



NATIONAL ACCREDITATION GUIDELINE FOR ADOLESCENT FRIENDLY HEALTH SERVICES



Ministry of Health & Family Welfare
Govt. of the People's Republic of Bangladesh
February 2019



পরিবার পরিকল্পনা অধিদপ্তর



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PREFACE

The Government of Bangladesh is programming for the wellbeing of adolescents many years by considering the health and other problems such as early pregnancy and childbirth, HIV, infectious diseases, mental health, injuries, malnutrition, unprotected sex, exposure to violence, and alcohol/drug or tobacco use. The Government of Bangladesh is fully committed to ensure the health of the adolescents through addressing their needs and therefore, the Ministry of Health and Family Welfare (MOHFW) of Bangladesh has been scaling up the Adolescent Friendly Health Services (AFHS) through two wings: the Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP). The National Strategy for Adolescent Health and National Plan of action for AH strategy 2017-2030 has been published which are milestones towards achieving the SDG by 2030. The implementation of this strategy welcomes collaboration with all stakeholders in mobilizing the necessary resources and improving access to and utilization of AFHS in Bangladesh.

Currently, MOHFW is focusing on standards of AFHS to improve the quality of health services and strengthen the monitoring and evaluation system in AFHS by accreditation system. To ensure appropriate environment for the adolescent's wellbeing and quality

of the services MOHFW is following the Global Accelerated Action for the Health of Adolescents (AA-HA!) for the national adolescents' health programming. This guideline is also helping the government operation plan to adopt adolescent's responsive services and participations of adolescents.

To ensure quality Adolescent Friendly Health Services through all health facilities at different levels, both government and non-government including private, accreditation is a pre-requisite. The accreditation process will not only ensure the quality and user-friendliness of the services delivered to adolescents but will also provide direction and guidelines to all health service providers regarding Adolescent Friendly Health Services.

The Accreditation Guideline of Adolescent Friendly Health Services will provide guidelines for policy makers, services providers, various line ministries, INGOs, NGOs and private sector organizations towards their roles and responsibilities in AFHS accreditation. This document has been developed through dedicated efforts of a group of professionals, experts and practitioners in adolescent health and other related ministries, donor agencies, INGOs, NGOs and adolescents of Bangladesh.

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ACRONYMS AND ABBREVIATIONS

AFHS	Adolescent Friendly Health Services
AH	Adolescent Health
AIDS	Acquired Immune Deficiency Syndrome
ARH	Adolescent Reproductive Health
ASRH	Adolescent Sexual and Reproductive Health
BPA	Bangladesh Pediatric Association
BSMMU	Bangabandhu Sheikh Mujib Medical University
CC	Community Clinic
DGHS	Directorate General of Health Services
DGFP	Directorate General of Family Planning
DH	District Hospital
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immune deficiency Virus
HSDP	Health service delivery point
MCWC	Maternal & Child Welfare Centre
MOHFW	Ministry of Health and Family Welfare
MOWCA	Ministry of Women and Children Affairs
NGO	Non-Government Organization
PAC	Post abortion care
PTA	Parent Teacher Association
RTI	Reproductive tract infection
SC	Satellite Clinic
SHC	School Health Clinic
SMC	School Management Committee
STI	Sexually transmitted infection
UHC	Upazila health complex
UH&FWC	Union Health & Family Welfare Centre
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
VCT	Voluntary counseling & testing
WHO	World Health Organization
YFHS	Youth-friendly Health Services



Adolescent – WHO defines adolescents as people between 10 and 19 years. This is the period of human growth and development that occurs after childhood and before adulthood.

Youth – WHO defines youth as people between 15 and 24 years.

Young people – WHO defines young people as people between 10 and 24 years.

Accreditation – Accreditation is a formal process by which a recognized committee, usually an independent committee assesses and recognizes that a health care organization meets applicable pre-determined and published standards.

Criterion (of a standard) – A measurable element of a standard that defines a characteristic of the service that needs to be in place (**input criterion**) or implemented (**process criterion**) in order to achieve the defined standard (**output criterion**).

Standard – A statement of a defined level of quality in the delivery of services that is required to meet the needs of intended beneficiaries. A standard defines the performance expectations, structures or processes needed for an organization to provide safe, equitable, acceptable, accessible, effective and appropriate services.

PREFACE

Government of the People’s Republic of Bangladesh is committed to improve the health and wellbeing of adolescents and young people since last few years considering their health, health related behavior and other socio-cultural problems like early marriage, adolescent pregnancy and childbirth, malnutrition, unprotected early sex, exposure to violence including suicide and alcohol/drug or tobacco use, risk of HIV-AIDS and other infectious diseases including COVID-19, mental health, injuries and road traffic accidents etc. The Government is fully aware and committed to ensure the health of the adolescents through addressing their health and needs.

Currently, Ministry of Health and Family Welfare (MOHFW) is focusing on standards of Adolescent Friendly Health Services (AFHS) to improve the quality of health services and strengthen the monitoring and evaluation for AFHS by accreditation system. To ensure appropriate environment for the adolescent’s health and wellbeing and improved quality of the services MOHFW is following the Global Accelerated Action for the Health of Adolescent (AA-HA!) for the national adolescent’s health programming. This guideline is also helping the government operation plan to adopt adolescent’s responsive

services and ensuring the active participations of adolescents.

To ensure quality Adolescent Friendly Health Services (AFHS) through all health facilities at different levels, both government and non-government including private, accreditation is a pre-requisite for quality services. The accreditation process will ensure the quality as well as user-friendliness of the services delivered to adolescents including the directions and guidelines to all health service providers related to Adolescent Friendly Health Services.

The National Accreditation Guideline for Adolescent Friendly Health Services (AFHS) will provide directions and guidelines for policy makers, services providers, INGOs, NGOs and private sector organizations towards their roles and responsibilities in the provision of quality Adolescent Friendly Health Services. The implementation of this National Accreditation Guideline for Adolescent Friendly Health Services (AFHS) welcomes collaboration with all stakeholders in mobilizing the necessary resources and improving access to and utilization of quality Adolescent Friendly Health Services for health and wellbeing of adolescent and youth in Bangladesh.



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ACKNOWLEDGEMENT

The National Strategy for Adolescent Health 2017-2030 in 2017 and National Plan of action for AH strategy in 2019 were developed and launched by the Ministry of Health and Family Welfare (MOHFW) which are as milestones towards achieving the SDG targets for adolescents and youth by 2030. The Ministry of Health and Family Welfare (MOHFW) has taken steps to scale-up the Adolescent Friendly Health Services (AFHS) through two directorates : the Directorate general of Health Services (DGHS) and the Directorate General of Family Planning (DGFP) since the beginning of 4th HPNSP (Health, Population and Nutrition Sector Programme) January 2017-June 2023.

Ministry of Health and Family Welfare (MOHFW) is very much concern maintaining the standards of Adolescent Friendly Health Services (AFHS) to improve the quality of health services and strengthen health systems for AFHS the accreditation. To ensure appropriate environment for the adolescent's health and wellbeing and improved quality of the services the National Accreditation Guideline for Adolescent Friendly Health Services



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(AFHS) is aligned with the Global Accelerated Action for the Health of Adolescents (AA-HA!) for the national adolescents' health services and also with Bangladesh National Plan of Action for Adolescent Health Strategy 2017-2030.

