



# GLOBAL STANDARDS FOR QUALITY HEALTH-CARE SERVICES FOR ADOLESCENTS

*A GUIDE TO IMPLEMENT A STANDARDS-DRIVEN APPROACH TO IMPROVE  
THE QUALITY OF HEALTH-CARE SERVICES FOR ADOLESCENTS*

Volume 2: Implementation guide



## GLOBAL STANDARDS FOR QUALITY HEALTH-CARE SERVICES FOR ADOLESCENTS

A guide to implement a standards-driven approach to improve the quality of health-care services for adolescents

Volume 2: Implementation guide



World Health  
Organization



UNAIDS



INST. EDUC  
M.A.U.J.

TELEVE



#### WHO Library Cataloguing-in-Publication Data

Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Volume 2: Implementation guide

4 v.

Contents: Volume 1: Standards and criteria - Volume 2: Implementation guide - Volume 3: Tools to conduct quality and coverage measurement surveys to collect data about compliance with the global standards - Volume 4: Scoring sheets for data analysis

1. Adolescent Health Services – standards. 2. Quality of Health Care. 3. Adolescent. 4. Data Collection. 5. Health Care Surveys – methods. 6. National Health Programs. I. World Health Organization.

ISBN 978 92 4 154933 2

(NLM classification: WA 330)

#### © World Health Organization 2015

All rights reserved. Publications of the World Health Organization are available on the WHO website ([www.who.int](http://www.who.int)) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: [bookorders@who.int](mailto:bookorders@who.int)).

Requests for permission to reproduce or translate WHO publications –whether for sale or for non-commercial distribution– should be addressed to WHO Press through the WHO website ([www.who.int/about/licensing/copyright\\_form/en/index.html](http://www.who.int/about/licensing/copyright_form/en/index.html)).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed in Switzerland

Cover photo: Vancouver Public Library

Design by Inis Communication – [www.iniscommunication.com](http://www.iniscommunication.com)

# CONTENTS

Acknowledgments	v
Abbreviations	vi
Introduction	1
Actions at the national level	2
Actions at the district level	8
Actions at facility level	13





©SIMONE D. MCCOURTIE/WORLD BANK

# ACKNOWLEDGMENTS

The World Health Organization (WHO) is grateful to all those who gave technical input into the production of this document.

Lead writers: Subidita Chatterjee (independent consultant) and Valentina Baltag (WHO).

WHO working group: Paul Bloem, Krishna Bose (formerly WHO), Venkatraman Chandra-Mouli, Charlotte Christiansen (formerly WHO), Jane Ferguson, Nuhu Yaqub.

Peer review (WHO): Anastasyia Dumcheva, (WHO Country Office in Ukraine), Symplice Mbola Mbassi (WHO Regional Office for Africa), Howard Sobel (WHO Regional Office for the Western Pacific).

Peer review (UNAIDS): Jude Padayachy (lead reviewer), Adriana Hewson.

Peer review (external review group): Regina Benevides (Evidence to Action, United States of America), Doortje Braeken (International Planned Parenthood Federation, United Kingdom), Scott Burnett (loveLife, South Africa), Danielle Engel (United National Population Fund, United States of America), Mychelle Farmer (Jhpiego, United States of America), Bamikale Feyisetan (Evidence to Action, United States of America), Gwyn Hainsworth (Pathfinder International, United States of America), Jari Kempers (Qalys Health Economics, Estonia), Vijay Kumar (Survival for Women and Children Foundation, India), Catherine Lane (United States Agency for International Development, United States of America), Laura Laski (United National Population Fund, United States of America), Galina Lesco (National Resource Centre in YFHS “Neovita”, Republic of Moldova), Ricky Lu (Jhpiego, United States of America), Elizabeth Mapella (Ministry of Health, United Republic of Tanzania), Edgar Necochea (Jhpiego, United States of America), Beth Outtersen (Save the Children, United States of America), Elizabeth Saewyc (University of British Columbia, Canada), Olena Sakovych (United Nations Children’s Fund, Ukraine), Susan Sawyer (University of Melbourne, Australia), Kat Watson (International Planned Parenthood Federation, United Kingdom), Sylvia Wong (United National Population Fund, United States of America).

Editing: Jura Editorial Services, Gex, France.



# ABBREVIATIONS

**HMIS** health management information systems

**NGO** nongovernmental organizations

**SOP** standard operating procedure

**WHO** World Health Organization





# INTRODUCTION

This document is part of the *Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health-care services for adolescents*. It is one of four volumes published separately, which include:

- Volume 1: Standards and criteria
- Volume 2: Implementation guide
- Volume 3: Tools to conduct quality and coverage measurement surveys to collect data about compliance with the global standards
- Volume 4: Scoring sheets for data analysis

This volume, the *Implementation guide*, provides detailed guidance on identifying what actions need to be taken to implement the standards at the national, district and facility levels. It can be used to develop checklists to assess the status of implementation.

# ACTIONS AT THE NATIONAL LEVEL

## Governance

### Review laws, policies and systems, and modify existing ones if necessary

- **Comprehensive package of services:**

(i) Define the required package of health information, counselling, diagnostic, treatment and care services for adolescents based on up-to-date evidence on mortality, morbidity, health-related behaviours, risk and protective factors and social determinants affecting adolescent health; (ii) review laws and policies and modify them as necessary to enable the provision of the defined comprehensive package of services for adolescents; and (iii) review policies and modify them as necessary to ensure planned transition from child-centred to adult-centred health care for adolescents with chronic conditions that mandates coordination and joint planning between primary care providers and specialists (e.g. between paediatrician and general practitioner).

