

## SUPERVISORY / SELF-ASSESSMENT CHECKLIST FOR ADOLESCENT & YOUTH FRIENDLY HEALTH SERVICES

Name of Provider: \_\_\_\_\_ Phone no \_\_\_\_\_

Name of Facility: \_\_\_\_\_

LGA: \_\_\_\_\_ State: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

S/N	ITEMS	YES (Y)/NO (N)	COMMENTS
<b>A</b>	<b>Provision of Services [Instruction: Interview the providers, and verify the information through records]</b>		
1	Information/advice on sexual and reproductive health concerns ( <b>Interview and check service (clinic) register</b> )		
2	Provision of condoms free of cost ( <b>Interview and distribution records</b> )		
3	Provision of contraceptives incl. emergency contraceptive pills free of cost ( <b>Interview and service register</b> )		
4	Provision of referral services ( <b>Interview and service register</b> )		
5	Adolescent Health services (like above) through inreach activities ( <b>Interview and check service (clinic) register</b> )		
6	Adolescent Health services (like above) through outreach activities ( <b>Records of school/community visits</b> )		
<b>B</b>	<b>Facility Check [Instruction: Directly observe the conditions of facilities, and tick the observation accordingly]</b>		
1	Signboard with clinic information and policy on confidentiality on display ( <b>Observation</b> )		
2	Consultation/examination room ensures privacy ( <b>Observation</b> )		
3	Records of adolescent clients kept under lock and key ( <b>Observation</b> )		
4	Clean and functional toilets available ( <b>Observation</b> )		
<b>C</b>	<b>Capacity of Service Providers [Instruction: Interview the main service providers and note down any training needs]</b>		
1	Received trainings on general FP service provision; IPCC, CLMS, SARC, LARC ( <b>Interview</b> )		
2	Received trainings on AYFHS ( <b>Interview</b> )		
3	Have confidence in dealing with adolescent clients ( <b>Interview</b> )		
<b>D</b>	<b>Demand Creation for Services [Instruction: Observe and verify through records of activities]</b>		
1	Availability of IEC materials on AYFHS at the facility (Check if IEC materials displayed and distributed)		
2	Dissemination of AYFHS Information to community members (Records of community visits and activities)		
3	Dissemination of AYFHS Information to adolescents in community (Records of activities with adolescent groups)		
4	Quarterly Whole Site Orientation (WSO) on AY specific issues		
<b>E</b>	<b>Feedback from Adolescent Clients [Instruction: Interview some adolescent clients in the facility]</b>		
1	Were you treated here with warmth, respect and a		

	friendly attitude?		
2	Are you satisfied with services that you received here today		
<b>F</b>	<b>Data on client visits and outreach services in the last quarter [Instruction: Write down the numbers from service registers and records]</b>		
	(record disaggregated by sex)	<b>M</b>	<b>F</b>
1	Number of adolescents attended routine clinics/OPD		
2	Number of adolescents attended inreaches		
3	Number of adolescents attended outreach sessions		
4	Number of community outreach sessions conducted		

**Evaluation of Observations**

Add up the scores of Items A-D (Yes = 1; No=0)	
<i>Provision of services</i>	
<i>Facility Check</i>	
<i>Capacity of Service Providers</i>	
<i>Demand Creation for Services</i>	

**Performance Rating of the facility**

<b>No significant problems</b>	<b>(Yes = 14-17)</b>
<b>Minor improvements needed</b>	<b>(Yes = 9-13)</b>
<b>Major improvements needed</b>	<b>(Yes = 8 &amp; below)</b>

Problems observed	Follow up actions recommended	Responsible Officials	Timeline
Names of Supervisors/Trainers			Signature