The National AFHS Accreditation Guideline will help the government operational plan o adopt adolescent's responsive services and ensuring the active participations of adolescents. National AFHS Accreditation Guideline has been developed through dedicated efforts of a group of professionals, experts and practitioners in adolescent health and other related ministries, donor agencies, INGOs, NGOs and adolescents of Bangladesh.

I would like to appreciate and thank the dedicated efforts of the group of professionals, experts and representations of other related ministries, donor agencies, INGOs, NGOs and adolescents to develop the National Accreditation Guideline for Adolescent Friendly Health Services (AFHS) in Bangladesh.

MESSAGE

Adolescent health is a global concern as this age group is the ultimate future and holds a lot of possibilities. General knowledge of adolescents about health and access to services is important for developing healthy and self-aware adults. In an attempt to improve access to health services and increase their awareness the Government of the People's Republic of Bangladesh is determined to develop health facilities as well as adolescents club. Concerns regarding the overall health including malnutrition, early pregnancy, adolescent pregnancy, risk of HIV, communicable diseases like Covid-19, mental health, injuries and RTA are under consideration for the betterment of adolescents. In addition, socio-cultural issues like early marriage, unprotected early sex, exposure to violence including suicide and alcohol/drug or tobacco use influences the adolescents' wellbeing. In order to ensure good health and wellbeing of the young adults the government is fully committed.

Ministry of Health and Family Welfare (MOHFW) has attempted to address adolescent health at both government and private sectors, which

includes Adolescent Friendly Health Services (AFHS) at different tiers of health facilities and various interventions to increase awareness of both girls and boys. To ensure the quality of these facilities and initiatives an accreditation guideline has been developed. The accreditation process will confirm the excellence and user-friendliness of the services delivered to adolescents.

Through collaboration of stakeholders it is possible to address the gaps within the system and work on the AFHS with necessary agenda. The National Accreditation Guideline for Adolescent Friendly Health Services will make the pathway for policy makers, service providers, INGOs, NGOs and private sector organizations. Resource allocation and utilization are crucial to improve the overall situation. This can be achieved through integrated approach and involvement of both adolescents and their guardians. Furthermore, improving access and ensuring quality services can improve the health and wellbeing of adolescents and youth of Bangladesh.



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MESSAGE

Adolescent-Friendly Health Services are high quality services that are relevant, accessible, attractive, affordable, appropriate and acceptable to the adolescents and youth. The services are provided in line with the minimum health care package and aim to increase acceptability and utilization of health services by this group. The accreditation guideline for Adolescent-Friendly Health Services will help to operationalize the quality standards within Adolescent Friendly Health Services and clarifies the roles and responsibilities of program managers, service providers, supervisors and policy decision makers to ensure adequate health services for adolescents in Bangladesh. The guideline has been based on recent WHO global Adolescent Friendly Health Service standards. Adolescence is the period of transition from childhood to adulthood, the period between the ages of 10 and 19 years as per WHO definition. Adolescents comprise more than one fifth of the

total population in Bangladesh. Child marriage and adolescent pregnancy is still frequent in Bangladesh and deprives adolescents from developing to their full potential. The fertility rate among the 15-19 years old age group is one of the highest rates in the world. To address these issues, adolescent friendly health services are critical. Adolescent Friendly Health Services is a comprehensive package of information and services on Adolescent Sexual and Reproductive Health (ASRH), Violence Against Adolescents, Adolescent Nutrition and Mental health that adolescents need to understand and cope with the transition from childhood to adulthood and develop to a healthy and well-rounded individual who contributes positively to the society. As the Ministry of Health and Family Welfare will roll out the Adolescent Friendly Health Services in health facilities at different levels, both government and non-government including private facilities, ensuring quality and standards of these services will be improved through the accreditation process. UNICEF is a proud supporter of the Ministry of Health and Family Welfare, Bangladesh who has articulated its commitment to improving access to Adolescent Friendly Health Services through different policy and program documents and strongly believes that these accreditation guidelines will contribute to the well-being of adolescents and youth in Bangladesh.

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▶ Introduction

Adolescents constitute a significant portion of the world's population. However, the 22% population in the countries of South-East Asia Region (SEAR) are adolescents which is 350 million adolescents. To consider the global concern Adolescents health and wellbeing is one of the global public health agenda which receives number of international commitments and donor support to initiate interventions at national, regional and international levels. According to WHO 4S framework proposed four strategic directions. To strengthen the health sector focusing on strategic information, supportive policies, strengthening services and strengthening collaboration with other sector. To improve the health of adolescents, we need to integrate policies and system from national level to community level by focusing all strategic direction.

In South Asia region Bangladesh one of the countries who is focusing all strategic direction for the development of adolescent's health or second decade of life for 36 million adolescents (BBS 2015). Despite the size of this subpopulation, their unique needs remain often unaddressed. Inadequate gender and needs responsive health services for adolescents, insufficient investments in the sector, and inappropriate engagement with adolescents themselves as rights holders leave critical gaps in the country's overall development. To mitigate the gap and address the adolescent's health agenda Ministry of Health and Family Welfare (MOHFW) supported to develop the National Adolescent Health Strategy 2017-2030 and the national plan of action with

focus on strategic development, integration of multisectoral policy makers and supportive policies. By following the four strategic directions on sexual reproductive health rights, violence against adolescents, nutrition and mental health, the government has been using a approach called Adolescents Friendly Health Services (AFHS) for strengthening the services for adolescents. To enable all adolescents to grow and develop as healthy and productive adults, effective implementation of AFHS is the key element of adolescent development. AFHS is meant for adolescents of 10-19 years. It should overcome the barriers adolescents face to obtain the health services they need and ensure that:

1. *Health service providers are non-judgmental and caring while dealing adolescents and they have essential competencies to deliver the right health services in the right way.*
2. *Health facilities are equipped to provide adolescents with the health services they need and are also attractive and 'friendly' to adolescents.*
3. *Adolescents know from where they can obtain the health services they need, and are both able and willing to do so when needed.*
4. *Community members are aware of the health-service needs of different groups of adolescents and support their provision.*

In Bangladesh, availability of AFHS is limited, mainly provided by few government facilities (funded by UNICEF, UNFPA and few INGOs) and NGO clinics in selected urban and rural areas which are also inadequate given the population size of adolescent. There is growing evidence for the effectiveness of some of these initiatives which has demonstrated model for Adolescent Friendly Health Services in local context.

Effective execution of AFHS requires a national standard with quality indicators. Though few government and NGO facilities

are implementing adolescent friendly health services in Bangladesh, but they follow either global or organizational guidelines for rendering these services to adolescents. Now, a national standard or accreditation of Adolescent Friendly Health Services is an ominous need which will address the context-specific necessity for the adolescents in Bangladesh. With this intention, UNICEF has come forward to initiate the development or adaptation of national standards of AFHS in coordination and consultation with other stakeholders.