- **Financial protection:** Design and implement measures of adolescents' financial protection (e.g. waivers, vouchers, exemptions from or reduced co-payments) so that health services are free at the point of use or affordable to adolescents.
- **Confidentiality:** Review national laws and policies to include provisions on (i) clear and unambiguous indication of situations when confidentiality could be breached (e.g. disclosure of sexual abuse of a minor, significant suicidal thoughts or self-harm or homicidal intent), with whom, and for what reasons; (ii) clear standard operating procedures (SOPs) in situations when confidentiality might be breached due to legal requirements; (iii) clear requirements that in all other circumstances, facility managers, service providers and support staff are to maintain the confidentiality of their adolescent clients; (iv) clear requirements that a consultation with an adolescent client accompanied by parents/guardians should routinely include time alone with the adolescent; (iv) clear procedures to be followed in the facility to ensure that information



about clients is not disclosed to third parties, and that personal information including client records are held securely; and (v) requirements for the organization of the physical space of the facility and actions to ensure visual and auditory privacy during registration and during consultation with a service provider.

- **Age of consent:** Examine and potentially revise current policies for age of consent in order to (i) reflect current WHO recommendations; (ii) give clear and unambiguous indication of situations when an informed consent is required, the legal age of adolescents' consent for key clinical situations and procedures, and from whom the consent should be obtained if the adolescent is below the legal age of consent for a given situation/procedure; (iii) adopt flexible policies to allow adolescents in specific groups or situations to be considered "mature minors"; (iv) include SOPs for obtaining informed consent; (v) emphasize that in all cases, whether or not the consent of the parent/guardian is required, the voluntary, adequately informed, non-forced and non-rushed assent of the adolescent should be obtained; and (vi) communicate that in all situations, whether or not a documented consent by the adolescent is required, adolescents should be given full, unbiased and clear information on the nature, risks and alternatives of a medical procedure or treatment and their implications to enable adolescents' participation in their own care and the communication of their choices.
- **Equity:** Review national laws and policies and modify them as necessary to ensure that they do not restrict the provision of health services to adolescents; make sure that policies state the obligation of facility staff to provide services to all adolescents irrespective of their ability to pay, age, sex, marital status, schooling, race/ethnicity, sexual orientation or other characteristics.
- **Participation:** Review laws and policies and modify them as necessary to ensure that adolescents are involved in planning, monitoring, evaluation and provision of services; ensure that national directive(s) that establish the policy for the governance of health-care facilities make provisions for the inclusion of adolescents in the governance structure.
- **Welcoming services:** Review existing policies to include provisions on (i) ensuring convenient operating hours for the local adolescent population and reducing waiting time; (ii) ensuring a welcoming and clean environment (seating area is comfortable and clean, drinking water is available, educational materials are

available, toilets are clean and functioning, surrounding area is clean); and (iii) ensuring privacy at all stages of the process of care.

- **Health management information system (HMIS):** Review the HMIS, including data collection and reporting forms and reporting requirements to ensure that all data (e.g. presenting problem, diagnosis and services provided) on the first 20 years of life are disaggregated by sex and 5-year age groups, and that these data remain disaggregated when they are synthesized at the national level.

### Communicate national laws and policies, and latest revisions, to district managers and request district-level actions

- Communicate laws and policies, including the latest revisions, on (i) equitable service provision to adolescents and financial protection measures; (ii) the age of consent; (iii) confidentiality; (iii) adolescents' participation in planning, monitoring, evaluation and provision of services; and (iv) the organization of welcoming services (e.g. optimizing operating hours and waiting time, ensuring privacy, maintaining a clean environment), and request the development of local procedures to implement the policies.
- Inform districts about the latest requirements for reporting, and send updated data collection and reporting forms.
- Request that districts make display boards with policies and procedures on equitable (including free or affordable) service provision for adolescents and distribute them to facilities.
- Inform districts and facilities that the visible display of adolescents' rights in the health facility is mandatory.
- Inform district managers about the package of health-care services that should be made available to adolescents.

### Advocate with district managers to ensure their ownership and support for key policies

- Communicate the importance of (i) adopting a human rights-based approach in the health-care of all adolescents, regardless of their socio-economic status; (ii) involving adolescents in designing and assessing health services; (iii) the special role that confidentiality plays in adolescents' willingness to use services, and the importance of informing them about confidentiality and applying facility procedures to maintain it; (iv) respecting privacy at all stages of the adolescents' consultation process, and



applying facility procedures to assure privacy; and (v) planned transition from child-centred to adult-centred health care for adolescents with chronic conditions.

- Communicate the need for district officials and facility managers to take actions to help inform adolescents about the range of health services that are provided in the facility.
  - Communicate the importance of local actions (e.g. modifying operating hours to meet the needs of specific groups of adolescents) to make services welcoming and accessible.
  - Communicate the need for district officials and facility managers to identify and engage in formal and informal partnerships with key community organizations to increase community support for adolescent use of services.
  - Communicate to district officials and facility managers about the importance of outreach activities that: (i) inform schools, youth and other community organizations about the value of providing health services to adolescents through outreach; (ii) reach vulnerable groups with information and services by trained outreach workers; (iii) reach out to selected groups of adolescents in the community with selected health services (e.g. some aspects of antenatal care) and commodities (e.g. iron and folic acid tablets).
  - Communicate to districts the importance of involving adolescents, including vulnerable groups, in the planning, monitoring and evaluation of health services, as well as in certain aspects of health-service provision (e.g. outreach health education, counselling and training).
  - Communicate the importance of routine information from districts on cause-specific utilization of services by adolescents, and the role of an adolescent health focus in district and facility-based registers.
  - Communicate the importance of routine facility-level assessment of the quality of services for adolescents and periodic evaluations at the district level.
- Raise awareness in national meetings and in the mass media about national policies on adolescents' financial protection and other policies that protect adolescents' rights to receive quality services irrespective of their ability to pay, age, sex, marital status, schooling, race/ethnicity, sexual orientation or other characteristics.
  - Communicate about adolescents' rights to confidentiality and privacy in the mass media and in meetings with national-level representatives of other sectors (e.g. education) and civil society institutions.
  - Inform the wider community about the package of health-care services that should be made available to adolescents.

