

ANNEX I: ASRH Health Facility Checklist

This is a tool referenced in the [Facility Quality Improvement Tools](#) section of Chapter 6: ASRH Services & Interventions. The ASRH Health Facility Checklist helps humanitarian staff assess their facility's characteristics, policies, and actions in responding to adolescents' SRH needs.

Health Facility Characteristics				
		Yes	No	Feasible suggestions for improvement and/or comments
1.	<p>Is the facility accessible and located within walking-distance proximity of a place where adolescents—of all genders—congregate (youth center, adolescent-friendly space, school, market, etc)?</p> <p><i>Note: Define accessibility and proximity with your local team before using the checklist and agree on what is appropriate for the context. For example, consider insecurity or infrastructure issues that might affect access.</i></p>			
2.	<p>Is the facility open during hours that are convenient for adolescents of all genders (particularly in the evenings or on the weekend)?</p> <p><i>Note: If only males or only females are congregating, mark "no".</i></p> <p><i>Please verify hours of school for adolescents and facility hours.</i></p>			
3.	<p>Are there specific clinic times or spaces set aside for adolescents and are drop-in patients welcomed (without appointments)?</p> <p><i>Note: If only males or only females are able to access the facility, mark "no".</i></p>			
4.	<p>Does the clinic conduct any mobile medical camps and/or outreach activities for SRH services for adolescents?</p> <p><i>Note: If yes, describe the specific set of activities, how often, and if services are provided free of charge.</i></p>			

5.	Are SRH services offered for free to adolescents?			
6.	Are waiting times very short (less than 30 minutes) or short (less than one hour)? <i>Note: Mark “yes” if the waiting time is less than one hour. Specify if on average the wait time is less than 30 minutes or an hour.</i>			
7.	If both adults and adolescents are treated in the facility, is there a separate, discreet space for adolescents to ensure privacy?			
8.	Do counseling and treatment rooms allow for privacy (both visual and auditory)?			
9.	Is there an accountability/ compliance mechanism regarding feedback about SRH services at the facility?			
10.	Is there a data management system (eg health management information system) that includes age-disaggregated data, as outlined in international adolescent group standards (eg data broken up by different age groups: 10–14, 15–19 years old)? <i>Note: Ask for the monthly health facility reports submitted to the Ministry of Health (MOH)/non-governmental organization (NGO) or other entity that operates the facility.</i>			
11.	A. Is the staff collecting data on people living with disabilities? <i>Note: This can be done using the Washington Group Questions.</i> B. Is the clinic accessible for those with disabilities (eg have a wheelchair ramp)? <i>Note: Mark “yes” if answers to both A & B are “yes”. A person with disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activity/ies. For example, does the facility have ramps or other aids to ensure mobility for disabled people, including adolescents, within the facility services?</i>			

12.	Do the SRH services enable young men to access services? <i>For example, are SRH services available outside of the maternity ward?</i>			
13.	Are male condoms available to young people of all genders, including in discreet locations, such as bathrooms? <i>Note: Select “no” if male condoms are only available to boys or only available to girls. Or if male condoms are only available from providers directly.</i>			

At minimum:

Answer “yes” to questions 5, 8, 9, 10, and 13.

Provider Characteristics

		Yes	No	Feasible suggestions for improvement and/or comments
1.	In the last year, how many providers have been trained on how to provide SRH services to adolescents, which includes non-judgmental attitudes, empathic language, active listening, and age-appropriate counseling?			
2.	In the last year, have all staff members (receptionist, security guards, community health workers, cleaners, etc) been oriented to provide confidential, adolescent-friendly services?			
3.	Based on your observations during this visit, do staff members demonstrate respect for adolescents and their choices?			
4.	Based on your observations during this visit, do the providers ensure the patients’ privacy? <i>Note: If yes, state how they ensure privacy in the comments section.</i>			

5.	Based on your observations during this visit, do the providers ensure the patients' confidentiality?			
6.	Do the providers set aside sufficient time for patient-provider interaction, including ensuring all of the patient's questions are fully answered?			
7.	Are there both male and female providers available to provide SRH services at this facility?			
8.	In the last year, have health providers been assessed using quality standard checklists?			
At minimum: Answer "yes" to questions 3, 4, and 5.				
Program Characteristics				
		Yes	No	Feasible suggestions for improvement and/or comments
1.	Do adolescent representatives join monthly health facility staff meetings, if they exist?			
2.	Are community mobilization activities on ASRH linked to the health facilities (community health workers, youth volunteers, etc)?			
3.	Are adolescents involved in quality assurance mechanisms to improve adolescent health outcomes? <i>For example, are adolescents involved in collecting data and evidence and/or reviewing qualitative and quantitative data?</i>			
4.	Are adolescents involved in the design or implementation of feedback mechanisms? <i>For example, do adolescents help with collecting or reporting feedback for the facility?</i>			