▶ Background

In order to improve adolescent health, Bangladesh adopted the 10-year adolescent reproductive health (AHS) strategy in July 2006. This strategy did not cover all other important adolescent health aspects. Then in 2017, the National Strategy for Adolescent Health has been developed for 15 years (2017 to 2030) in line with the Sustainable Development Goals. This strategy's goal is to attain a healthy and productive life in a socially secure and supportive environment for adolescents.

In Bangladesh, many initiatives were undertaken until now to address adolescent sexual and reproductive health problems through Adolescent Friendly Health Services.

During 2004 to 2007, MOHFW started country-wide HIV/AIDS prevention program among young people, funded by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). As part of intervention, this program developed the national

standards for Youth Friendly Health Services (YFHS) in Bangladesh with support from the other development partners. HIV/AIDS problem/issue was taken as an entry point to provide YFHS services to the young people. The package of services was developed through a consensus with relevant stakeholders and adopted from WHO. It covers HIV/AIDS and other reproductive health related problems. While developing the standard, it was discussed that no matter what entry point a country used, it was important to evolve a comprehensive package that responded to the diverse needs of adolescents

Because of the mandate related to Reproductive and Sexual Health and Rights of the adolescents, WHO supported the development of tools and conduction of quality and coverage assessment for GFATM-funded Youth-friendly Health Services (17). WHO also worked on developing the implementation guideline based on standards of quality services to adolescents and youth and

assisted in revising the operational procedures for adolescent and youth friendly health services.

In 2006, the Directorate General of Family Planning (DGFP) developed the National Adolescent Reproductive Health (ARH) Strategy with the support from UNFPA. The National Plan of Action on Adolescent Sexual and Reproductive Health 2011-2016 was developed during 2011-2013, which led by DGFP and UNFPA. This plan of action was intended to scale up Adolescent Friendly Health Services and execute adolescent sexual and reproductive health interventions nationwide.

Since the National Plan of Action on Adolescent Sexual and Reproductive Health was planned until 2016 and Ministry of Health and Family Welfare required a plan for next few years, the National Strategy for Adolescent Health 2017-2030 was developed, following an intensive process of involving all stakeholders and partners in this field. Both UNICEF and UNFPA funded this strategy formulation. Unlike the previous one, National Strategy for Adolescent Health stretched its area beyond sexual and reproductive health of adolescents by including Adolescents Sexual and Reproductive Health and Rights (ASRHR), Violence against adolescents, Nutrition and Mental health.

To implement Adolescent Friendly Health Services at government and non-government health facilities, the operational manual for the health service providers was developed by the Directorate General of Family Planning (DGFP) in 2015. It was supported by UNFPA. Now revised

the guideline for AFHS which developed by DGFP, DGHS, UNICEF and UNFPA by following the all strategic directions in National AH strategy 2017-2030.

However, there is a model for implementation of Adolescent Friendly Health Services (AFHS) but no accreditation guideline is developed until now to measure the quality of services. UNICEF has taken the initiative to develop/ adapt it as AFHS is going to be scaled up nation-wide soon by the government with the support from development partners and UN organizations. In 2015, WHO developed global standards for quality health-care services for adolescents in collaboration with UNAIDS. The development of these standards followed the process below:

- needs assessment (literature review, survey);
- analysis of national standards from 25 countries (including Bangladesh);
- review by technical working group and peer review; and,
- field test and consolidation.

Field test showed that these global standards are adequate for both national and regional contexts without substantial changes. Since this global standard development went through an intensive process and Bangladesh's experience was also taken, those standards can be used for AFHS accreditation.

▶ Objective of this guideline

This guideline will help to operationalize the quality standards within AFHS and also within health system by program managers, service providers, supervisors and policy/decision makers which will ultimately benefit the adolescents of Bangladesh. It illustrates the accreditation of Adolescent Friendly Health Services, adapting from recent WHO global AFHS standards.

- To develop the standard guidelines and tools for accreditation of AFHS
- To set up quality standards for AFHS according to WHO guideline by considering local context
- To develop a national accreditation committee for AFHS with standard terms of references
- To develop a monitoring and evaluation system to maintain the quality of AFHS

▶ Adolescent Friendly Health Services (AFHS)

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

The quality of care framework provides a useful working definition of Adolescent Friendly Health Services. To be considered as adolescent friendly, health services should have 5 characteristics - accessible, acceptable, equitable, appropriate and effective. The standards of Adolescent Friendly Health Services comply with all these quality indicators. These are also the rights of adolescents those need to be fulfilled while rendering services.

► WHO Standards of Adolescent Friendly Health Services

WHO defined 8 global standards of quality Adolescent Friendly Health Services:

(Ref link; https://www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care/en/)

Adolescents' health literacy	Standard 1. The health facility implements systems to ensure that adolescents are knowledgeable about their own health, and they know where and when to obtain health services.
Community support	Standard 2. The health facility implements systems to ensure that parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents.
Appropriate package of services	Standard 3. The health facility provides a package of information, counselling, diagnostic, treatment and care services that fulfils the needs of all adolescents. Services are provided in the facility and through referral linkages and outreach.
Providers' competencies	Standard 4. Health-care providers demonstrate the technical competence required to provide effective health services to adolescents. Both health-care providers and support staff respect, protect and fulfil adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgmental attitude and respect.
Facility characteristics	Standard 5. 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 adolescents.
Equity and non-discrimination	Standard 6. The health facility provides quality services to all adolescents irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, sexual orientation or other characteristics.
Data and quality improvement	Standard 7. The health facility collects, analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff is supported to participate in continuous quality improvement.
Adolescents' participation	Standard 8. Adolescents are involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care, as well as in certain appropriate aspects of service provision.

Many documents on AFHS and YFHS standards as well as adolescent health services developed by WHO, UNFPA, Pathfinder International, USAID, and PSI were reviewed while. There is no significant difference between the standards of YFHS (national) and AFHS (global - WHO). The proposed AFHS standards are adapted from the

WHO global standards of 2015 (shown above). All these standards can be categorized into four for easy understanding as well as implementation – community, facility, service provider and adolescent. This accreditation checklist will assess the health facility, health service provider and adolescents.

► Accreditation of Adolescent Friendly Health Services

It is a formal process of assessment and recognition of health facility as adolescent friendly when meeting the standards, usually done by an independent, government approved committee.

To get the accreditation as Adolescent Friendly Health Services, the facility must meet all essential standards and quality indicators related to facility, service providers and adolescent clients.