### **Develop or review, as appropriate, norms, standards and standard operating procedures and make them known and available in the districts**

- Adopt national standards for quality health-care services for adolescents.
- List the health services from the defined package that are to be provided to adolescents within the health facility and in the community, and develop guidelines/SOPs on how to implement the package.
- List the health services that are to be provided at each level of care (e.g. primary level, secondary level and referral level), and develop SOPs for the referral system to ensure compliance.

### **Develop or review, as appropriate, information and training materials, practice guidelines and other decision support tools in adolescent health care**

- Develop or adapt materials from locally or internationally available information and educational materials for adolescents, parents, guardians and other community members and organizations to inform them about the value of providing health services to adolescents. Liaise with nongovernmental organizations (NGOs) working on adolescent health issues in the country to explore whether the informational/educational materials they produce could be disseminated to the districts (after adaptation, if required).
- Develop or adapt materials using age-appropriate visual and audio aids on key medical conditions, their management and treatment options for adolescents and send them to the

### **Advocate with other sectors and wider society to ensure their support for key policies**

- Communicate the rationale for providing health services to adolescents in the mass media and in meetings with national-level representatives of other sectors (e.g. education) and civil society institutions.<sup>1</sup>

<sup>1</sup> For example, nongovernmental organizations or religious bodies.

districts. Liaise with NGOs providing health-care services to adolescents in the country to explore whether the materials they produce on selected conditions could be disseminated to the districts (after adaptation, if required).

- Develop or adapt evidence-based decision support tools (guidelines, protocols, algorithms, job aids) for adolescent health-care conditions and situations as required by the defined package of services.
- Ensure that these decision support tools are included in teaching/learning materials and activities.
- Develop or adapt tools for supportive supervision and distribute them to districts and facility managers.

### **Ensure an adolescent health focus in national reports**

- Ensure that national reports on cause-specific utilization of services include a focus on adolescents.
- Ensure that other national reports (e.g. Demographic and Health Surveys, Behaviour Surveillance Surveys, quality of care evaluations) have a focus on adolescents.

### **Conduct data synthesis, monitoring and evaluation activities at the national level and use national data to stimulate local actions**

- Communicate to district officials (i) the importance of using data for action planning and implementation of quality improvement initiatives; (ii) the requirements for district-level responsibilities in monitoring and evaluating the implementation of standards (e.g. monitoring visits to facilities and periodic district-level evaluations).
- Communicate to districts who are the vulnerable group(s) of adolescents based on national data and encourage district- and local-level analysis of vulnerable groups of adolescents.
- Issue a directive that: (i) establishes that self-assessments of the quality of care for adolescents are a mandatory part of the routine functioning of primary care facilities, and includes recommended timing and various roles and responsibilities; (ii) includes the provision that identification of adolescents' expectations about the service and assessment of their experience of care are part of the self-assessment.

- Develop and endorse tools to monitor the implementation of national standards for quality health-care for adolescents.
- As part of periodic nationwide evaluations of the implementation of standards: (i) analyse national data on adolescents' experience of care; (ii) analyse national data on vulnerable adolescents' experience of care; (iii) evaluate compliance with evidence-based guidelines and protocols and the impact on adolescent health. Provide feedback to districts in each of these areas and support them in taking corrective actions.
- Conduct periodic evaluations of equity in adolescent health care, provide feedback to districts and facilities, and implement national-level corrective actions to increase equity.
- Set up a system to reward and recognize highly performing districts, facilities, health-care providers and support staff, and inform districts. Communicate to district officials the importance of recognizing and rewarding well-performing facilities and staff, and do so using a combination of extrinsic (e.g. financial rewards), and intrinsic rewards (e.g. professional education activities).

### **Workforce capacity**

#### **Define core competencies<sup>1</sup> in adolescent health and development and develop and implement competency-based training programmes in pre-service and continuous professional education**

- Define the core competencies required by the service providers in adolescent health and development in key areas (communication, basic concepts in adolescent health and development, laws and policies that affect adolescent health-care provision, quality standards for health-care services, technical competencies regarding clinical care in specific clinical situations).
- Set up a system for continuous professional education in adolescent health care including a combination of traditional learning methods (e.g. face-to-face trainings, seminars, case-reviews, participation in conferences) with innovative ways to access teaching expertise and materials (e.g. e-learning, self-learning by accessing electronic databases).
- Develop and implement competency-based training programmes in adolescent health and development in pre-service and continuous professional education in adolescent health

<sup>1</sup> See *Core competencies in adolescent health and development for primary care providers* at [http://apps.who.int/iris/bitstream/10665/148354/1/9789241508315\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/148354/1/9789241508315_eng.pdf?ua=1).

information, counselling, diagnostic, treatment and care for priority conditions.

- Ensure that a human rights-based approach to adolescent health care, including preventing discrimination, is addressed in both pre-service and continuous professional education training, handbooks and training materials.
- Request that districts regularly identify training needs in core competencies in adolescent health and development at the district level and conduct competency-based in-service trainings in adolescent health.
- Ensure that training and orientation materials on adolescent health and development and a human rights-based approach to adolescent health care are available at the district level.
- Ensure that training and orientation on data collection and analysis to inform quality improvement actions are available at the district level.
- Organize trainings on the safe use of equipment, or support district managers to organize such trainings.

