completing the AYFHS facility checklist
- repeating AYFHS facility checklist and reviewing the action plan to measure progress
- conducting surveys, focus groups or interviews about the needs of local young people
- following-up young clients who have dropped out of care and exploring strategies to re-engage them with services
- reviewing complaints and seeking young people's perspectives and solutions
- involving young people in the development and review of relevant policies and procedures
- conducting client feedback surveys targeting young people

Procedures to engage young people and support their participation in the above activities should also consider:

- consent from parents or guardians where a participant is under 17 years old. This should be verbal, at minimum, and more formal in writing where appropriate
- accessible materials, transportation, and venues for young people with disabilities
- reaching out to remote areas to obtain diverse views
- acknowledgment of contribution such as certificates or awards
- privacy and confidentiality of groups

Remember, parents and guardians of young people need evidence-based information and facts about SRH and assistance on the best ways to help the young person.[26]

3 Adolescent and youth-friendly health services guidelines cont...

I. Data and quality improvement

To support quality improvement, the health facility collects and uses data on service utilisation and quality of care, disaggregated by age, sex, and disability. Health facility staff are supported to participate in continuous quality improvement through supportive supervision.

Data collection and analysis

- A system is in place to collect data on service utilisation (facility-based including outpatient and outreach) disaggregated by type of service and age, sex, disability (such as the Washington Group questions), and other socio-demographic characteristics in alignment with national and global indicators
- Health care providers and support staff are trained to collect and analyse data sensitively and appropriately to inform quality improvement initiatives

Quality improvement of AYFHS involving young people

- Self-monitoring tools and mechanisms are in place to assess the quality of SRH services for young people (i.e., routine monitoring and/or periodic evaluation). Examples include, post-training assessments, facility checklists and health facility action plans that are utilised regularly to monitor and review the performance of the facility and staff.
- Systems are in place to involve young people in designing, implementing, analysing, and interpreting program evaluations.
- Mechanisms for tracking referrals to and out of the health facility are in place that captures peer educator/youth advocates' contribution.
- Feedback mechanisms are in place which encourages young people to make recommendations including suggestion boxes in the waiting room, providing client feedback surveys online, and providing generic MOH email address for young people to feel safe making a complaint.

Supportive supervision

- Mechanisms are in place to link supportive supervision to priorities for improvement as identified while monitoring the implementation of standards.
- Staff has access to the health facility action plans.
- Health care workers are trained in supportive supervision and skilled in the use of supportive supervision tools.
- Mechanisms are in place for the reward and recognition of high performing health care providers and support staff. Staff can be identified through supportive supervision, feedback surveys, suggestion forms, and data reports.

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A1 APPENDIX 1: WHO ADOLESCENT FRIENDLY HEALTH STANDARDS, 2015

These Guidelines have been developed to ensure they meet the following eight WHO Global Standards for Quality Healthcare Services for Adolescents.

Standard 1: Health literacy

The health facility implements systems to ensure that young people are knowledgeable about their SRH and know where and when to access SRH services.

Standard 2: Community support

Address young people's SRH issues at the community and local administration level, including parents, guardians, community leaders, and organisations. Gain community support for the establishment of facilities and outreach services for access by young people.

Standard 3: Appropriate package of services

The health facility provides a comprehensive and integrated package of information, counselling, diagnostic, treatment, and care services that fulfill young people's needs. Services are provided in the facility through referral linkages and outreach.

Standard 4: Providers' competencies

Health care providers demonstrate the technical competence required to provide effective SRH to young people. Both health care providers and support staff respect, protect, and fulfill young people's rights to information, privacy, confidentiality, non-discrimination, non-judgement respect.

Standard 5: Facility characteristics

The health facility has convenient operating hours, a welcoming and clean environment, and maintains privacy and confidentiality. It has the equipment, medicines, supplies, and technology needed to ensure effective service provision to young people. The facility is accessible to people with disabilities.

Standard 6: Equity and non-discrimination

The health facility provides quality SRH services to all young people irrespective of their ability to pay, ge, sex, marital status, education, ethnic origin, sexual orientation, disability, or other characteristics.

Standard 7: Data and quality improvement

To support quality improvement, the health facility collects, analyses, and uses data on service utilisation and quality of care, disaggregated by age, sex, and disability. Health facility staff are supported to participate in continuous quality improvement.

Standard 8: Young people's participation

Young people, including priority groups, are involved in the planning, monitoring, and evaluating health services and in decisions regarding their care and certain appropriate aspects of service provision. Any intervention with young people should include their points of view, perspectives, and opinions.

A2 APPENDIX 2: PRIORITY GROUPS OF YOUNG PEOPLE

Particular groups of young people are vulnerable to poor SRH outcomes and are therefore considered priority groups for SRH information, clinical services, and public health programs. Priority groups require specific attention and strategies to ensure access to services and programs equal to their peers.

Although not an exhaustive list, below are groups of young people across the Pacific region who are considered priority and require youth - friendly health services.

Married young women and girls

Many young women and girls are married when they are still in the age range defined as young people (10-24 years), and some may already be mothers. Customary marriages mean early marriages can occur from 15 years old with parents' consent. Once married, young women are often expected and even pressured to start childbearing immediately. SRH decisions are not made by the young woman or couple alone. Often, a mother-in-law or other family members are highly influential. Lack of information, lack of access to any social networks, limited mobility to visit services, and a lack of reproductive decision-making power are high among first time mothers. All these factors contribute to married young women and girls being more vulnerable to GBV and experiencing barriers to accessing services and support.

It is important to remember that married young people have similar SRH needs as unmarried young people and deserve the same level of care as any other married adult. Health workers and support staff should consider ways to involve and engage extended family members so consistent messaging about SRH is provided while ensuring the young person is supported to make her own decisions.

Young mothers

Young mothers, especially unmarried young mothers, are viewed negatively by society, leading to barriers when accessing SRH services due to fear of judgment and discrimination by health workers and support staff. Persisting gender inequalities, discrimination against women and girls, and conservative social and cultural norms, such as negative views around pre-marital sex, create reluctance among health workers and support staff to provide information and services.[27] Overall, there is a lack of support services for young and single mothers.

Adolescent pregnancy has profound implications for girls, diminishing education and employment prospects. Adolescent mothers are more vulnerable to poverty and exclusion and more likely to experience health complications during pregnancy and childbirth, the leading cause of death among girls globally. Postnatal complications for both mother and child are also more common in young mothers.[28] AYFHS can provide a safe and non-judgmental place for young mothers to access integrated SRH services where health workers and support staff are aware of the unique issues of this group and have the skills to engage them appropriately.