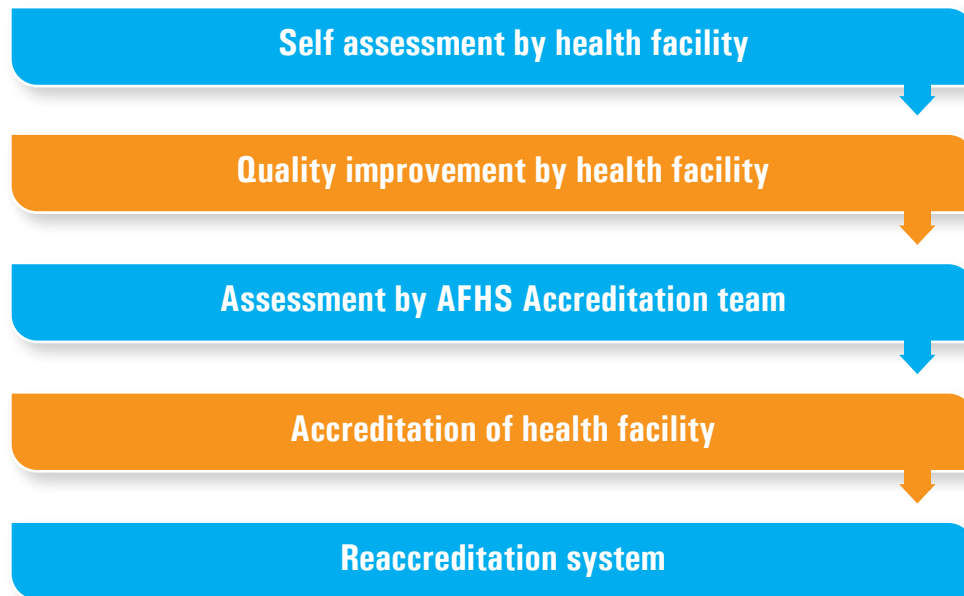
► Why accreditation is needed

Accreditation is needed for any health facility to acknowledge the service provision by ensuring the quality and meeting the set of standards. The assessment of Adolescent Friendly Health Services (AFHS) will be done by accreditation checklist. The process of accreditation using the checklist has the following benefits:

1. It provides an easy-to-use and straightforward way to determine if health facilities meet the standards of AFHS according to a set of criteria, adapted to the country context.
2. Accreditation allows recognition and acknowledgement of those facilities that have attained the standard of adolescent friendliness. Certification can be done through formal/ informal ceremony.
3. Service providers of those health facilities may get opportunities of higher study, promotion etc. (as incentive).
4. It provides a clearly defined benchmark for facilities to work towards the standards.
5. Accreditation status helps health service providers to identify facilities with acceptable service standards for referrals.
6. Accreditation status helps community and potential clients to identify the trusted facilities as AFHS and with quality services.
7. Accreditation helps facilities to publicize their services and assure clients about quality of care.

▶ AFHS accreditation model

Accreditation of Adolescent Friendly Health Services will follow the model shown in the diagram below -



1. Self-assessment by health facility:

When health facility will receive the AFHS accreditation standards, a self-assessment team (will be consist of 3-4 health facility members such as manager/ administrator, service provider and other staff) will be developed in the health facility. This assessment will determine their own status as baseline and identify the gaps in meeting the standards. All staff will be informed about the assessment and all categories of staff should represent on the assessment team. There will be half-day orientation of SA team members on the AFHS accreditation standards, assessment to be done within 1-2 days, analysis of the findings by 1 day and develop an action plan

for quality improvement by half day. So, self-assessment of health facility can be done by 5 days.

2. Quality improvement by health facility:

Based on the findings of the self-assessment, an action plan will be developed by the team members to improve the health services for the adolescents and to meet the standards. Similar to the information about the self-assessment, all staff should be informed about the assessment findings and also, what they need to do for service improvement. It should be a participatory

exercise where team spirit will be enhanced. There should be regular monitoring of the action plan how far it's been achieved. After certain time of the completion of health facility's quality improvement action plan, another self-assessment can be done to know the post-assessment status of the standards.

3. Assessment by AFHS Accreditation team:

When the health facility feels ready, an external assessment for AFHS accreditation should be requested to the National AFHS Accreditation Committee. The Committee will delegate the responsibility to the AFHS accreditation assessment team who will visit the health facility to carry out the external assessment. The process involves

observations, interviews and a review of documents to assess compliance to standards.

4. Accreditation of health facility:

Based on the findings of the assessment done by the external team, the National AFHS Accreditation Committee will make the decision. Within 3 months of assessment, the health facility will receive their accreditation status along with constructive feedbacks for improvement.

5. Reaccreditation system:

Each accreditation of AFHS will be valid for the health facilities for the next 2 years. After this period, again reaccreditation will be conducted in the health facility.

► Setting AFHS Accreditation Standards

The indicators in the accreditation checklist are adapted from the WHO global standards of quality Adolescent Friendly Health Services which have been developed following a lengthy, rigorous process including significant inputs from experts and adolescents and also extensive field testing; Bangladesh was also part of this process.

These indicators and/ checklist can also be used to assess the quality of Adolescent Friendly Health Services periodically (quarterly/ 6 monthly) even after the health facility gets accreditation.

While assessing the health facility for accreditation, the checklist will be used for observing the facility (basic amenities, logistics, sitting arrangement, store, cleanliness), to interview the manager/ administrator (knowledge and attitude), service providers (knowledge, attitude and skills), and adolescent clients (knowledge, attitude and practices). Besides, all required documents such as reports, registers, schedule/ plan, education/ information/ resource materials, module/ manual etc. will also be observed/ checked by the accreditation team.

▶ AFHS accreditation guideline development process

To begin the AFHS accreditation guideline development process, a draft guideline and tools were developed. In 2017, it was discussed with the government, managers, programmers, policy makers, UN organizations, donors, representatives of adolescent-serving organizations and other key nongovernmental organizations through series of national meetings/workshops. The intent of these meetings/workshops was to gain national consensus on the AFHS quality standards and tools. Those documents were reviewed few times by the experts, practitioners and academics in the field of adolescent health.

Then in 2018, the tools were examined in 4 areas (2 ADOHEARTS districts – Jamalpur and Khulna, 1 ECM district - Nilphamari and 2 urban areas – Khulna and Dhaka North City Corporation) at different levels such as District Hospital, Mother

and Child Welfare Centre (MCWC), School Health Clinic, Upazila Health Complex, Health and Family Welfare Centre (H&FWC), Urban Health Centre at Khulna City Corporation and NGO Adolescent Friendly health clinic at Dhaka North City Corporation. Draft guideline and tools were reviewed by the adolescent health experts and practitioners through series of workshops at national level.

The tested AFHS accreditation tools were shared and finalized through a meeting. The proposed AFHS Accreditation Committee composition, Terms of Reference and scores for using the AFHS accreditation checklist were drafted and send to all meeting participants. Once the AFHS accreditation guideline and tools are endorsed by the MOHFW (DGFP/DGHS), it will be shared with the wider community.

● Who should be eligible for accreditation:

Accreditation for Adolescent Friendly health services (AFHS) will be used at following health facilities:

Government: Union health & family welfare centre (UH&FWC), Upazila health complex (UHC), District hospital (DH), Maternal & child welfare centre (MCWC), School health clinic, health centres of City Corporation and Medical college hospital.

Non-government/ private: static and mobile clinics, and hospitals of NGO and private sectors.