### **Set up a system for supportive supervision in adolescent health care**

- Set up a system for supportive supervision in adolescent health-care (including peer, supervisor and external assessment) and emphasize the educational, problem-solving and non-punitive nature of it. Ensure that supportive supervision is linked to priorities for improvement as identified during the monitoring of the implementation of standards and that feedback to staff is provided.
- Make sure the system of supportive supervision is extended to community health workers and other outreach workers involved in providing information and services to adolescents.

### **Ensure an adolescent health focus in job descriptions and policies on skill mix<sup>1</sup>**

- Include competencies in adolescent health and development in job descriptions as relevant, and ensure that objectives, responsibilities, authority and lines of accountability within job descriptions include a focus on adolescents.
- Define the skill mix in adolescent health care of teams at different levels of the health-care system, identify district staffing needs, and

deploy staff to facilities to ensure the necessary skill mix.

## **Financing**

### **Negotiate allocation of funds from the national budget to ensure the provision of a comprehensive package of services to adolescents**

- Work with the ministry of finance so that budget allocations are adequate to enable the provision of the defined package of adolescent health-care services.
- Make the national package of adolescent health services an instrument to guide purchasing decisions and benefit packages, with due attention to preventive services.

### **Finance continuous professional education activities**

- Allocate funds to ensure continuous professional education activities in adolescent health and development at the district level.
- Allocate funds for capacity building, as part of the continuous professional education of facility managers and health-care providers, in using decision support tools for various adolescent health-care conditions and situations as required by the defined package of services.
- Allocate funds to support the activities necessary to implement the system for supportive supervision in adolescent health care (e.g. training of trainers, travels).
- Allocate funds for printing and other dissemination means of decision support tools.

### **Finance quality improvement initiatives in adolescent health care**

- Allocate funds to implement national quality standards,<sup>2</sup> and to implement reward and recognition actions of highly performing districts.
- Make funds available to enable districts to support health-care facilities in implementing actions to improve the quality of health care of adolescents, based on findings of self-assessments.

<sup>2</sup> In the long run, every health-care provider should have core competencies in adolescent health and development, acquired through a combination of pre-service training and continuous professional education. In the interim, there should be at least one health-care provider in the facility trained in adolescent health care to ensure the necessary skill mix of facility's team.

<sup>2</sup> That is, funds to implement the actions outlined in this implementation guide.



## **Finance the production of information and education materials for adolescents and community members**

- Communicate with districts to identify their needs for information and education materials for adolescents and community members, and allocate sufficient funds for their production.

## **Drugs, supplies and technology**

### **Develop or review, as appropriate, checklists for basic amenities, drugs, supplies and technology**

- Endorse, and send to districts, a checklist for basic amenities such as electricity, water, sanitation and waste disposal that should be available in the facility to enable the provision of the defined package of services.
- Prepare lists, and send to districts, of medicines and supplies that facilities need in order to provide the defined package of services.
- Prepare lists, and send to districts, of equipment that facilities need to have in order to provide the defined package of health services, and stipulate requirements for maintenance and safe use.

### **Work with districts to determine needs in drugs, supplies and technology, and ensure the needs are met**

- Work with district officials to determine deficiencies in the availability of basic amenities,

and support districts in addressing those deficiencies in a timely manner.

- Work with district officials to determine shortages in the stocks of medicines and supplies that are required to provide the defined package of health services, and ensure timely resupply.
- Work with district officials to determine gaps in the availability of the equipment required to provide the defined package of health services, and ensure timely supply and maintenance.

### **Advocate with districts to ensure the equitable use of the drugs, supplies and technologies in the care of adolescents**

- Communicate to district managers the importance of the equitable provision of medicines and supplies, with special regard to adolescent clients, and the importance of taking corrective actions in the event of inequitable use (e.g. denying adolescents certain methods of contraception).
- Communicate to district managers the importance of equitable use of medical equipment and technology, with special regard to adolescent clients, and the importance of taking corrective actions in the event of inequitable use (e.g. denying adolescents access to sophisticated equipment).

# ACTIONS AT THE DISTRICT LEVEL

## Governance

### Communicate national laws and policies, and latest revisions, to facility managers, and encourage facility-level actions

- Communicate to facility managers laws and policies, including the latest revisions, on (i) equitable service provision to adolescents and financial protection measures; (ii) the age of consent and confidentiality; (iii) adolescents' participation in planning, monitoring, evaluation and provision of services; and (iv) the organization of welcoming services (e.g. optimizing operating hours and waiting time, ensuring privacy, maintaining a clean environment); and encourage the development of local procedures to implement the policies.
- Inform facility managers about the defined package of health information, counselling, diagnostic, treatment and care services for adolescents.
- Ensure that facility managers receive the guidelines/SOPs regarding which health services are to be provided to adolescents within the health facility and which in the community.

- Ensure that facility managers receive the documents on referral policies within and outside the health sector and the SOPs to implement them.
- Inform facility managers about mandatory visible display of adolescents' rights in the health-care facility.
- Inform districts about the latest requirements for HMIS, and send updated data collection and reporting forms.
- Ensure that facility managers are aware of the provision in the national policies for the inclusion of adolescents in the governance structure of the health-care facility, and communicate the importance of doing so.