5.	<p>Is there written guidance visible at the health facility that indicates adolescents do not require parental consent to receive SRH services?</p> <p><i>Note: Make sure there are adequate consent forms available in contexts where parental consent is mandatory.</i></p>			
6.	<p>Can adolescents be seen for all SRH services in the facility without the consent of their parents or spouses?</p> <p><i>Note: These services include all forms of contraception, post-abortion care, safe abortion care, STI/HIV screening and treatment, maternal and child health (MCH) services, and gender-based violence (GBV).</i></p>			
7.	<p>Does the facility have the commodities for at least three modern contraceptive methods (including one long-acting method)?</p> <p><i>For example, are SRH commodities, including family planning methods, available at education centers, safe spaces, bathrooms, and other places youth congregate?</i></p>			
8.	<p>Are modern contraceptive methods and counseling offered to adolescents at this facility?</p> <p><i>Note: If yes, please provide how many adolescent patients have received services in the last three months in the comments section. Modern contraceptive methods include condoms, emergency contraception, pills, injectables, implants, and intrauterine devices.</i></p>			
9.	<p>Are STI treatment and prevention services offered to adolescents at this facility?</p> <p><i>Note: If yes, please provide how many adolescent patients have received services in the last three months in the comments section.</i></p>			

10.	<p>Are HIV counseling and testing services offered to adolescents at this facility?</p> <p><i>Note: If yes, please provide how many adolescent patients have received services in the last three months in the comments section.</i></p>			
11.	<p>Are ante- and post-natal care services offered to adolescents at this facility?</p> <p><i>Note: If yes, please provide how many adolescent patients have received services in the last three months in the comments section.</i></p>			
12.	<p>Are maternal delivery care services offered to adolescents at this facility?</p> <p><i>Note: If yes, please provide how many adolescent patients have received services in the last three months in the comments section.</i></p>			
13.	<p>Are safe abortion care, including post-abortion care, services offered to adolescents at this facility?</p> <p><i>Note: If yes, please provide how many adolescent patients have received services in the last three months in the comments section.</i></p>			
14.	<p>Does the facility maintain, at minimum, a three-month supply of SRH commodities?</p> <p><i>Note: This includes modern contraceptive commodities, abortion commodities and equipment, delivery supplies and equipment, and STI commodities (post-exposure prophylaxis [PEP], antiretrovirals [ARVs], etc).</i></p>			

15.	<p>Are written clinical protocols for providing adolescent-specific health and SRH services available in the facility?</p> <p><i>For example, clinical protocols that provide guidance for providers outlining country legal policies, clinical quality standards for serving adolescents, and guidance for contraceptive and abortion conscientious objectors.</i></p>			
16.	<p>Are there SRH educational materials, posters, or other job aids/information, education, and communication (IEC) materials tailored to an adolescent audience? How are these distributed?</p> <p><i>For example, are adolescents featured in the posters or flipbooks used for health education?</i></p>			
17.	<p>Are there functional referral mechanisms in place between health, safe abortion care, and child protection services, including mental health and psychosocial support (MHPSS) and Clinical Management of Rape (CMR) for GBV cases?</p> <p><i>For example, does the facility use referral cards specifically for adolescents?</i></p>			
18.	<p>Are there functional referral mechanisms in place between health services and education?</p>			
19.	<p>Are there functional referral mechanisms in place between health and nutrition services?</p>			
20.	<p>Are there functional referral mechanisms in place between health and MHPSS services?</p>			

21.	Are there functional referral mechanisms in place between health services and lesbian, gay, bisexual, transgender, queer, intersex, and asexual+ (LGBTQIA+) organizations?			
22.	Are there functional referral mechanisms in place between health services and persons living with disabilities organizations?			
23.	Are there functional referral mechanisms in place between community platforms, health services, and GBV services for abortion cases?			
<p>At minimum:</p> <ul style="list-style-type: none"> • Program should include adolescents in at least one component of the program cycle (design, implementation, evaluation): relates to questions 1, 2, 3, and 4 (at minimum should have answered "yes" to one of the four questions). • Answer "yes" to questions 7, 8, 9, 12, 13, 14, and 17. 				

Sources: Adapted from [ASRH Toolkit for Humanitarian Settings](#) (UNFPA, Save the Children, 2012), [Clinic Assessment of Youth Friendly Services Tool](#) (Pathfinder International, 2002), and field experience from the [IAWG ASRH Sub-Working Group](#). Disability information: [What is the definition of disability under the ADA?](#) (ADA National Network, 2020) and [Question Sets](#) (Washington Group on Disability Statistics, 2020).