● When should accreditation be done:

- While planning for Adolescent Friendly health service provision, the authority (DGFP, DGHS, NGO, City Corporation and private) should decide when this health facility will start processing for AFHS accreditation.
- The timing of accreditation should be part of AFHS provision planning.
- After start up, AFHS facility needs to run AFHS services for one year and then facility can be eligible to go for

the accreditation; during this time, facility will take all the preparations to become Adolescent Friendly.

- **How accreditation will be done:**

Following are the process for accreditation:

1. When AFHS accreditation committee will plan for accreditation visit, they will **inform the health facility** about the assessment criteria before **one month**; this will allow both facility and accreditation committee to be prepared for the assessment.
2. **After one month**, accreditation team will visit and assess the status based on the checklist.
3. Total process of providing accreditation to any facility should not take more than **3 months**.

4. At the **end of 3 months**, health facility **will be informed** by the AFHS Accreditation Committee.
5. The result can be formally declared by administration through **a special or regular meeting** (and also handover the certificate to the facility).

The process will be the same for all types and levels of health facilities including NGO and private. Both old and new (AFHS) health facilities can go through the accreditation process.

- **Validity period of AFHS accreditation:**

This accreditation will be valid for the health facilities for the next 2 years. After this period, health facility will again go through process of accreditation for AFHS. Facility received accreditation should exhibit 'accreditation' mark publicly for promoting AFHS

► Composition and Terms of Reference of National Accreditation Committee of Adolescent Friendly Health Services

- **Formation of Accreditation team:**

The National AFHS accreditation committee should be an independent and government-approved committee. The members should be selected based on their medical/ clinical background and adolescent health working

experience.

The National AFHS Accreditation Committee will provide the direction and technical guidance to the accreditation of Adolescent Friendly Health Services in Bangladesh. This Committee will be composed of the following team members–

Composition of National AFHS Accreditation Committee

1.	Director General, Directorate General of Family Planning	Chairperson
2.	Line Director, MNCAH, Directorate General of Health Services	Member
3.	Deputy Chief (Medical Education and Family Welfare Division), Planning Wing (Clinic Building), Ministry of Health & Family Welfare	Member
4.	Representative from Ministry of Women and Children Affairs	Member
5.	Representative from Ministry of Education	Member
6.	President, Obstetric and Gynecological Society of Bangladesh	Member
7.	President, Bangladesh Pediatric Association	Member
8.	Representative from UNFPA	Member
9.	Representative from UNICEF	Member
10.	Representative from WHO	Member
11.	Representative from GAC, EKN, USAID, SIDA, EU	Member
12.	Plan International, Save the Children, GAIN	Member
13.	Representative from National NGO	Member
14.	Program Manager (Adolescent & Reproductive Health), MCH-Services Unit, DGFP	Member
15.	Program Manager, Adolescent and School Health program, DGHS	Member
16.	Director (MCH Services) & Line Director (MCRAH), Directorate General of Family Planning	Member Secretary

The Terms of Reference of the National AFHS Accreditation Committee (NAAC) will be as follows:

1. Finalize the standards for accreditation of Adolescent Friendly Health Services.
2. Finalize the assessment tools, process and methods for accreditation of Adolescent Friendly health services.
3. Select individual experts/practitioners to form a team to conduct the assessment of Adolescent Friendly health services accreditation, after developing the criteria of team members.
4. Orient, assign and support that team for the assessment of AFHS for accreditation.
5. Review the AFHS assessment report submitted by the assessment team.
6. Based on the results of AFHS technical standards, decide to recommend/ not recommend for accreditation of health facility as Adolescent Friendly.
7. If not recommended for accreditation, suggest those facilities with specific recommendations for improvements and for resubmission after those are done (not before 6 months).

The mode of operation of the National AFHS accreditation Committee will as follows:

1. The National AFHS accreditation Committee for Adolescent Health will work as an fixed designated Committee for AFHS
2. The secretariat and financial support to this Committee will be provided from operational plan.
3. The committee will have the authority of making final decisions regarding AFHS accreditation of any facility.
4. The committee will select and orient the assessors and notify DGHS and DGFP or others from district/ upazila.
5. The committee will forward the decision about the AFHS accreditation to DGHS/DGFP for awarding accreditation to the respective facility as Adolescent Friendly.
6. Agreement of majority members of AFHS accreditation committee is necessary for any decision taken by the committee.
7. This committee can invite any member of the assessment team to facilitate decision making process.
8. It can co-opt any person in the committee to expedite the activities.

Cautions:

The team should not include any staff from the accreditation facility. The members should be from other district and upazila or from national level. The members of the team will be oriented by the experts to clearly understand their tasks, so that they can properly carry out their responsibilities.

Following tasks should be performed by the team throughout the accreditation process -

1. AFHS accreditation team will be ready for the assessment. More team members should be selected and trained to keep a reserve pool;
2. Health facility should receive the criteria one month before the assessment which can help to be prepared and to improve;
3. Before the assessment for accreditation, health facility can do an internal assessment by themselves which can identify areas need improvement and help to take corrective measures;
4. Health facility needs prior information about visit date and time as the assessment for accreditation will take long hours;
5. Meeting with the facility manager and service provider, explaining the objectives of this visit at the beginning;
6. Prior Arrangement for interviews (with facility manager/ administrator, service provider, adolescent client) and observations (client-provider sessions to verify providers' practices and clinic/ hospital itself without prior schedule) should be done;
7. If observation of client-provider session is possible, ***it's mandatory to ask permission from both client and provider and to assure confidentiality before observation.*** Interviewing adolescent clients and service providers also require their permission.
8. Conduction of assessment based on the criteria in the AFHS accreditation checklist;
9. After completion of assessment, on-site feedbacks should be given to the facility staff to overcome the gaps/ limitations and conduct debriefing meeting with the manager of health facility and keep signed meeting minutes by both party;
10. Within 3 months of the assessment visit, decision about accreditation should be done by the National AFHS accreditation Committee.
11. If the facility does not get accreditation, then 6 months time will be given for improvement, provide feedback on areas to be improved and convene re-accreditation visit after 6 months.

► How to fill up the AFHS accreditation checklist/tools

While assessing the health facility for accreditation, the checklist will be used for observing the facility (basic amenities, logistics, sitting arrangement, store, cleanliness), to interview the manager/ administrator (knowledge and attitude), service providers (knowledge, attitude and skills), and adolescent clients (knowledge, attitude and practices). Besides, all required documents such as reports, registers, schedule/ plan, education/ information/ resource materials, module/ manual etc. will also be observed/ checked by the accreditation team.

1. All the indicators in the checklist must be fulfilled.
2. There are three types of responses against each indicator – Yes, no and partial.

Yes = Fully (100%) meeting the standard.

Partial = Partially (50%) meeting the standard. (define)

No = Not meeting the standard.

The facility will get accreditation if it meets all AFHS standards. If the facility meets partial

standards, 6 months will be given to overcome the gaps of the facility and after that, the re-assessment will be done by the team. If any facility fails to meet AFHS standards 2 times, that facility will not get further opportunity to be assessed for accreditation.

