

QUALITY IMPLEMENTATION CHECKLIST

City:			
Health Facility Name:			
Date of Assessment:			
Respondent:		Position:	
Assessor:			

HIGH IMPACT PRACTICE					
Adolescent Friendly Health Services (AFHS)					
Region:					
Date:					
S.No	Criteria	Yes	No	NA	Remark
1.	Do you know the accreditation requirements for facilities to be at least Level 1 Adolescent Friendly Health Facility (AFHF) certified? MOV: Probing Questions (Enumerate the requirements)				
2.	Do you conduct needs analysis of health workers and volunteers in terms of Adolescent Health Development (AHD)? MOV: Key Informant Interview, Needs analysis results/documentation				
3.	Do you enhance provider capacity on AHD services (i.e. FP delivery, counselling, gender sensitivity)? MOV: Training registry, Training certificates				
4.	Do you enhance volunteers' capacity through peer educator's training and other equivalent? MOV: Training registry, Training certificates				
5.	Do you identify FP Youth Champion/Peer Educators? MOV: List of FP Youth Champions/Peer educators				
6.	Do you include youth champions in planning, developing, implementing, and monitoring of AHD programs? MOV: Key Informant Interview, documentation of activities				
7.	Do you document the provision of AHD services? MOV: Data reports, medical records				
8.	Do you use results of the client feedback in the enhancement of services? MOV: Key Informant Interview, documents showing utilization of results from client feedback				
Total Scores (%)					