A2 Appendix 2: Priority groups of young people cont...

Sexual Orientation and Gender Identity and Expression (SOGIE)

SOGIE young people face major challenges growing up in countries like Samoa, where heterosexuality is often promoted as the only acceptable orientation, and homosexuality is regarded as deviant and criminal. Samoa has laws against sexual activity between members of the same sex, causing SOGIE people face stigma and discrimination. SOGIE young people have difficulty finding accurate information and safe spaces to find support, ask questions, and receive SRH information without being stigmatised by peers or adults, including health providers, teachers, and law enforcement officers. SOGIE young people have the same developmental challenges as all young people but live with the added stress of sexual orientation or gender identity that often nobody in their lives understands.

The unsupportive environment SOGIE young people face negatively impacts their access to SRH services, due to fear of judgment and discrimination. This has broader implications for SOGIE young peoples' poor health outcomes, particularly around SRH and mental health. AYFHS needs to be an inclusive and safe place for SOGIE young people to access. Creating a welcoming environment for SOGIE young people is paramount so that they feel comfortable and accepted. This includes having warm and welcoming staff and IEC materials that are inclusive of SOGIE young people. Training staff in sexual and gender diversity and involving SOGIE young people in service planning, delivery, and evaluation are also important steps in meeting the unique needs of this priority group.

Young people with disabilities

While people with disabilities experience the same range of sexual needs and desires as anyone else, they may have difficulties meeting those needs, depending on how supportive the environment is around them. Young people with disabilities are not seen by society as sexual beings with rights. They are often marginalised and have limited access to SRH information and services. This leaves young people with disabilities unaware of their rights, poorly educated about sexuality and relationships, and subsequently vulnerable to domestic violence, sexual abuse, and poor SRH outcomes.

Young people with disabilities needs to be provided with FLE that includes sexuality and relationships education about their sexual rights. Disability (physical, intellectual, mental, social, or sensory) is not a reason for denying young people with disabilities access to AYFHS, including SRH. Health workers and support staff should treat young people with disabilities the same way other young people without disabilities, especially in relation to informed consent and assessing capacity. SRH services must focus on the physical, attitudinal, communication, and social, environmental factors that commonly prevent young people with disabilities from accessing their services equally with others in the community.[29]

Young sex workers

Sex workers experience broad discrimination in all aspects of their lives, including accessing healthcare services. As a result, health consequences may include physical injuries, drug, and alcohol dependency, STIs and HIV, unplanned pregnancy, severe pregnancy complications, forced or coerced abortions, and infertility. Many cannot get support due to their isolation and do not access SRH services due to fear of judgment. Regardless of local sex work laws, health care providers should treat sex workers as people with human rights, including the right to access SRH services with respect, non-judgement, and without discrimination. As a priority group, services need to develop specific strategies to engage sex workers, such as outreach to workplaces to create pathways for accessing services and health promotion programs.[30]

Young people not completing school and/or who are unemployed

Young people dropping out of high school or even primary school and not completing any formal education are considered vulnerable in Samoa. Young people who drop out of school have limited ability to obtain qualifications to gain employment and develop essential life skills. They can often become bored and, as a result, engage in risky behaviours and peer pressure, including illegal activities such as stealing, drinking, smoking, using, or selling drugs, fighting in the street, or even at home. Taking risks is a typical part of growing up, exploring limits, and testing abilities; however, some teenagers are more likely to engage in risky behaviour than others.

This group faces many challenges and difficulties in their lives. They may become long-term unemployed and often lose hope leaving them vulnerable to mental illness. They are more likely to engage in risky sexual behaviours, including sexual offences and unsafe sex, resulting in poor SRH outcomes such as STIs and teenage pregnancy. Providing services through AYFHS is one way to reach out to these vulnerable and disengaged young people. Health workers and support staff need to understand the experiences of these young people, so appropriate counselling and services can be provided.

Young people who use alcohol and other substances

Research suggests that 12–17 years of age is a critical risk period for the initiation of substance use, which may peak around the ages of 18–25. In young people, it can also be part of adolescent experimentation, risk-taking, and reward-seeking, especially among peers.

Substance use can reduce inhibitions and compromise judgment, such as negotiating consent and safe sex. Alcohol and other substance use may result in young people facing multiple vulnerabilities such as lack of access to SRH information. They may experience barriers to accessing SRH services due to a lack of confidentiality, judgemental attitudes, and denial of health care due to substance abuse use.

Other vulnerable groups of young people

Lastly, it is important to acknowledge other vulnerable groups of young people that are not identified as priority groups. These groups include gifted youth, young people with a mental illness, young people living with HIV, but not young people from remote areas, young people in disaster settings, especially during natural disasters, and young people from diverse cultural backgrounds.

A3 APPENDIX 3: YOUTH-FRIENDLY SEXUAL REPRODUCTIVE HEALTH (YFSRH) SERVICES ASSESSMENT TOOL

The YFSRH services assessment tool was developed in 2022 and is aligned with the eight standards in the AYFHS Guidelines. This tool provides baseline information on the availability and potential to provide essential reproductive and maternal health services including family planning antenatal care, postnatal care, and childbirth/delivery, HIV and STIs, as well as the availability of contraceptives and essential medicines. The findings from the assessment are intended to inform and support national government strategies for strengthening workforce capability to deliver quality integrated SRH services to young people.

Youth-friendly sexual and reproductive health (YFSRH) services assessment tool

This form collects key information about the facility and services provided at the facility through interview with the facility-in charge and the service provider for maternal, child and adolescent health.

Some questions can be completed through direct observation of the facility and waiting areas.

THIS INTRODUCTION SHOULD BE READ TO THE MANAGER, THE PERSON IN-CHARGE OF THE FACILITY, OR THE MOST SENIOR HEALTH WORKER RESPONSIBLE FOR OUTPATIENT SERVICES WHO IS PRESENT AT THE FACILITY.

READ THE FOLLOWING

Talofa! My name is _____. We are here on behalf of the Ministry of Health conducting a survey of health facilities to assist the government in knowing more about youth-friendly sexual and reproductive health (YFSRH) services in this country. As such, we would like to collect information from this facility on the availability of essential reproductive and maternal health services.

Information about your facility may be used by the Ministry of Health and organizations supporting services in your facility for planning service improvement of YFSRH services. Neither your name, nor that of any other health worker respondents participating in this study, will be included in the dataset or in any report. You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate it if you introduced us to that person to help us collect that information.

At this point, do you have any questions about the study? Do I have your agreement to proceed?