### Advocate with facility managers to ensure their ownership and support for key policies

- Communicate to facility managers and staff the importance of (i) protecting adolescents' rights to receive quality services irrespective of their ability to pay, age, sex, marital status, schooling, race/ethnicity, sexual orientation or other characteristics; (ii) involving adolescents in designing and assessing health services;



- (iii) the special role that confidentiality plays in adolescents' willingness to use services, and the importance of informing them about confidentiality and applying facility procedures to maintain it; (iv) respecting the privacy at all stages of the adolescents' health care, including during appointments, and of applying facility procedures to assure privacy; and (v) planned transition from child-centred to adult-centred health care for adolescents with chronic conditions.
- Communicate to facility managers the importance of local actions to help inform adolescents about the range of health services available (e.g. putting up a notice board), and to organize welcoming services (e.g. modifying working hours to meet the needs of specific groups of adolescents).
- Communicate to facility managers about the importance of outreach activities that: (i) inform schools, youth and other community organizations about the value of providing health services to adolescents through outreach; (ii) reach vulnerable groups with information and services by trained outreach workers; (iii) reach selected groups of adolescents in the community with particular health services (e.g. some aspects of antenatal care) and commodities (e.g. iron and folic acid tablets); (iv) working with NGOs in the community that could engage selected adults or adolescents to provide health services and commodities to adolescents in the community.
- Communicate the importance of routine information from health facilities on cause-specific utilization of services by adolescents, and the role of an adolescent health focus in facility-based registers.
- Communicate to facility managers the importance of routine facility-level assessment of the quality of services for adolescents.
- Raise awareness in the media about national policies on adolescents' financial protection and other policies that protect adolescents' rights to receive quality services irrespective of their ability to pay, age, sex, marital status, schooling, race/ethnicity, sexual orientation or other characteristics.
- Communicate about adolescents' rights to confidentiality and privacy in mass media, and in meetings with district-level representatives of other sectors (e.g. education) and civil society institutions.

### **Support facility managers to implement key policies and to translate them into facility SOPs**

- Work with facility managers to identify which groups of adolescents to reach with services in the community, where to reach them, and what health services and commodities to reach them with.
- Support facility managers to increase compliance to SOPs for referrals (e.g. facilitate access through referral linkages to services that are not available locally).
- Support facility managers in translating policies on equity and financial protection into local SOPs.
- Support facility managers in translating the policies on confidentiality and privacy into local SOPs.
- Support facility managers in translating the policy on informed consent into local SOPs.
- Make display boards with policies and procedures on equitable (including free or affordable) service provision for adolescents and distribute to facilities.
- Encourage facility managers to create local processes for involving adolescents in designing, assessing and providing health services, and to have a plan on how to engage adolescents.

### **Advocate with other sectors and wider society to ensure their ownership and support for key policies**

- Communicate the rationale for providing health services to adolescents in meetings with district-level representatives of other sectors (e.g. education) and civil society institutions.
- Communicate what health services are provided, where and when they are provided, and how much they cost: (i) in the mass media (where possible); (ii) in meetings with representatives of other sectors (e.g. education) and civil society institutions.

### **Ensure the availability of information and educational materials at the district level**

- Arrange for the delivery of information and educational materials obtained from national officials or NGOs to facilities, and/or liaise with NGOs working in the district to explore whether the materials they produce could be disseminated to health-care facilities (after adaptation, if required).
- Arrange for the delivery of information materials on key conditions and their management options obtained from national officials or NGOs to facilities, and/or liaise with NGOs in



the district that provide health-care services to adolescents to explore whether the materials they produce on selected conditions could be disseminated to the facilities (after adaptation, if required).

### Ensure an adolescent health focus in district reports

- Ensure that district reports on cause-specific utilization of services and quality of care include a focus on adolescents including very young adolescents.<sup>1</sup>

### Conduct data synthesis and monitoring and evaluation activities at the district level and use national and district data to stimulate local actions

- Orient facility managers to the national policy for self-assessment of the quality of adolescent health care, and communicate to facility managers the importance of using data for action planning and implementation of quality improvement initiatives.
- Orient facility managers to the importance of identifying adolescents' expectations about the service and assessing their experience of care as part of facility self-assessment.
- Make sure tools for self-assessment, including tools to assess adolescents' expectations about the service and their experience of care, are known to facility managers, and available in facilities.
- Monitor the implementation of policies regarding the provision of the defined package of services for adolescents within the health facility and in community settings and the compliance with SOPs.
- Monitor the implementation of referral policies at the district level and compliance with SOPs.
- Analyse district data to assess equity in adolescent health care, provide feedback to facility managers and support them in taking corrective actions.
- Conduct periodic visits to facilities to monitor the implementation of measures for financial protection of adolescents as stipulated in national laws and policies (e.g. vouchers, exemptions from co-payments).
- As part of periodic evaluations of the implementation of standards: (i) analyse district data on adolescents' experience of care, including the experience of care in subgroups of adolescents (e.g. in vulnerable groups), provide

feedback to facilities and support them in taking corrective actions; (ii) assess compliance with evidence-based guidelines and protocols, provide feedback to facility managers and health-care providers and support them in taking corrective actions.

- Evaluate the quality of outreach activities in the district and support facility managers in taking corrective actions.
- Conduct a district analysis of who are the vulnerable groups of adolescents, share this information with facility managers and encourage local analysis to identify vulnerable adolescents in the local communities.
- Develop and share with facility managers a list of organizations working with adolescents in the district and catchment areas of the district's health facilities.
- Take district-level actions to implement the system for reward and recognition of highly performing facilities, communicate to facility managers the importance of recognizing and rewarding well-performing health-care providers and support staff, and do so using a combination of extrinsic (e.g. financial rewards), and intrinsic rewards (e.g. professional education activities).

