
DOH Department Memorandum on Adolescent Friendly Health Facility Standard Evaluation Tool



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

January 24, 2017

DEPARTMENT MEMORANDUM

No. 2017- 0098

TO : ALL REGIONAL DIRECTORS AND CHIEFS OF HOSPITALS

SUBJECT: Adolescent Friendly Health Facility Standard Evaluation Tool

The Adolescent Friendly Health Facility (AFHF) standards were crafted by the DOH in collaboration with partner agencies working for and with adolescents. This was approved and disseminated to DOH regional offices nationwide in 2014. However, implementers at the local level are experiencing difficulty in operating the AFHF standards due to non-availability of space for health examination and counseling of adolescents, and financial and manpower constraints.

Thus, the Adolescent Health and Development Program of the Disease Prevention and Control Bureau developed the Adolescent Friendly Health Facility Standard Evaluation Tool (Levels 1-3) with specific criteria of carrying out the AFHF standards.

Attached are the tools to be used in evaluation of Adolescent Friendly Health Facility.

For strict compliance.

By Authority of the Secretary of Health:

A handwritten signature in black ink, appearing to read "GERARDO V. BAYUGO", is written over a printed name and title.

GERARDO V. BAYUGO, MD, MPH, CESO III
Undersecretary of Health
Office for Technical Service



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Monitoring Tool I. Facility Observation Checklist

Region: _____

Province: _____

Municipality: _____

Level I Health Facility

Adolescents in the catchment area of the facility are aware about the health services it provides and find the health facility easy to reach and to obtain services from it.

Item	Self Assessment		Assessment Team		Recommendations
	YES	NO	YES	NO	
Welcome Signage					
Schedule of Clinic Hours (Day and Time)					
Health Services are provided	Specify: - _____ - _____ - _____ - _____ - _____		Specify: - _____ - _____ - _____ - _____ - _____		
Clinical Guidelines in the provision of Adolescent-Friendly Health Services					
Registration logbook containing the list of clients who consulted and were given services					
List of services provided by the facility					
There is a designated person with access to the records.					
There is a designated room/space for client – provider interaction with chairs, tables, well ventilated and well lighted					

Monitoring Team: _____

Date and Time of Monitoring: _____

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Monitoring Tool 2. Facility Observation Checklist

Region: _____

Province: _____

Municipality: _____

Level 2. Health Facility

*In addition to the minimum standards set for Level 1 Health facilities.

"The services provided by health facilities to adolescents are in line with the accepted package of health services and are provided on site or through referral linkages by well-trained staff effectively".

Item	Self Assessment		Assessment Team		Recommendations
	YES	NO	YES	NO	
	National Standards for Adolescent Service Package				
Action Plan for Information Dissemination					
Policy regarding flexible time schedule					
Policies for provision of services					
Policies for payment schemes					
Plan for outreach program / Advocacy campaign					
IEC materials on the different programs / services available (Example IEC on maternal care, family planning, etc) displayed on a rack / conspicuous place. The IEC materials should also include the directory of other agencies/organizations where the services can be obtained and referral forms.					
There are separate rooms for consultation, treatment and counseling. If there are limited rooms, there are at least curtains to separate each provider. * Conversation between provider and client cannot be heard by others.					
Certificates of training on the minimum training courses prescribed by DOH for adolescent focal persons and other providers					

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*Comprehensive Mgt of Adolescent Training for HSP				
Protocols and guidelines for patient-provider interaction				
Policies and procedures to ensure privacy and confidentiality is posted				
Individual records are kept in separate envelopes.				
All records are kept in a safe place, preferably in a separate room or a filing cabinet with lock and key.				
Individual Treatment Records that shows the chief complaint, findings on examination, clinical impression and management of clients				
Directory of organizations – name, address, services provided, contact number and contact person (for referral)				
Referral logbook – name, age, address, Clinical Impression, where referred, reason for referral, result of referral				
Referral forms				
Accomplishment report showing the services given at the public health facility as well as those given by other agencies, individuals and peer counselors				

Monitoring Team:

Date & Time: _____

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Monitoring Tool 3. Facility Observation Checklist

Region: _____
Province: _____
Municipality: _____

Level 3. Health Facility

*In addition to the minimum standards set for Level 1 and 2- Health facilities.

The health services are provided in ways that respect the rights of adolescents and their privacy and confidentiality. Adolescents find surroundings and procedures of the health facility appealing and acceptable”.

Item	Self Assessment		Assessment Team		Recommendations
	YES	NO	YES	NO	
Patient flow from admission to delivery of services including the average time for each step is posted in strategic places.					
Stock cards showing the delivery and utilization of medicines, commodities for adolescent health care					
There is a suggestion box.					
There are peer educators assisting in clinic operations and providing services (lectures, counseling, etc)					
Materials being used by the adolescents in the facility *Educational materials, musical and sports instruments, etc					
SOP for maintenance of facility					
Schedule of meeting of TWG					
Minutes of meetings of TWG					
There is a designated person with access to the records.					
There are leaflets containing the clinic schedule and services which the patients/community members can bring home and share to other community members.					
IEC Plan					

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Copy of the Local Development Plan					
Advocacy Plan					
Action Plan showing different agency participation – the name of the agency, resources/assistance they will provide, the person's responsible					

Monitoring Team:

Date & Time: _____

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