1. Name of interviewer

2. Country

3. Island and District

4. Facility name

5. Date of interview

6. Is this facility in an urban area or a rural area?

   Choose one response

   – Urban
   – Rural
   – Not sure

7. Is this facility on a main island or an outer island?

   Choose one response

   – Main island
   – Outer island
   – Not sure

8. What level is this facility?

   Choose one response

   – Primary
   – Secondary
   – Tertiary

   Read: I would like to ask you (or a designee) some specific questions about services provided to any populations served by this facility, as well as questions about the availability of certain guidelines documents, job aides, and data collection systems. Will you be able to show me where these documents are located or is it possible to gather them now, if they are not all in one location already?

9. Does this facility provide antenatal care (ANC) services to young mothers?

   Choose one response

   – Yes
   – No

10. Does this facility provide postnatal care (PNC) services to young mothers?

    Choose one response

    – Yes
    – No

A3 Appendix 3: Youth-friendly sexual reproductive health (YFSRH) services assessment tool cont...

11. Does this facility provide routine (normal vaginal) delivery services to young mothers?

    Choose one response

    – Yes
    – No
    – Only in emergencies

12. Does this facility provide post miscarriage services (PMS) to young mothers?

    Choose one response

    – Yes
    – No

13. Does this facility provide family planning services to youth?

    Choose one response

    – Yes
    – No

14. Does this facility have any adolescent and youth SRH job aides or checklists? (e.g., flipcharts, posters etc.)

    Choose one response

    – Yes (verified)
    – Yes (not verified)
    – No

15. Does this facility have guidelines on the procedures and treatments requiring informed consent as stipulated by country laws and regulations?

    Choose one response

    – Yes (verified)
    – Yes (not verified)
    – No

16. Does this facility have any job aides (e.g. flipcharts, guidelines) or checklists on involving adolescents in the planning, monitoring and evaluation of health services and service provision?

    Choose one response

    – Yes (verified)
    – Yes (not verified)
    – No

17. Does this facility have the current Health Management Information System (HMIS) tools for data collection and reporting in place? (e.g., Monthly PHIS and CMRIS)

    Choose one response

    – Yes (verified)
    – Yes (not verified)
    – No - if this is the response, go to question 19.

18. Are the HMIS records able to be disaggregated by age and sex (i.e., 10-14, 15-19 and 20-24 years)?

    Choose one response

    – Yes (verified)
    – Yes (not verified)
    – No

19. Does this facility utilize any client feedback mechanisms (e.g., client feedback surveys, suggestion box) to youth?

    Choose one response

    – Yes (verified)
    – Yes (not verified)
    – No

20. How does the health facility engage in partnerships with young people? (e.g., youth advocates, including from priority groups, such as young people with disabilities and SOGIE young people, gatekeepers, or community organisations to develop, implement and disseminate health promotion strategies and materials?

21. Does this facility have a dedicated room or space to provide SRH services to adolescents and youth?

    Choose one response

    – Yes (verified)
    – Yes (not verified)
    – No - if this is the response, go to question 24

A3 Appendix 3: Youth-friendly sexual reproductive health (YFSRH) services assessment tool cont...

22. Has this room or space been refurbished or upgraded within the past six months?

Choose one response

- Yes (verified)
- Yes (not verified)
- No - if this is the response, jump to question 24

23. What kinds of refurbishments or upgrades to the room or space have been made within the past six months?

23.1. Has the room been painted?

Choose one response

- Yes (verified)
- Yes (not verified)
- No

23.2. Has there been new construction of an adolescent space?

Choose one response

- Yes (verified)
- Yes (not verified)
- No

23.3. Has new equipment been purchased or is existing equipment functional?

Choose one response

- Yes (verified)
- Yes (not verified)
- No

23.4. Has the furniture been repaired or has new furniture been purchased?

Choose one response

- Yes (verified)
- Yes (not verified)
- No

23.5. Has the ICT been upgraded (e.g., new computers, laptops, phones, or tablets)?

Choose one response

- Yes (verified)
- Yes (not verified)
- No

23.6. Has another upgrade been made?

Choose one response

- Yes (verified)
- Yes (not verified)
- No - if this is the response, go to question 24

23.6. Please describe the upgrade

- Open ended

24. Does this facility have IEC material with braille?

Choose one response

- Yes
- No

25. Does the facility allow sign language interpretation through partnerships with local disability CSOs, or private interpreters brought by patients?

Choose one response

- Yes
- No

26. Does this facility have a ramp for wheelchair access to youth?

Choose one response

- Yes
- No

27. Do you have any additional comments or recommendations you would like to provide?

- Open ended

This concludes the interview with the facility-in charge.

The remainder of the survey should be answered by the staff member at the facility who is in charge of maternal, child and adolescent health.

Read: I would like to ask you some specific questions about SRH services for youth provided in this facility and about services provided to survivors of sexual or GBV. Is it okay to continue?

A3 Appendix 3: Youth-friendly sexual reproductive health (YFSRH) services assessment tool cont...

28. Does this facility provide sexual and reproductive health (SRH) services to adolescents (10-19) and youth (15-24) (including referrals)?

    Choose one response

    – Yes

    – No - if this is the response, go to question 35

29. Which of the following SRH services does this facility provide for adolescents and youth? (read each of the following questions individually)

29.1. Does this facility provide HIV testing and counselling to adolescents and youth?

Choose one response

– Yes

– No

29.2. Does this facility provide STI treatment and counselling to adolescents and youth?

Choose one response

– Yes

– No

29.3. Does this facility provide family planning counselling to adolescents and youth?

Choose one response

– Yes

– No

29.4. Does this facility provide emergency contraceptives for adolescents and youth?

Choose one response

– Yes

– No

29.5. Does this facility provide condoms to adolescents and youth?

Choose one response

– Yes

– No

29.6. Does this facility provide short term contraceptives (e.g., oral contraceptives, injectables, other barrier methods) to adolescents and youth?

Choose one response

- Yes
- No

29.7. Does this facility provide LARCs (e.g., IUDs (intrauterine devices), implants) to adolescents and youth?

Choose one response

- Yes
- No

29.8. Does this facility provide sexual and GBV services to adolescents and youth?

Choose one response

- Yes
- No

29.9. Does this facility provide other services to adolescents and youth?

Choose one response

- Yes
- No - if this is the response, go to question 30

29.10. What other services does this facility provide to adolescents and youth?

30. Have any staff been specially trained to work with or to provide SRH services to adolescents and youth, including supportive decision-making process?

Choose one response

- Yes - if so, how many staff have been trained?
- No

31. Are SRH services available for adolescent and youth all the time the facility is open or during specific hours?

Choose one response

- All the time
- Specific hours
- Don't know - if this is the response, go to question 33

A3 Appendix 3: Youth-friendly sexual reproductive health (YFSRH) services assessment tool cont...