## Workforce capacity

### Plan capacity-building activities at the district level

- Inform facility managers and staff about national policies concerning training in adolescent health and development.
- In consultation with facility managers, identify training needs and develop a district plan for health-care provider training in adolescent health information, counselling, diagnostic, treatment and care services.
- In consultation with facility managers, identify training/orientation needs and develop a district plan for health-care provider training in human-rights based approaches to adolescent health care.
- Work with facility managers to determine staff training needs in safe use of equipment.
- Inform facility managers and staff about the availability of trainings in key areas of adolescent health and development (e.g. management of priority conditions, human rights-based approaches to adolescent health care), and their schedule.

<sup>1</sup> Very young adolescents includes those 10–14 years old.

## Conduct capacity-building activities in adolescent health care and support facility managers in doing so

- Organize competency-based trainings in key areas of adolescent health and development (e.g. management of priority conditions, human rights-based approaches to adolescent health care) as part of continuous professional education.<sup>1</sup>
- Ensure that training and orientation materials on human rights-based approaches to adolescent health-care are available to facility managers.
- Conduct training/orientation for facility managers on quality improvement in the field of adolescent health care, including using data collection tools, data analysis and action planning.
- Provide orientation to facility managers on using new forms and reporting.
- Support facility managers to conduct trainings for outreach workers in adolescent health-related topics (e.g. allocate funds for trainings, develop training materials).
- Sensitize facility managers on the importance of supporting health-care providers and support staff to respect the rights of adolescents to information, privacy, confidentiality, and of health care that is provided in a respectful, non-judgemental and non-discriminatory manner.
- Organize trainings in the safe use of equipment.

## Implement a system of supportive supervision in adolescent health care at the district level

- Support facility managers to implement a system of supportive supervision in the functioning of the health-care facility.
- Encourage facility managers to prioritize the need for supportive supervision based on the findings from the self-assessments of the quality of health-care services in the facilities.
- Distribute tools for supportive supervision to facility managers.

## Ensure that decision support tools are available in health-care facilities and providers know how to use them

- Liaise with facility managers to conduct periodic assessments of health-care providers' needs for decision support tools, and inform national authorities about priority areas.

- Distribute decision support tools (guidelines, protocols, algorithms, job aids) to health-care facilities, and organize trainings.

## Financing

### Allocate funds for the provision of a comprehensive package of services in adolescent health care

- Allocate, or use funds allocated at the national level, to enable district facilities to provide the defined package of health-care services to adolescents.

### Finance continuous professional education activities

- Allocate funds, or use funds allocated at the national level, to conduct competency-based trainings and other continuous professional education activities in adolescent health and development at district level.
- Allocate funds, or use funds allocated at the national level, for printing and other dissemination means of decision support tools to facilities.
- Allocate funds, or use funds allocated at the national level, for in-service training of health-care providers in using decision support tools for various adolescent health-care conditions and situations as required by the defined package of services.
- Allocate funds or use funds allocated at the national level, to conduct trainings of facility managers on how to provide supportive supervision in adolescent health care to health-care providers and support staff.

### Finance quality improvement initiatives in adolescent health care

- Allocate funds, or use funds allocated at the national level, to support facilities to implement actions to improve the quality of health care to adolescents based on findings of self-assessments or external assessments.
- Allocate funds, or use funds allocated at the national level, to reward and recognize highly performing facilities, health-care providers and support staff.

<sup>1</sup> This depends on the country, as organizing and conducting trainings might be a responsibility of national or district authorities, or both.

## Finance the production of information and educational materials for adolescents and community members

- Communicate with facilities to identify their needs for information and education materials for adolescents and community members, and allocate sufficient funds, or use funds allocated at the national level, for their production.

## Drugs, supplies and technology

### Send checklists for basic amenities, drugs, supplies and technology to facility managers

- Give facility managers the list of basic amenities that facilities need to have to provide the defined package of health services.
- Give facility managers the list of medicines and supplies that facilities need to have to provide the defined package of health services.
- Give facility managers the list of equipment, with maintenance and safe use requirements, that the facility need to have to provide the defined package of health services.

### Work with facility managers to determine the facility's needs in drugs, supplies and technology and ensure that the needs are met

- Work with facility managers to determine what basic amenities are required (one time or recurring).

- Work with facility managers to determine what quantities of medicines and supplies are required on a monthly/quarterly basis.
- Work with facility managers to determine what equipment and maintenance are required on a monthly/quarterly basis.
- Work with national officials to obtain the equipment and maintenance services required by the district in a timely manner.
- Work with national officials to obtain the medicines and supplies required by the district in a timely manner.
- Work with national officials to estimate the basic amenities required by the district and ensure that they are put in place in a timely manner.

### Advocate with facility managers to ensure the equitable use of the drugs, supplies and technologies in the care of adolescents

- Communicate to facility managers the importance of equitable use of medicines and supplies with special regards for adolescent clients, and the importance of taking corrective actions in the case of inequitable use (e.g. denying adolescents certain methods of contraception).
- Communicate to facility managers the importance of equitable use of medical equipment and technology, with special regards for adolescent clients, and the importance of taking corrective actions in the case of inequitable use (e.g. denying access to sophisticated equipment).





# ACTIONS AT FACILITY LEVEL

## Governance

### Communicate national laws and policies, standard operating procedures, and latest revisions, to facility staff

- Managers communicate to facility staff laws and policies, their latest revisions, and recommended procedures on (i) equitable service provision to adolescents and financial protection measures; (ii) informed consent; (iii) confidentiality and privacy; (iv) adolescents' participation in planning, monitoring, evaluation and provision of services; and (v) the organization of welcoming services (e.g. optimizing operating hours and waiting time, ensuring privacy and maintaining a clean environment); (vi) the planned transition from child-centred to adult-centred health care for adolescents with chronic conditions.
- Managers make available in the facility printed copies of national laws and policies concerning adolescents' financial protection and other measures for equitable service provision.
- Managers ensure that the guidelines/SOPs regarding which health services are provided in the health facility and/or in community settings are in place and known to staff.
- Managers ensure that service providers and support staff are aware of the referral policy within and outside the health sector and the SOPs to implement it.