3. Comments related to observation should be in the 'Remarks' column.
4. Accreditation checklist has to be used - i) to observe the health facility for AFHS standards, ii) to interview service providers, facility managers/ administrators and adolescent clients, iii) to observe adolescent client- service provider interaction during counseling/ consultation (depending on their consents), and iv) to check records/ documents and medicines and supplies.
5. While doing AFHS accreditation, facilities of all levels (union, upazila, district, NGO) may not be able to meet all AFHS standards.
6. Checklist should be fulfilled by the accreditation team with honesty and helping attitude.

► Adolescent Friendly Health Services (AFHS) Accreditation Checklist

Indicators	Detail description	Assessment method
1. Signboard at facility	<p>Signboard at the entrance of facility showing available adolescent health services, hours and direction to adolescents' waiting/ consultation room along with the citizen charter/ rights.</p> <p>Big size signboard should be placed in a visible manner so that adolescents/people can easily see/ read the signboard before entering to the facility.</p>	- Observation at facility
*2. Separate space/ room for waiting/ consultation of adolescents	Waiting and consultation rooms for adolescents need to be separated from other clients. If separate room is not available, those spaces can be separated by separator & curtain to ensure adolescents' privacy.	- Observation at facility
3. Convenient hours for adolescents	Services are available for adolescents at health facility during school breaks/ closing or facility provides special/ exclusive hours for them. Based on adolescents' convenience and service providers' agreement, weekend services can also be offered.	- Interview of facility manager and adolescent client
	This information should be written in the signboard/ notice board of facility to inform adolescents as well as should be disseminated in all schools and public places.	
4. Comfortable waiting space	<p>Facility has a comfortable environment for adolescents</p> <ul style="list-style-type: none"> - separate sitting arrangement with chair/ bench; - separator/ curtain in place if needed; - decorated with adolescent-oriented posters, flyers; - should not be over-medicalized. 	<p>- Observation at facility</p> <p>- Interview of adolescent client</p>

Indicators	Detail description	Assessment method
5. Available basic amenities	<p>Facility has basic amenities (drinking water, toilet, ventilation, light) for adolescents.</p> <ul style="list-style-type: none"> - Water is safe (filtered/ tube well), enough and kept in a visible place with clean glass. - If possible, separate toilet which is functional, clean and with adequate running water. - Enough light and air ventilation scopes in the consultation and waiting rooms for adolescents. Can also be done with electric light and fan. - Waste container in facility and system of disposal in place. 	<ul style="list-style-type: none"> - Observation at facility - Interview with facility manager/ service provider

*Separate room may not be available in all facilities.

Indicators	Detail description	Assessment method
6. Short waiting time	<p>Adolescents are consulted by the providers within 30 minutes after their registration. Internal referrals are done in an expedited manner.</p>	<p>Interview of adolescent clients. Waiting time will be calculated as average from 3-5 adolescent clients.</p>
7. Ensured privacy	<p>Adolescents' privacy is ensured in consultation room</p> <ul style="list-style-type: none"> - using screen/curtain for door and windows; - No one can see or hear an adolescent client from the outside during the consultation or counselling. - No entrance of other client, even other provider. - No interruptions or disturbances from outside or inside (using mobile by provider). - waiting and consultation rooms should be separated (if not, separated by separator/ curtain). 	<ul style="list-style-type: none"> - Observation of facility - Observation of counselling & consultation - Interview of adolescent client

Indicators	Detail description	Assessment method
8. Competent service providers	<ul style="list-style-type: none"> - Service providers know their responsibilities. - They have necessary technical competency (issues such as sexual and reproductive health, nutrition, mental health, substance abuse, immunization and services such as information, counseling, diagnosis, treatment & care). - Trained/sensitized on importance of adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgmental attitude and respectful care. - Communicate friendly and effectively with adolescents (with warm welcome). - Provide sufficient time to adolescents for counseling or consultation. - Discuss treatment/ management options with adolescents and respond to adolescent's all questions. 	<ul style="list-style-type: none"> - Interview of service providers on their responsibility, technical competency & training - Observation of client-provider interaction during counseling & consultation
9. Respect for adolescent clients	<ul style="list-style-type: none"> - Service providers demonstrate same friendly behavior and non-judgmental attitude to all adolescents, irrespective of age, sex (including transgender), marital status, ethnicity, disability and cultural background. - Service providers provide services to all adolescents without any discrimination. 	<ul style="list-style-type: none"> - Observation of client-provider interaction at counseling & consultation - Observation of adolescents' registration
10. Offered essential service package for adolescents	<p>To fulfill the needs of the adolescents, health facility provides following services:</p> <ol style="list-style-type: none"> 1. Information and counseling on puberty changes (physical & mental), nutrition, immunization (tetanus toxoid/TT), general and menstrual hygiene, child marriage, reproductive health problems, contraception, violence, and addiction. 	<ul style="list-style-type: none"> - Observation of signboard mentioning services - Interview of service providers

Indicators	Detail description	Assessment method
	<p>2. Diagnosis and treatment/management of STI/RTI, menstrual problems, general diseases, anemia (with IFA distribution), pregnancy care, TT vaccination; contraceptive methods, menstrual regulation (MR) and post-abortion care (PAC) for married girls.</p> <p>The essential services vary depending on the type of facility as mandated by MoH&FW (or by NGO).</p> <p><i>District and upazila level facilities (DH, UHC, MCWC, urban clinic):</i> provide all essential services to adolescents.</p>	<ul style="list-style-type: none"> - Observation of client-provider interaction during consultation & counseling - Interview of adolescent client
	<p><i>Union level facilities (UH&FWC):</i> provide all essential services except MR & PAC (?).</p> <p><i>Community level facilities (such as community clinic):</i> only information.</p>	
<p>11. Sufficient supply of medicines and supplies</p>	<p>Medicines, equipment and supplies (including contraceptives) required for adolescents are available, adequate in quantity and not expired.</p> <p>Equipment such as weight and height measurement scales, blood pressure instrument, stethoscope and patient examination table are available, functional and equitably used for all adolescents.</p> <p>Updated stock register of medicines and supplies is available.</p>	<ul style="list-style-type: none"> - Observation of stock register with medicines, equipment & supplies - Interview of service provider - Interview of adolescent client
<p>12. Referral services available</p>	<ul style="list-style-type: none"> - List of facilities/organizations is available who provide health and other services (for example social, recreational, legal) to adolescents to establish a referral network in the catchment area. - Register has information about referred cases and referral facilities/ organizations. 	<ul style="list-style-type: none"> - Observation of list of referral facilities/ Organizations, referral register & card