32. Which days/hours are SRH services available for adolescent and youth (Note to enumerator: Indicate specific days and times with commas e.g. M-F 1000-1200, Sat 1000-1400)

33. Are services free, subsidized or otherwise made affordable for adolescent and youth clients?

Choose one response

- Free for adolescent clients only
- Subsidized for adolescent clients
- No change in fees for adolescent clients
- No fees at facility for any client
- Other
- Don't know

34. Does this facility have any adolescent and youth specific SRH IEC materials? (e.g., posters, leaflets)

Choose one response

- Yes (verified)
- Yes (not verified)
- No

35. Does this facility provide youth with services for survivors of sexual or GBV?

Choose one response

- Yes
- No - if this is the response, go to question 37

36. Which of the following services does this facility provide to survivors of rape or other GBV? (Read each of the following questions individually)

36.1. Does this facility provide post-exposure prophylaxis to survivors of rape or other GBV?

Choose one response

- Yes
- No

36.2. Does this facility provide emergency contraceptives to survivors of rape or other GBV?

Choose one response

- Yes
- No

36.3. Does this facility provide STI treatment to survivors of rape or other GBV?

Choose one response

- Yes
- No

36.4. Does this facility provide Tetanus toxoid/vaccine to survivors of rape or other GBV?

Choose one response

- Yes
- No

36.5. Does this facility provide Hepatitis vaccine to survivors of rape or other GBV?

Choose one response

- Yes
- No

36.6. Does this facility provide physical trauma assessment to survivors of rape or other GBV?

Choose one response

- Yes
- No

36.7. Does this facility provide psychological first aid/counselling to survivors of rape or other GBV?

Choose one response

- Yes
- No

37. Does this facility provide referrals for services to survivors of rape or other GBV?

Choose one response

- Yes
- No - if this is the response, go to question 40

A3 Appendix 3: Youth-friendly sexual reproductive health (YFSRH) services assessment tool cont...

38. Which of the following services does this facility refer survivors of rape and other GBV? (Read each of the following questions individually)

38.1. Does this facility provide referrals to police?

Choose one response

– Yes

– No

38.2. Does this facility provide referrals to social services?

Choose one response

– Yes

– No

38.3. Does this facility provide referrals to safe spaces/shelters?

Choose one response

– Yes

– No

38.4. Does this facility provide referrals to psychosocial support?

Choose one response

– Yes

– No

38.5.. Does this facility provide referrals to financial aid?

Choose one response

– Yes

– No

38.6.. Does this facility provide referrals to hospital care for trauma treatment?

Choose one response

– Yes

– No

38.7. Does this facility provide referrals to youth for other services?

Choose one response

- Yes
- No

39. Do you have any additional comments or recommendations you would like to provide?

Read: This concludes the survey. Thank you.

40. (Note to enumerator) Please provide any comments about the facility here.

A4 APPENDIX 4: SEXUAL AND REPRODUCTIVE HEALTH FACILITY CHECKLIST AND HEALTH FACILITY ACTION PLAN

This Sexual and reproductive health facility checklist is used to assess the facility performance against national and international quality standards on integrated SRH services, including family planning, GBV, cervical cancer, antenatal, maternal, and newborn, postnatal, EmONC services, and youth SRH. The checklist is used as a self assessment tool or during supportive supervision with a supervisor.

The Sexual and reproductive health services checklist includes indicators specific to the:

- facility
- workforce
- supplies and equipment
- reporting and health management information systems
- supply management
- community inclusion
- youth-friendliness

The checklist can be used during interviews with the facility in-charge and other key staff (e.g., nurses, midwives). Self-assessments conducted by internal supervisors can be carried out at six-month intervals.

Throughout the checklist, some indicators can be scored through direct observation of the facility and waiting areas, while indicators in the sections such as the equipment and commodities section, requires speaking with a nurse to:

a. show the item
b. assess if it is in good condition
c. assess it is functional
d. assess if it is easily accessed for use

Ranking

The basic checklist allows for performance benchmarking. Currently the checklist uses color coding alongside the scores which is a tick under the appropriate column which are however, reflected as stars to better visualise performance.

As benchmarks are understood and primary health care facilities scored against this, there will be differentiation in performance. This will allow external and on-site supervisors to tailor support. For example, supervisors can focus more on 'two and one star' primary health care facilities (those with the majority of performance domains in amber and red) while three-star facilities can be rewarded and recognised. For individual facilities (and health workers), the focus of a supportive supervision visit should change over time as issues are identified and resolved and performance improves. However, this may not necessarily occur in a linear manner.

Ranking is a useful primary health care management tool as it can:

- allow for tailored supportive supervision that addresses areas of weakness and builds on areas of strength
- foster healthy competition between primary health care facilities and between district supervisors
- facilitate efficient and effective use of supervision resources
- target different forms of support (e.g., on-the-job training, mentorship)
- target recognition and reward strong performance

The use of ranking or other method of performance analysis shifts the emphasis of the supportive supervision to one that is more dynamic, which requires regular review and adjustment of action plans according to needs. It promotes evidence-based decision making and more effective planning.

Scoring the checklists

The checklist uses a three-point grading system for each criterion: two being the highest and zero being the lowest. There are a few options for scoring, based upon supervisor preference. The important aspect is that the supervision provides guidance in terms of areas of strength and weakness and follow up actions to address gaps so that services are effective, appropriate, accessible, acceptable, equitable and, most importantly, safe.

Options for scoring:

- If total of 90 ticks or more under 3-star column, the facility is gold standard! Celebrate!
- If total of 75-89 ticks under 3-star column, the facility is in the green zone
- If total of 50-74 ticks under 3-star and 2- star column combined, the facility is on amber alert
- If total of less than 50 ticks under column 3-star and 2-star combined, the facility is on red alert
- If facilities are on red alert, we may do harm if immediate action is not taken
- If the checklist is in tablet form, then we can calculate scores automatically
- More important than scores, are actions. If facilities are in the red, then immediate action is needed as we may do harm if no action is taken

A4 Appendix 4: Sexual and reproductive health facility checklist and Health facility action plan cont...

Identifying actions

In the checklist, the column 'remarks/action to be taken' allows for entries to be made on what action is required to improve the scoring of the indicator.