### Identify community resources and build partnerships for advocacy and service provision for adolescents

- Managers identify key community organizations in the catchment area, and engage in formal and informal partnerships with them to increase their support for adolescent use of services, to develop health education and communication strategies and materials and to plan service provision.
- Managers inform/share with facility staff the list of key partner agencies and organizations to increase community support for adolescent use of services.
- Manager and staff identify NGOs which could engage selected adults and adolescents to provide health services and commodities to adolescents in the community.

- Managers work with health-care providers and local services within and outside the health sector to develop referral protocols to locally available services.
- Managers work with staff, community members and community organizations to identify vulnerable adolescents in their communities, and make sure that facility staff is aware of these groups.
- Managers work with service providers and support staff to develop a plan on how to engage adolescents in the planning, monitoring and evaluation of facility services, and service provision.
- Managers establish, in consultation with local community(ies) and facility staff, the process of inclusion of adolescent(s) in the governance structure of the facility.
- Managers work with service providers and support staff to identify and draw adolescents employed by organizations working with young people or volunteers from the community into the planning, monitoring and evaluation of facility services and service provision.
- Managers and health-care providers work with adolescents employed by organizations working with young people or volunteers from the community to draw upon their ideas and suggestions for designing health service provision and to involve them in assessing and providing health services.

### Advocate with facility staff, other sectors' services and the wider community to ensure their ownership and support for the implementation of key policies

- Managers communicate to staff the importance of providing evidence-based information to adult visitors about the value of providing health services to adolescents, and monitor these activities as part of supportive supervision and self-assessments.
- Managers communicate the importance of, and orient health-care providers and support staff in, respecting the rights of adolescents to information, privacy, confidentiality, participation, and health care that is provided in a respectful, non-judgemental and non-discriminatory manner.

- Health-care providers encourage adolescents to read information on their rights and communicate to them about their rights to confidentiality and privacy.
- Managers communicate to health-care providers and support staff the importance of providing services to all adolescents without discrimination. Managers work together with facility staff to raise adolescents' awareness of financial protection measures and other policies that protect adolescents' rights to receive quality services without discrimination.
- Managers communicate to health-care providers the importance of routine information collection in the health facility on cause-specific utilization of services by adolescents and the role of an adolescent health focus in facility-based registers.
- Managers communicate to facility staff the importance of using data on adolescent health-care for action planning and implementation of quality improvement initiatives.

### **Develop or adapt, as appropriate, local standard operating procedures to implement key policies**

- Managers ensure the display of boards in the facility about (i) adolescents' rights; and (ii) policies and procedures on equitable (including free or affordable) service provision for adolescents.
- Managers work with service providers and support staff to develop local SOPs including the designation of responsibilities among staff in applying policies on (i) the financial protection of adolescents; (ii) confidentiality; (iii) informed consent; and (iv) planned transition from child-centred to adult-centred health care for adolescents with chronic conditions.
- Managers work with service providers and support staff to develop SOPs in applying policies on the equitable provision of services to adolescents and ensure that service providers and support staff know their responsibilities and know the SOPs about equity in adolescent health care (e.g. managers orient newly employed personnel).
- Managers work with service providers and support staff to develop SOPs, with assigned responsibilities across health-care providers and support staff, to ensure a welcoming and clean environment and to find local solutions to minimize waiting times.
- Managers work with service providers and support staff to determine whether and how the working hours could be modified to take

into account the needs of specific groups of adolescents.

- Managers work with service providers and support staff to determine what could be done to optimize the organization of the physical space of the facility to ensure both visual and auditory privacy in the facility.
- Managers work with health-care providers to identify ways to involve adolescents, including vulnerable group(s) of adolescents, in the planning, monitoring and evaluation of health services.

### **Supply facility staff with information and training materials, practice guidelines and other decision support tools**

- Even if no materials are obtained from district officials, managers work with health-care providers to ensure that appropriate clippings from newspapers and magazines, and handmade materials are displayed for information and education for adolescents, parents and other community members.
- Managers ensure that information materials on key medical conditions and their management/treatment options for adolescents are available to health-care providers and used to enable adolescents' decisions on the preferred options and follow-up actions.

### **Ensure an adolescent health focus in facility reports**

- Health care providers collect data that includes information about adolescents' age, sex, presenting problem, diagnosis and services provided through facility-level registers.
- Managers collate facility data in reports to districts in a way that preserves age- and sex-disaggregated data, including for very young adolescents.

### **Monitor the implementation of quality standards in the facility and use data to stimulate actions**

- Managers monitor and evaluate the scope and quality of health education and counselling activities conducted by facility staff (e.g. during the supportive supervision visits and self-assessment surveys).
- Managers monitor the implementation of the plan for outreach activities by both health-care providers and trained outreach workers, evaluate the quality of outreach activities, and take corrective actions as necessary.