Indicators	Detail description	Assessment method
	<ul style="list-style-type: none"> - Provides referral card to client mentioning client condition, address of referral facility, timing and cost of services. 	<ul style="list-style-type: none"> - Interview of adolescent client (referred previously)
13. Ensured confidentiality	<p>Facility assures clients' confidentiality regarding both the consultations and medical records.</p> <ul style="list-style-type: none"> - Adolescent clients are assured at the beginning of consultation that their information will not be disclosed to anyone without their permission. - When adolescents are accompanied by another person, service provide spend some time alone with adolescent. - Clients' records are kept in a secure place, accessible only to authorized personnel. - Registers are kept under lock and key after facility close. - Electronic information are password protected to prevent unauthorized access. 	<ul style="list-style-type: none"> - Observation of adolescent client-service provider interaction during counseling & consultation - Interview of adolescents - Observation of register/ record keeping place
14. Affordable cost	<p>The cost of services can be free or at reduced rate for adolescents which any adolescent can afford.</p> <p>It can be varied for different services and at different levels.</p>	<ul style="list-style-type: none"> - Interview of adolescent clients - Observation of register
15. Outreach services available	<ul style="list-style-type: none"> - Available plan of providing services by providers or by community health workers at outreach/ community sites (satellite/mobile clinics). - Register/ records of accomplished outreach/ community services. 	<ul style="list-style-type: none"> - Observation of plan and register/ records of outreach/ community services
16. Education/ resource materials available	<ul style="list-style-type: none"> -Adolescents' waiting and consultation room/ space exhibits adolescent health related IEC/ BCC materials for increasing adolescents' health knowledge. -Education and resource materials are available for adolescents' use at facilities. 	

Indicators	Detail description	Assessment method
	-Register/ list of Education and resource materials in facility.	-Observation of facility, register and education/ resource materials
17. Young adolescents (10-14 years) served	Young adolescents (10-14 years), who are in need of care/ services, are treated, not refused because of their age.	-Observation of register, interview of adolescents
*18. Same sex providers	Female service providers for female adolescents and male service providers for male providers in the facility.	-Observation of facility -Interview of adolescents
*19. Health education for adolescents	<p>-Available schedule of health education in facility & community</p> <p>-Available health education module/outline containing topics, time, methods, materials and process of providing health education.</p> <p>-Selected/separate space/room with chair/bench, light and ventilation.</p> <p>-Records/register of health education at facility & community.</p>	-Observation of facility, schedule, module, records/ register
20. Adolescents' participation in decision making and operation of facility	<p>-Report of assessment conducted to identify adolescents' expectations/ opinions about services in facility.</p> <p>-Report/record of training to adolescents on issues/ services.</p> <p>-Reports/records of adolescents' decision making such as setting Adolescent Friendly hours and their involvement in operation of their local health facility such as managing client flow, providing education or information to other adolescents etc. such as</p>	<p>-Observation of reports/ records/plan</p> <p>-Interview of facility manager/service provider</p>
	<p>adolescents can be co-opted in facility (upazila health complex, Union H&FWC) management committees.</p> <p>It should be part of facility's plan to engage adolescents that will be documented.</p>	

*May not be equally available at all facilities

▶ Adolescent Friendly Health Services (AFHS) Accreditation Tools and scoring

• The assessment tools

Five assessment tools were designed to capture data from various perspectives for the external assessment (Table 1). The new tools were field-tested and revised many times in order to ensure that the methods and questions were effectively measuring the achievement of the standards.

Accreditation of Adolescent Friendly Health Services will be done at health facility through –

- Observation of facility, logistics/ medicines and client-provider interaction during consultation/ counseling with adolescent (if possible) using the following tools –

Tool 1: Observation tool for facility and logistics/ medicines

Tool 2: Observation tool for client-provider interaction during consultation/ counseling

- Interview with facility manager/ administrator, AFHS service provider and adolescent client, using the following tools –

Tool 3: Tool for the interview with facility manager/ administrator

Tool 4: Tool for the interview with AFHS service provider

Tool 5: Tool for the interview with adolescent client (exit interview)

Tool 1: Observation tool for facility and logistics/medicines

Indicators	Assessment questions	Response			Remarks
		Yes	No	Partial	
Signboard at facility	Is there any direction to adolescents' waiting &/ consultation room exhibited at the entrance?				
	Is there any citizen charter displayed in health facility mentioning their rights?				
	Is there any signboard with AFHS logo displayed in the health facility showing available health services and hours for adolescents?				
	Is the signboard placed in the facility in a visible manner for the adolescents?				
Space/ room for waiting and consultation	Is there any separate waiting room or space for adolescents?				
	Is there any separate consultation room or space for adolescents?				
	Is there sitting arrangement for adolescents with chair/ bench?				
	If not separate room, is there separator/ curtain used to separate space for adolescents?				
	Is the space decorated with adolescent-related posters, flyers etc.?				

Basic amenities	Does facility have safe drinking water?				
	Does facility have clean toilet with running water?				
	Do the counseling and waiting rooms for adolescents have enough air ventilation?				
	Do the consultation and waiting rooms for adolescents have enough light?				
	Do the consultation and waiting rooms have electric light and fan?				
	Does facility have waste container and disposal system?				
Essential service package for adolescents	Does facility provide following services* to adolescents?				
<p>*Services depend on type of facility.</p> <p>District, upazila & union facilities (DH, UHC, SHC, MCWC, UH&FWC, urban clinic) usually provide all essential services to adolescents.</p>	<p>3. Information and counseling on puberty changes (physical & mental), nutrition, TD & HPV vaccination general and menstrual hygiene, child marriage, unwanted pregnancy, STI/ RTI including HIV/AIDS, contraception, violence, risky behaviors and addiction.</p> <p>4. Diagnosis and treatment/ management of STI/RTI, menstrual problems, general diseases, anemia (with IFA distribution), pregnancy care, TD vaccination contraceptive methods for married girls</p>				

Adolescent health education & resource materials	Do adolescents' waiting and consultation room/ space exhibit adolescent health related IEC/ BCC materials?				
	Are education and resource materials available for adolescents' use at facilities?				
	Does facility have the register/ list of education and resource materials?				
Same sex providers	Does facility have adequate male female service provider ratio to serve the adolescents				
Health education for adolescents	Is there any schedule of health education in facility?				
	Does facility have health education module/flash card outline containing topics, time, methods, materials and process?				
	Is there any record/ register of health education at facility?				

Tool 2:

Observation tool for client-provider interaction during consultation/counseling

Indicators	Assessment questions	Response			Remarks
		Yes	No	Partial	
Privacy	Is adolescent client's voice audible from outside during consultation or counseling?				
	Is entrance of other client/ provider permitted during consultation or counseling?				
	Is there any interruption or disturbance from outside or inside (i.e. mobile use by provider)?				
Confidentiality	Does service provider assure adolescent client about non-disclosure of their information without their permission at consultation beginning?				
	Does service provider spend some time alone with adolescent when they are accompanied by other?				
	Are clients' records kept in a secure place, accessible only to authorized personnel?				
	Are registers kept under lock and key after facility close?				
Respect for adolescent clients	Does service provider demonstrate same friendly behavior and non-judgmental attitude to all adolescents, irrespective of age, sex (including transgender), marital status, ethnicity, disability and cultural background? (need to observe few clients)				

	Do service providers serve all adolescents without any discrimination? (need to observe few clients)				
Services for adolescents	Does service provider provide services to adolescent based on their needs?				
	Does service provider provide services to adolescent client spending enough time?				
	Does service provider properly use IEC/BCC materials for adolescents during consultation/counseling?				
	Are medicines and supplies (including contraceptives) required for adolescents available, adequate in quantity and not expired?				
Supply of medicines and supplies	Are equipment such as weight and height measurement scales, blood pressure instrument, stethoscope and patient examination table available, functional and equitably used for all adolescents?				
	Is there updated stock register of medicines and supplies of required medicines for adolescents (eg; antibiotic for RTI/STI treatment, Iron/folic acid, vit B complex, calcium, sanitary napkins, antihelminthics, Vit A) ?				
Referral services	Is there list of facilities/ organizations providing health and other services (social, recreational, legal) to adolescents?				
	Is there any register with information of referred cases and referral facilities?				
	Does facility provide referral card/prescription/sheet to client mentioning client condition, address of referral facility, timing and cost of services?				