An example being:

Indicator	NA	★ ★ ★	★ ★	★	Remarks/action to be taken
Is there one health worker who has completed training on cervical cancer screening?				✓	Training of a minimum of one health worker to be completed within six months

General information	
Date of supervision (dd/mm/yyyy)	
Name of health facility	
Type of health facility	
Name of District	
Island	
Name of supervisor(s)	
Title/position(s) of supervisor(s)	
Contact details	
Name and position of health worker(s) supervised	
Time started:	Time ended:

Service provision	
Total population in catchment area	
Clients served by health facility in the previous 12 months	
Total number of adolescent and young people accessing SRH services in the previous month	
Total number of post abortion cases attended in the previous month	

PHC	NA	★★★	★★	★	Remarks/action to be taken
Human resources (Tick 3-star column if staff available and present as work, 2-star if staff available but absent and 1-star if staff not available at clinic)					
Nurse					
Nurse aid					
Public health officer					
Pharmacist					
Health promotion officer					
Lab technicians and field officers					
Others					
Days open in the last month (20-16 days = 3 stars, 15-11 days = 2 stars, <10 days = 1 star					
Availability of 24 hour services for emergency services? 24hr-7 days = 3 stars 24hr-5 days = 2 stars. 8hrs normal services = 1 star					

A4 Appendix 4: Sexual and reproductive health facility checklist and Health facility action plan cont...

PHC	NA	★★★	★★	★	Remarks/ action to be taken
Facility (Tick 3-star column if very good standard, 2-star if available but poor standard and, 1-star if not available)					
Is the building in good condition? (e.g., roof does not leak)					
Is there signage displaying available services?					
Is safe, clean water available from a tap or container?					
Are the toilets clean and functional for clients?					
Are the toilets accessible for people with disabilities? (e.g., people in wheelchairs)					
Is soap available at the hand washing areas?					
Is there good ventilation and light?					
Does the facility have a reliable source of power? (e.g., generator, grid, solar)					
Is the facility accessible for clients with disabilities? (e.g., ramp for wheelchair)					
Does the facility have a dedicated counselling corner/space for young people?					
Is the facility easily accessible by public transport? (e.g., main road or by boat)					
Does the facility provide emergency transport for clients?					
Is there an appointment system including a tracking system for clients who single quotation marks around do not attend (e.g., family planning, STIs)					
Is fuel and supplies in a locked storage area?					
Is fuel for the emergency referral available today?					
Are there adequate stationary supplies available?					

PHC	NA	★★★	★★	★	Remarks/ action to be taken
Are health information materials (IEC) available? Check for IEC on family planning, ANC, PNC, STI/HIV, GBV , newborn, CC, healthy lifestyle, young people, and people with disabilities					
Does the waiting area have clean, safe, and functioning chairs/ benches/stools?					
Does the consultation/counselling room have a table /desk with at least two functional chairs?					
Do the examination/counselling room have an examination bed?					
Does the consultation room have an emergency tray available? (Confirm the tray has ☐ Glucose ☐ Adrenaline ☐ Sodium bicarbonate ☐ Diazepam Phenobarbitone)					
Does the examination/counselling room have emergency equipment? (Confirm ☐ Ambu bag and mask available in pediatric and adult sizes ☐ Endotracheal Tubes ☐ Laryngoscope					
Workforce training and development (Tick 3 star column if 1 health worker has completed training on 7 to 13 topics, 2 stars if completed 1-6 topics , 1star for no training)					
Has 1 health worker completed training in the last 3-5 years on:					
• Adolescent and youth-friendly health services					
• Antenatal care					
• Basic EmONC					
• Cervical cancer screening					
• Data collection and reporting-HMIS tools					
• Disability inclusiveness					
• Family planning					
• GBV					
• Logistic management of health supplies					

A4 Appendix 4: Sexual and reproductive health facility checklist and Health facility action plan cont...

PHC	NA	★★★	★★	★	Remarks/ action to be taken
• MISP/SRH in emergencies					
• Postnatal care					
• Early essential newborn care					
• STI screening and management					
Is refresher training available for health workers?					
Do health workers have professional development plans in place?					
Protocols and procedures (Tick 3-star column if available and updated, 2-star column if available but not updated version, and 1-star if not available)					
ANC Guidelines					
Guidelines for Minimum Standards of Management of Care for Survivors of Sexual and Gender Based Violence					
Nutrition reference charts					
Pediatric standard treatment manual					
Standard guidelines on management of health emergency response					
Standard operating procedure for waste management					
Standard operating procedures for disposal of expired drugs					
Standard operating procedures for health information systems					
Standard operating procedures for infection prevention and management					
Standard operating procedures for referrals (emergency transportation)					
Standard operating procedures for sterilisation					
Standard operating procedures for supply management					
Standard operating procedures for the storage of medicines					

PHC	NA	★★★	★★	★	Remarks/ action to be taken
WHO Family planning guidelines					
Family Planning Flipchart					
Written schedule (including next service date) for maintenance of equipment					
Adolescent and Youth-Friendly Health Services Guidelines					
Facility flow charts displayed (emergency resuscitation, infection prevention, waste disposal, and post-exposure prophylaxis) – must be laminated if displayed					
Records and reports (Tick 3-star column if available and operational, 2-star column if available but not operational and 1-star if not available)					
Are the registers organised in a central, secure, and locked place?					
Are monthly summary reports complete and archived? (accuracy, timeliness)					
Are current HMIS tools aggregated by age, gender, and disability?					
Are registers and tally sheets complete, legible, and up to date? Check family planning, ANC, PNC, SGBV, Cervical cancer, STI/HIV, delivery, CBR and Outpatient CWC- admission register books.					
Are referrals appropriate? Check multi register- are clients followed up upon return?					
Is there a mini-SafeNet for referrals to SGBV services available?					
Are there handover and discharge reports on a standard form?					
Is there an updated stock cards in place? Are expiry dates included?					
Have any adverse events following immunisation been reported?					
Is cold chain temperature monitoring conducted and recorded twice daily?					
Is an updated micro-plan available at the facility level?					

A4

A4 Appendix 4: Sexual and reproductive health facility checklist and Health facility action plan cont...

PHC	NA	★★★	★★	★	Remarks/ action to be taken
Is there a death notification form?					
Is there a maternal death review and surveillance and response form (MDSR)?					
Is there a Health facility action plan in place?					
Community (Tick 3-star column if available and operational, 2-star column if available but not operational and 1-star column if not available)					
Is there a sketch map of the facility catchment area displayed?					
Is the catchment population for the facility available and projections/ targets up to date? (e.g. women of childbearing age, children >1 years and >5 years)					
Is there a facility health committee?					
Is the community outreach/satellite clinic schedule displayed? Verify if this is followed by checking the activity book.					
Are there client feedback mechanisms? – (e.g. client satisfaction survey reports and suggestion box)					
Is feedback reviewed and acted upon?					
Are community members directly involved with the facility?- (e.g., health committee and community groups)					
Is SRH related activities conducted at church halls, youth/community centres and NGOs?					
Are young people actively involved as members on the health facility committee?					
Are there partnerships with NGO, CSO, teachers, youth leaders, community groups, (e.g., Chiefs, parents) disability organisations and caregivers of people with disabilities?					