- Managers monitor compliance with local referral protocols and take corrective action as necessary.
- Managers monitor the provision of the package of defined services within the health facility.
- As part of self-assessment of the quality of care provided in the facility, managers collect facility and community data on compliance with quality standards, provide feedback to facility staff and take corrective actions as necessary, e.g. on aspects such as (i) adolescent clients' expectations and experience of care with regard to confidentiality, privacy, friendly and non-judgemental attitude of providers, convenience of working hours and appointment procedures; (ii) equity in adolescent health care, including the expectations and experience of care in subgroups of adolescents (e.g. in vulnerable groups); (iii) compliance of facility practices with evidence-based guidelines and protocols; and (iii) community awareness of, and support for, services provided in the facility.
- As part of self-assessment on the implementation of standards, managers monitor whether or not (i) medicine and supplies are equitably used (e.g. identify situations when medicines and supplies were denied for non-medical reasons); (ii) medical equipment and technology are equitably used (e.g. identify situations where adolescents were denied access to expensive technology); and take corrective actions should such events occur.
- Managers ensure that tools for self-assessment, including tools to assess adolescents' expectations about the service and their experience of care, are known to facility staff, available in the facility, and used for monitoring of the quality of health care for adolescents.
- In collaboration with facility health-care providers and support staff, facility managers establish a local process to translate the findings of self-assessments into an action plan for quality improvement.
- Managers assign roles and responsibilities of staff for the implementation of proposed actions and monitor implementation.
- Managers implement facility-level actions for reward and recognition of highly performing staff.

## Workforce capacity

### Plan capacity-building activities for facility staff

- Managers identify training needs of facility staff in key areas (e.g. communication for adolescent

health, adolescent health information, counselling, diagnostic, treatment and care; using decision support tools such as guidelines and protocols for various adolescent health-care conditions and situations; and a human-rights-based approach to adolescent health care).

- Managers inform districts about the training needs of staff in the facility and coordinate with district authorities to ensure that service providers are trained according to their needs.
- Managers ensure that staff are trained in the safe use of equipment.

### Ensure staff participation in continuous professional education in adolescent health care and in supportive supervision

- Managers ensure that supportive supervision activities, such as peer and supervisor assessments, are carried out regularly and are informed by the findings of facility self-assessments of the quality of health-care services in the facility.
- Managers communicate to staff that supervisory visits are not merely administrative events, and not intended to be fault-finding or punitive. Rather they are intended to be supportive, educational and aimed at problem-solving.
- Managers ensure that the system of supportive supervision is extended to community health workers and other outreach workers involved in providing information and services to adolescents.
- Managers ensure that reports from supportive supervision sessions are used to identify needs for improvement.
- In collaboration with district officials, managers ensure that staff access continuous professional education activities that include a combination of traditional learning methods (face-to-face trainings, seminars, case-reviews, participation in conferences) and innovative ways to access teaching expertise and materials (e.g. e-learning, self-learning by accessing electronic databases).

### Ensure that decision support tools are available in health-care facilities

- Managers ensure that service providers have up-to-date decision support tools (guidelines, protocols, algorithms) that cover topics of clinical care in line with the package of services in place in the facility.
- Health-care providers inform managers of their need for decision support tools.



## Conduct capacity-building activities

- Managers provide orientation to relevant staff on using new HMIS forms and reporting.
- Managers orient facility staff on the national policy for self-assessment of the quality of adolescent health care and conduct training/orientation for facility staff on quality improvement in the field of adolescent health care, including using data collection tools, data analysis and action planning.
- Managers and health-care providers identify and train outreach workers to enable them to conduct health education for adolescents in the community.
- Health-care providers train adolescents, including vulnerable adolescents, to provide selected services (e.g. outreach health education, counselling, training).

## Plan staff profile and manage staff time to enable the implementation of key policies

- Managers provide up-to-date job descriptions for health-care providers and support staff and ensure that they understand the objectives, responsibilities, authority and lines of accountability in relation to adolescent health care.
- Based on the needs of the local adolescent population, managers identify the skill mix in adolescent health care required in the facility's health team, and coordinate with district officials to deploy staff to the facility to ensure the necessary staffing profile and skill mix.
- Managers plan time for selected staff members to be involved in outreach work.
- Managers allocate staff time for training of outreach workers.

## Financing

### Inform district officials about facility needs to enable allocation of funds for key activities

- Managers inform district officials about the financial or other support that the facility requires from the district to implement selected actions and use allocated funds to implement them.

## Drugs, supplies and technology

### Ensure that basic amenities in health facilities are in place and functioning

- Managers have nationally-approved lists of basic amenities that are needed to provide the defined package of health services.
- Managers allot responsibility to health-care providers and support staff to review the basic amenities in line with SOPs, and ensure that they are in good order.
- Managers organize regular servicing/repairs of basic amenities.

### Put in place a system of procurement and stock management of the medicines and supplies necessary to deliver the required package of services

- Managers have nationally-approved lists of medicines and supplies that are needed to provide the defined package of health services.
- Managers work with health-care providers and support staff to put in place a system to ensure that stocks of medicines and supplies are adequate at all times.
- Managers organize regular replenishment of medicines and supplies.

### Put in place a system of procurement, inventory, maintenance and safe use of the equipment necessary to deliver the required package of services

- Managers have lists of equipment, with maintenance and safe use requirements, that is needed to provide the defined package of health services.
- Managers work with service providers and support staff to put in place an inventory system to review the availability and state of equipment (e.g. functionality and good order of pieces).
- Managers organize regular servicing/repairs of equipment.

### Advocate with facility staff to ensure the equitable use of the drugs, supplies and technologies in the care of adolescents

- Facility managers communicate to staff the importance of the equitable use of medicines and supplies with special regard to adolescent clients.
- Facility managers communicate to staff the importance of equitable use of medical equipment and technology with special regard to adolescent clients.













For more information, please contact:

Department of Maternal, Newborn, Child and Adolescent Health (MCA)  
World Health Organization  
20 Avenue Appia  
1211 Geneva 27  
Switzerland

Tel.: +41 22 791 3281  
Fax: +41 22 791 4853  
Email: [mncah@who.int](mailto:mncah@who.int)  
[www.who.int/maternal\\_child\\_adolescent/en](http://www.who.int/maternal_child_adolescent/en)

ISBN 978 92 4 154933 2