	Are the service charge affordable (free/reduced rate) for adolescents? (can vary for different services at different levels – needs register check)				
Affordable cost	Is the providing services by providers or by community health workers at outreach/community sites at affordable cost (satellite/mobile clinics)?				
Outreach services	Is there any register/ record of accomplished outreach/ community services?				
	Is there any assessment report to identify adolescents' expectations/ opinions about services in facility?				
Adolescents' participation in decision making and operation of facility	Is there any report/record (supporting document/ meeting minutes/ attendance sheet) of training to adolescents?				
	Is there any report/record of adolescents' decision making such as setting adolescent-friendly hours and their involvement in local health facility operation, engaging them in managing client flow, providing education or information to other adolescents, adolescent co-opted in facility (upazila health complex, UH&FWC) management committees etc.?				

Tool 3: Interview tool for facility manager/administrator

Indicators	Assessment questions	Response			Remark
		Yes	No	Partial	
Service hours for adolescents	Does this facility provide services to adolescent which starting exactly at 9.00 am and service continuing till 2:30 pm?				
Essential service package for adolescents *Services depend on type of facility. District, upazila & union facilities (DH, UHC, SHC, MCWC, UH&FWC, urban clinic) usually provide all essential services to adolescents.	Does this facility provide all essential services to adolescents? <u>Information and counseling on</u> puberty changes (physical & mental), nutrition, TD & HPV vaccination general and menstrual hygiene, child marriage, unwanted pregnancy, STI/ RTI including HIV/AIDS, contraception, violence, risky behaviors and addiction. <u>Diagnosis and treatment/ management of</u> STI/RTI, menstrual problems, general diseases, anemia (with IFA distribution), pregnancy care, TD vaccination contraceptive methods for married girls				
Adolescents' participation in decision making and operation of facility	Have you assessed adolescents' expectations/ opinions about services from facility?				
	Have you provided any training/ orientation/ education to adolescents?				

(needs examples of activities with document check)	Have you engaged adolescents in decision making such as setting Adolescent Friendly/ convenient hours, helping in managing adolescent client flow, assisting them in providing education or information to other adolescents, co-opting them in facility (UHC, UH&FWC) management committees, planning for quality assurance etc.?				
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Tool 4: Interview tool for service provider

Indicators	Assessment questions	Response			Remark
		Yes	No	Partial	
Competency of service providers	Do you know the responsibilities to provide AFHS? (any guideline/ SOP available to service providers)				
	Do you have necessary technical knowledge (sexual and reproductive health, nutrition, mental health, substance abuse) and skills (to provide information, counseling, diagnosis, treatment & care) for AFHS?				
	Have you received training on Adolescent Friendly health services, importance of adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgmental attitude and respectful care?				
	Do you have Adolescent Friendly health services guideline?				
	Do you communicate with adolescents using friendly manner (warm welcome) during counseling or consultation?				
	Have you received training/ orientation on Adolescent Friendly behavior change communication?				
	Do you provide essential/relevant info to adolescents during counseling or consultation?				

	Do you discuss treatment/ management options with adolescents and respond to adolescent's all questions?				
<p>Essential service package for adolescents</p> <p>*Services depend on type of facility.</p> <p>District, upazila & union facilities (DH, UHC, SHC, MCWC, UH&FWC, urban clinic) usually provide all essential services to adolescents.</p>	<p>Do you provide health services to adolescents based on their needs?</p> <p><u>Information and counseling on</u></p> <p>puberty changes (physical & mental), nutrition, TD& HPV vaccination general and menstrual hygiene, child marriage, unwanted pregnancy, STI/ RTI including HIV/AIDS, contraception, violence, risky behaviors and addiction.</p> <p><u>Diagnosis and treatment/ management of</u></p> <p>STI/RTI, menstrual problems, general diseases, anemia (with IFA distribution), pregnancy care, TD vaccination contraceptive methods for married girls</p>				
<p>Supply of medicines and supplies</p>	Have you provided essential medicines and supplies (including contraceptives) to adolescents which are adequate in quantity and not expired?				
	Have you used equipment equitably for all adolescents?				

Tool 5: Tool Interview tool for adolescent client

Indicators	Assessment question	Response			Remarks
		Yes	No	Partial	
Service hours for adolescents	Are health services convenient for you at facility?				
Waiting space	Does waiting space have separate sitting arrangement with chair/ bench for adolescents?				
	Is waiting space decorated with adolescent-oriented posters, flyers?				
Waiting time (average from 3-5 adolescent clients)	Are you consulted by the health service providers within 30 minutes after the registration?				
Privacy	Does adolescents' consultation room have screen/ curtain for door and windows?				
	Are waiting and consultation rooms separate?				
	Is adolescent client's voice audible or face visible from outside during consultation or counseling?				
	Is entry of other client/ provider permitted during consultation or counseling?				
	Is there any interruption or disturbance from outside or inside (i.e. mobile use by provider)?				

Confidentiality	Does provider assure you about non-disclosure of information without your permission at consultation beginning?				
	Does service provide spend some time alone with you when you are accompanied by other?				
Service cost	Does the service cost affordable for you?				
Essential service package for adolescents	Does facility provide required services to you to fulfill your needs?				
Supply of medicines and supplies	Are medicines and supplies (including contraceptives) given/ prescribed available, adequate in quantity and not expired?				
	Are equipment available, functional and equitably used for all adolescents?				
Same sex providers	Have you received services from same sex provider (Female service providers for female adolescents and male service providers for male providers) in the facility?				
Service to young adolescent (10-14 years)	Have you received care and services, not refused because of your age? (for young adolescent)				

► Scoring of AFHS Accreditation tools

The accreditation score will be based on the absolute standards (number of standards met).

Tool 1: Observation tool for facility and logistics/ medicines

Tool 2: Observation tool for client-provider interaction during consultation/ counseling

Tool 3: Tool for the interview with facility manager/ administrator

Tool 4: Tool for the interview with AFHS service provider

Tool 5: Tool for the interview with adolescent client (exit interview)

The following chart has the scoring of AFHS Accreditation tools:

Tool number	Total items in each tool	Scores for each item	Total scores for each tool	Obtained total score
1	23	5	115	
2	24	5	120	
3	5	5	25	
4	11	5	55	
5	17	5	85	

- “Yes” for each item = 100% mark
- “Partial” for each item = 50% mark
- “No” for each item = 0 mark

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