



**FACILITY ASSESSMENT FOR YOUTH FRIENDLY HEALTH SERVICES**

**ASSESSMENT TOOL**

LGA/LCDA NAME	
FACILITY NAME	
FACILITY PHYSICAL ADDRESS	
FACILITY TYPE	
DATE OF VISIT	
NAME OF INTERVIEWER	
POSITION OF PERSON INTERVIEWED	

**1. Please provide the number of each of the following types of providers you have in this facility and those who have received training on Youth Friendly Health Services (YFHS)**

	<b>Number available in facility</b>	<b>Number of personnel who have received YFHS training</b>		<b>Number available in facility</b>	<b>Number of personnel who have received YFHS training</b>
General physician			Record Officer		
Obstetrician/Gynecologist			Record Technician		
General surgeon			Health Educator		
Pediatrician			Community Health Extension Worker (CHEW)		
Nurse			Community Health Officer		
Midwife			Community Outreach Worker		
Nurse/Midwife			Voluntary health worker		

Pharmacist			Health Assistant		
Pharmacy Technician			Health Attendant		
Medical Laboratory Scientist			Social worker		
Medical Laboratory Technician			Others		

**2. Does the facility offer the following range of Reproductive Health commodities to Adolescents (aged 15 – 17 years):**

Please indicate Yes or No	Yes	No	Comment
a. Injectable contraceptives (e.g. DMPA, Sayana Press)			
b. Intra-Uterine Contraceptive Device			
c. Oral contraceptives (e.g. Microgynon, Exluton)			
d. Progesterone implants (e.g. Implanon, Jadelle)			
e. Condom (male and female)			
f. Emergency contraception (e.g. Postinor)			
g. Are methods explained to Adolescents before services are provided?			
h. Are Adolescents allowed to make informed choice about a method?			

**3. Does the facility offer the following range of reproductive health commodities to youths (aged 18 – 24 years)**

Please indicate Yes or No	Yes	No	Comment
a. Injectable contraceptives (e.g. DMPA, Sayana Press)			
b. Intra-Uterine Contraceptive Device			
c. Oral contraceptives (e.g. Microgynon, Exluton)			
d. Progesterone implants (e.g. Implanon, Jadelle)			
e. Condom (male and female)			
f. Emergency contraception (e.g. Postinor)			
g. Are methods explained to young people before services are provided?			
h. Are young people allowed to make informed choice about a method?			

4. Accessibility, Flexibility and quality of service	Yes	No	Comment
a. How many hours is the facility open on:			
I. Weekdays	_____		
II. Weekends	_____		
b. Does the facility have flexible opening hours for adolescents and youth?			

c. Do the consulting/counselling rooms provide adequate audiovisual privacy for young people?			
d. Does the facility offer free services to adolescents and youth?			
e. Does the facility have youth focused IEC materials in English and local languages? (Specify)			
f. Does the facility offer referral services to adolescents and youth?			
g. Is there a model available for condom demonstration in this facility?			

<b>5. National Guideline/ Document Awareness</b>	Yes	No	Comment
a. Are you aware of the National Guideline for promoting access to Youth Friendly Health Services in PHC?			
b. Do you have copies? If yes, sight copies			
c. Have you adopted it?			
d. Are you aware of the National Guidelines for the integration of Youth Friendly Health Services into PHC?			
e. Do you have copies? If yes, sight copies			
f. Have you adopted it?			
g. Do you have copies of National Adolescent and Youth Friendly Job Aids for Service Providers in Primary Healthcare Facilities in Nigeria? (If yes, sight copies)			
<b>6. Staffing and gatekeepers support</b>			
a. Are there linkages between the facility and corp members or other youth volunteers in the community?			
b. Is there a platform where the facility interacts with the community on adolescent and youth related issues?			

**7. Support from other organizations:**

	<p>Is this facility currently receiving any form of support from any other organizations for Adolescent and Youth program?</p>	<p>Yes .....</p> <p>No .....</p> <p>Don't know.....</p> <p>If yes, Please name organization(s)</p> <p>Kindly describe the support</p>
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