PHC	NA	★★★	★★	★	Remarks/ action to be taken
Essential vaccines and medicines (Tick 3-star column if available with >= 1-month supply, 2-star column if available with < 1-month supply, and 1-star column if not available)					
STI Treatment Pack : ☐ Azithromycin 500mg tabs ☐ Ceftriaxone 250mg injection					
Vitamin A supplements					
Iron-folate supplements					
Vaccines (check for BCG, anti-D, TTD, DPT-HEP B-HIB, cholera, Hep B, Polio, HPV, yellow fever and measles)					
ACTs (Antimalaria)					
Oxytocin					
Misoprotsol					
Syntocinon					
Injectable antibiotics					
Amoxicillin					
Magnesium sulfate					
Oral Rehydration Salts (ORS)					
Zinc tablets					
Nifedipine 5mg					
Acetic acid					
Glutaraldehyde					
Lidocaine					
Lubricating gel					
Vitamin K injection					

A4

Appendix 4: Sexual and reproductive health facility checklist and Health facility action plan cont...

PHC	NA	★★★	★★	★	Remarks/ action to be taken
Paracetamol [Syrup ☐ Tablets ☐]					
Diazepam					
Contraceptives					
Condoms - male and female					
Depo- Provera					
IUD					
Jadelle					
Pill					
Emergency contraception					
Diagnostic set/kits					
HIV testing kit					
Pregnancy kit					
STI kit					
Emergency medicines					
Adrenaline					
Calcium gluconate					
Chlorphenamine					
Diazepam					
Promethazine					
Supply management (Tick 3-star column if available and operational, 2-star column if available but not operational and 1-star column if not available)					
Is there a drug cupboard and are the drugs displayed in order?					
Are dangerous drugs stored in a lockable cabinet?					

PHC	NA	★★★	★★	★	Remarks/ action to be taken
Are there expired medicines and commodities? (Probe for reasons if there are large quantities)					
Were there stock outs in the past two months?					
Was the last order form completed and submitted on time?					
Was the last order received on time?					
Infection prevention and management (Tick 3-star column if available and operational, 2-star column if available but not operational and 1-star column if not available)					
Are disinfectant containers used for cleaning?					
Is there segregated waste holding areas? Is the guideline followed?					
Are covered labeled waster bin and yellow bags for medical waste segregated at each medical waste generation site?					
Is the facility cleaned regularly? Is there evidence of disinfectant use?					
Is there a separate area for cleaning with decontamination and sterilization processes?					
Are sterile supplies labeled and stored in a designated area?					
General equipment (Tick 3-star column if available and operational, 2-star column if available but not operational and 1-star column if not available)					
1 x Autoclave					
1x Cold chain (refrigerator) with thermometer and recording sheet up to date					
3 x Thermometer					
AD syringes and safety boxes					
Adult weighing scale					
Blood pressure (BP) machine					
1 X Child weighing scale					

A4

A4 Appendix 4: Sexual and reproductive health facility checklist and Health facility action plan cont...

PHC	NA	★★★	★★	★	Remarks/ action to be taken
Clean disposable sheets					
Clean gowns or dust coats					
Disposable gloves					
Fetoscope					
Glucometer					
Haemacue machine and micro cuvett					
Height board					
IV stand					
Measuring tape					
Mid-upper arm circumference (MUAC) tapes					
Safety boots					
Stethoscope					
Stretcher					
Tongue depressors					
Torch and light					
Tourniquet					
Waist circumference tape					
Wheelchair					
Family planning services- (Tick 3-star column if available and operational, 2-star column if available but not operational and 1-star column if not available					
Is there at least one competent IUD provider in this facility?					
Is there at least one competent Jadelle provider in this facility?					
Are LARC (Jadelle and IUD) services regularly available in the facility?					

PHC	NA	★★★	★★	★	Remarks/ action to be taken
2X IUD Copper insertion and removal kit					
Cervical cancer screening and treatment					
Is there at least one competent CC screening provider in this facility?					
Has this facility referred any patients for screening or treatment services to a higher level in the previous three months?					
Are CC services regularly available from this facility?					
1X VIA Kit					
ANC and PNC care (Tick 3-star column if available to good standard, 2-star if available but not to good standard, and 1-star column if not available)					
Is dual testing for HIV and syphilis available?					
Are postnatal contacts for all mothers and newborns provided on day 3 (48–72 hours), between days 7–28, and 6 weeks after birth?					
Does this facility offer testing/screening for gestational diabetes and malaria?					
Does this facility provide postnatal education and counselling? (e.g., breast feeding, immunisation, family planning counselling)					
Does this facility offer routine / refer pregnant women for ultrasound scans?					
In-patient and delivery services (Tick 3-star column if available to good standard, 2-star if available but not to good standard, and 1-star column if not available)					
Is there privacy during examination and delivery?					
Is there access to showers and toilets?					
Is a safe functional delivery bed available?					
2 X Is a sterile delivery set available?					
1X Is a suction machine available?					

A4

Appendix 4: Sexual and reproductive health facility checklist and Health facility action plan cont...

PHC	NA	★★★	★★	★	Remarks/ action to be taken
Weight scale for newborn (with 100 gram gradation)					
Is a cord ligature available?					
Does this facility have the capacity to manage/stabilise patients with the following conditions: obstructed labour, retained placenta, foetal distress, eclampsia and APH/PPH/HELLP? [for AHC and above]					
Are there handover and discharge reports on a standard form?					
Is there an adult resuscitation set?					
Is there a newborn resuscitation set?					
Is breastfeeding initiated within one hour after delivery?					
Is skin-to-skin contact promoted immediately after delivery?					
Is a partograph available and used?[1]					
Is separate accommodation area available for antenatal mothers and discharged patients?					
GBV services (Tick 3-star column if available to good standard, 2-star if available but not to good standard, and 1-star column if not available)					
Does this facility have a competent provider for the clinical management of sexual and GBV?					
Has this facility referred survivors of SGBV through the SafeNet in the past three months?					
Adolescent and youth-friendly health services (Tick 3-star column if available to good standard, 2-star if available but not to good standard, and 1-star column if not available)					
Minimum Service Package including:					
Antenatal care services					
Counselling on SRH and interrelated issues					
Effective referral systems in place					

PHC	NA	★★★	★★	★	Remarks/ action to be taken
GBV services and referrals					
HIV testing and counselling					
Cervical cancer screening HPV					
Infertility management and referral					
Post abortion care					
Postnatal care services					
Provision of full range of contraceptives					
Routine delivery services (i.e., labour and birth)					
STIs – screening and treatment					
Does this facility offer AYFHS outside of working hours?					
Is there a adolescent and young people register?					
Does this health facility have a condom dispensing machine?					

A4

A4 Appendix 4: Sexual and reproductive health facility checklist and Health facility action plan cont...

1. Confirm partographs have the following information: contraction is properly charted; cervical dilation recorded; colour coding done; TPR/BP recorded; urine output/input charted; drugs coded.
2. Scoring
    - If total of 90% of total indicators or more under 3-star column, the facility is gold standard! Celebrate!
    - If total of 75-89% under 3-star column, the facility is in the green zone.
    - If total of 50-74% under 3-star and 2- tar column combined, the facility is on amber alert.
    - If total of less than 50% under column 3-star and 2-star combined, the facility is on red alert.
    - If facilities are on red alert, we may do harm if immediate action is not taken.

A4

Health Facility Action Plan

This tool is designed to be used with the Sexual and reproductive health facility checklist. The action plan includes the:

- issue identified
- causes
- strategies required to address the causes
- person/s responsible (clearly state name and designation)
- outcome/impact
- due date

When developing the action plan, priority must be given to indicators which scored red and amber alerts. If the facility has been scored as red alert, immediate action must be taken to reduce the risk to clients, staff, and community.

This will include:

- Developing an action plan and support staff to ensure buy in and adherence
- For external supervisors to remain in frequent contact with the in charge, to support and monitor the progress against the plan
- Supervisors to inform senior managers of the issues, as there may be a requirement to allocate resources to mitigate the risks (e.g., workforce, infrastructure)

Monitoring and evaluation

If the outcome of the supervision is not red alert, the external supervisor, would:

- write a brief supervision report, summarising key points and attach updated health facility action plan and send report to on-site supervisor within 14 days
- follow up on the action plan and implement actions which the external supervisor is responsible for
- communicate and support the on-site supervisor to check status of key problems identified during the visit
- debrief with appropriate people on common themes, successes, or challenges relevant across all supervised facilities

If the SRH facility checklist has been used as a self-assessment tool, the following actions can be taken by the on-site supervisor and facility staff to continue to improve their quality of services.

- Conduct meetings with team members and managers to monitor the progress of the action plan and address any risks or barriers experienced in achieving outcomes
- Review data to monitor the impact of action taken
- Promote teamwork and acknowledge progress
- Encourage the participation of the Health Facility Management Team during the development and monitoring of the action plan
- Ensure persons responsible for implementation of the plan are supported
- Schedule regular facility self-assessments using the checklist

A4 Appendix 4: Sexual and reproductive health facility checklist and Health facility action plan cont...

Health facility action plan						
	Issue					
	Causes					
	Action to be taken					
	Person/unit responsible					
	Impact/outcome					
	Due date					

A5 APPENDIX 5: CLIENT FEEDBACK SURVEY – FAMILY PLANNING SERVICES

The Client feedback survey is a self-administered tool requiring the young person to respond the questions with the option of yes, no, or unsure. The questions target young people's experiences of privacy, confidentiality, time spent waiting for a service, cleanliness, safety of the setting, and availability of health promotion materials which are all indicators of quality of care. The survey also seeks to capture qualitative information, looking for recommendations on how to make the service more acceptable to young people. The survey can be paper-based or made available on online platforms, such as Survey Monkey.

Step 1: Client feedback survey – family planning

The client feedback survey has three sections which contain 18 closed and open-ended questions. To avoid survey fatigue, ensure the survey is not too long. Making a survey too long can reduce the quality of responses, as clients can become indifferent towards participating in the survey.

The first section contains closed questions which require a 'yes,' 'no,' and 'unsure' response. These questions focus on the availability, accessibility, and appropriateness of family planning services.

The question in the second section seeks to identify the time the client spent waiting to see the health worker. It is acceptable for a client to wait for 30 minutes, however, waiting for long periods of time can result in the client leaving the facility before seeing the health worker, and potentially impacting on future engagement with the service because of their negative experience. Although some clients are prepared to wait, unacceptable lengths of time will deter the engagement of some clients, particularly those most at risk such as young people with disabilities or young women who are experiencing GBV.

The third section contains an open-ended question asking for feedback on "What would improve your next visit?" This type of question seeks to identify what clients deem as acceptable and appropriate for their needs and can be invaluable information for improving the uptake of services of clients and community.

When requesting clients to complete the survey, the client must understand that their information is de-identifiable (clients aren't required to provide their name). Once completed, the survey is kept in a locked cupboard to ensure privacy and confidentiality of the client's information. The facility manager or in charge is responsible for the surveys and will take all measures to ensure the information is secure. A locked cabinet or box can be made available at the front desk for clients to place their surveys.

When and where to conduct the self-administered survey is determined by the facility and relevant departments. As a continuous quality improvement strategy, facilities can conduct surveys monthly or quarterly to monitor service performance with a target to collect 10% of the facility client base. However, this percentage will be determined by location, resources, and the capacity to manage the survey action plan. Increasing the opportunities clients have in providing feedback will improve the response rate and ensure a broader client perspective. This may include the survey being accessible online or in paper form.

To ensure marginalised and vulnerable groups, including people with disabilities, are encouraged to participate in the survey, a targeted marketing campaign may be required. This will involve the facility manager, the facility health committee, and local leaders to organise a working party, involving civil society organisations and faith-based groups to assist with promoting and distributing the survey.

A5 Appendix 5: Client feedback survey – family planning services cont...

Step 2: Collating the survey

After collecting the completed surveys, the survey results can be collated by a designated team member, with mentoring provided by the on-site supervisor.

Quantitative questions – closed questions

Example: Using the survey scoring template, found in appendix 5, survey responses are calculated as below.

Question	Yes	No	Unsure	% Results		
You felt respected and supported to make your own decisions	10	30	10	20	60	20

Results

- Ten clients responded 'yes,' therefore 20% of clients felt respected and supported to make their own decisions.
- Thirty clients responded 'no,' therefore 60% of clients did not feel they were respected and supported to make their own decisions.
- Ten clients responded 'unsure,' therefore 20% of clients were unsure if they felt respected or supported to make their own decisions.

Overall, in this example the response rate was negative at 60%

Scoring form 1					
0-30 minutes	30	More than 30 minutes	15	More than 60 minutes	5

Three highest scoring responses to "What would improve your next visit?"	Score
Improve safety with locked rooms	30/50
Advertise services on social media services	15/50
Have more chairs in the waiting room	5/50

Results: time waiting responses

- Sixty percent of clients were seen by the health worker before 30 minutes
- Thirty percent of clients were seen by the health worker after 30 minutes
- Ten percent of clients were seen by the health worker after 60 minutes

Outcome: Sixty percent of clients were seen by the health worker before 30 minutes which is an acceptable amount of time. The number of clients who were seen by a health worker after 60 minutes is considered acceptable however this result would be reviewed when the Client feedback survey is conducted again to determine whether there has been any change in the waiting time experienced by clients.

Qualitative questions: open ended questions

Thematic analysis is used to identify patterns in qualitative data gathered from interview transcripts, focus groups, and surveys responses. Client feedback can provide common themes that can be used to improve the facilities performance.

Open ended questions seek to identify what clients deem as acceptable and appropriate for their needs and can be invaluable information for improving the uptake of services of clients and community

The survey contains one open ended question; "What would improve your next visit?"

Three highest scoring responses to "What would improve your next Visit?"	Score
Improve safety with locked rooms	30/50
Advertise services on social media services	15/50
Have more chairs in the waiting room	5/50

Step 3: Survey findings

If the survey findings indicate that the service is performing well, it is important to celebrate this success with the team. This could include a morning tea, sharing the good news at team meetings, village meetings, posting on the Ministry of Health social media platforms, in the clinic waiting room or an article in the local newspaper.

A5 Appendix 5: Client feedback survey – family planning services cont...

Step 4: Survey action plan

The Survey action plan details what will be done to address the areas requiring improvement from survey responses.

The plan includes:

- **Objectives:** what do we want to achieve?
- **Strategies:** how are we going to achieve this?
- **Responsibilities:** who will do this?
- **Timeline:** when will it be completed?
- **Outcome:** how do we know it was achieved?

The plan can be developed with key stakeholders including the Facility Health Committee, local young community leaders, health workers and support staff.

Monitoring and evaluation

Monitoring the plan is important as it ensures the goals are met and promotes inclusion of stakeholders during the process.

Points to consider for monitoring.

- Conduct meetings with team members and managers to address any risks or barriers in achieving outcomes
- Include young people
- Review data to monitor the impact of strategies
- Promote teamwork and acknowledge progress
- Encourage the participation of the Health Facility Management Team

Quality improvement means continually reviewing the process to seek ways of improving client outcomes and staff experiences. Once the goals of the plan have been met, it is time for reflection and evaluation regarding what may be improved during the next round of surveys. This process will involve discussing the development, implementation, and the outcome of the surveys.

A5

Client Feedback Survey

Dear client,

This survey is about your experience at .....

Your feedback will help us improve your service.

You can add other comments at the end of the survey if you wish and when you have completed the form, place it in the box in the waiting room.

If you need support filling in the survey, please speak to staff

Your information is confidential.

Gender:	Female	☐	Male	☐	Prefer not to say ☐
Do you have a disability?	Yes	☐	No	☐	Prefer not to say ☐
Age:	10-14	☐	15-19	☐	19-24 ☐

	Yes	No	Unsure
Was the location of the facility convenient to you?			
Are the facility hours convenient to you?			
Are the clinic days convenient to you?			
Was the facility clean and comfortable?			
Were family planning brochures available?			
Was the consultation room private?			
Were you provided sufficient time to discuss your concerns?			
Did you feel respected and was supported to make your own decisions?			

A5 Appendix 5: Client feedback survey – family planning services cont...

	Yes	No	Unsure
Did the health worker:			
Demonstrate how to use the family planning method you chose?			
Describe possible side effects of various contraceptives?			
Describe what to do when a problem occurs?			
Describe the possibility of changing method if you are not happy?			
Confirm a follow-up visit?			
Provide information regarding complications?			
Explain to you your information was confidential?			
Ask for your consent to carry out procedures?			
Were your contraceptives free?			

How long did you wait to see the clinician?			
0-30 minutes			
More than 30 minutes			
More than 60 minutes			

What would improve your next visit?

_____

_____

_____

Thank you,
Facility manager

Scoring Template	Yes	No	Unsure	% Results		
Was the location of the facility convenient to you?						
Are the facility hours convenient to you?						
Are the clinic days convenient to you?						
Was the facility clean and comfortable?						
Were family planning brochures available?						
Was the consultation room private?						
Were you provided sufficient time to discuss your concerns?						
You felt respected and was supported to make your own decisions?						
Did the health worker:						
Demonstrate how to use the family planning method you chose?						
Describe possible side effects of various contraceptives?						
Describe what to do when a problem occurs?						
Describe the possibility of changing method if you are not happy?						
Confirm a follow-up visit?						
Provide information regarding complications?						
Explain to you your information was confidential?						
Ask for your consent to carry out procedures?						
Were your contraceptives free?						

Scoring Template: Time waiting					
0- 30 minutes		More than 30 minutes		More than 60 minutes	

Highest scoring 3 responses to 'What would improve your next visit?'	Score

A5 Appendix 5: Client feedback survey – family planning services cont...

Objective: what are we going to achieve?	Strategies: how are we going to achieve this?	Responsibilities: who will do this?	Timeline: when will it be completed?	Outcome: how do we know it was achieved?

A6 APPENDIX 6: LIST OF RELEVANT ORGANISATIONS TEMPLATE

A6

The template is used to provide the facility with a list of relevant organisations and contact details. At a minimum, this list should be updated annually. National level service providers can be included, and then space for customisation at the facility level is necessary.

Examples include the following.

- Teachers and schools
- Youth workers and youth centres
- Youth leaders
- Youth advocates
- Community leaders and chiefs
- Parents and guardians
- Church leaders and congregations (including youth and mothers' groups)
- Disability organisations and community rehabilitation workers
- Other community workers, committees, and organisations

Community partnerships and referrals		
Health facility:		
Location:		
Name of organisation/ person	**Services organisation/person can provide**	**Contact details (phone number, address)**

APPENDIX 7: MARKETING PLAN TEMPLATE

Marketing plan Facility: Period of plan:	Aim	Strategies	Action	Due date	Outcome

A8 APPENDIX 8: COMMUNITY ENGAGEMENT ACTION PLAN TEMPLATE

Priority issue	Objective	Activity	Target community	Frequency	Responsible person	Responsible for supervision	Resources required	Budget
Operational costs								
Coordination								
Reporting								

Source: UNICEF