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## **Assessment of Adolescent-Friendly Services in Primary Healthcare Facilities of Armenia**

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## **ABBREVIATIONS**

AFHS – Adolescent-Friendly Health Services

CHSR – Avedisian Onanian Center for Health Services Research and Development

FGD – Focus Group Discussion

ICAH – Institute of Child and Adolescent Health

IDI – In-depth Interviews

MOH – Ministry of Health

NGO – Non-governmental Organization

PHC – Primary Healthcare

STI – Sexually Transmitted Infections

UNFPA - United Nations Population Fund

UNICEF – The United Nations Children's Fund

WHO – World Health Organization

## **EXECUTIVE SUMMARY**

Adolescence is generally characterized with increased vulnerability because of combination of various factors including biological growth, transition in social roles, increased health and developmental needs. Alarming trends in morbidity and mortality among adolescents indicate the need for increased attention towards adolescents' health. In fact, in 2016, 1.1 million adolescents died because of avertable or curable diseases. Low- and middle-income countries take a higher share of adolescent mortality. Health services provided to adolescents are highly inconsistent in terms of quality and coordination as healthcare systems consider adolescents as a healthy group and do not prioritize their health concerns.

Adolescent-friendly health services (AFHS) are one of the evidence-based interventions recommended by the World Health Organization (WHO), designed to make healthcare services equitable, accessible, acceptable, appropriate and effective for the adolescent population, to improve their health literacy, and to provide adequate package of services. AFHS target to meet health needs inclusively of all adolescents, regardless of gender, religion, disability or social status. To explore the quality of healthcare services provided to adolescents in Armenia, the Avedisian Onanian Center for Health Services Research and Development (CHSR) of the Turpanjian School of Public Health, American University of Armenia with the financial support from UNFPA Armenia Country Office conducted an assessment of health services provided to adolescents in primary healthcare facilities (PHC) in Armenia.

The research team conducted a document review to identify the main actions that have been implemented in Armenia in the field of adolescents' health. We reviewed various programs and official documents that guide adolescents' healthcare in Armenia. Subsequently, a qualitative cross-sectional study was conducted through in-depth interviews (IDIs), focus group discussions (FGDs), and on-site observations of PHC facilities in Yerevan (the capital city) and Gyumri to assess the quality of services provided to adolescents in PHC facilities. Through purposeful and convenience sampling, experts in the field of child and adolescents' health (four IDIs in Yerevan and one IDI in Gyumri), PHC providers (family physicians and gynecologists) responsible for provision of healthcare services to adolescents (two FGDs in Yerevan and one in Gyumri), managers of PHC facilities (four in Yerevan and three in Gyumri) and adolescents (18 and 19 years old) (two FGDs in Yerevan, one FGD and four IDIs in Gyumri) were invited to participate in the qualitative interviews. Deductive content

analysis was conducted according to the predefined categories based on the WHO eight global standards of quality healthcare services for adolescents.

PHPs confirmed that they provided information to adolescents regarding health services available in PHC facilities. However, adolescents' awareness on available health services varied as some of them were quite informed, while others' knowledge was limited only to immunizations. In general, adolescents' awareness on reproductive health services was poor. All groups of study participants highlighted the overarching role of schools in providing health education to adolescents. In the meantime, the capacity of schools to provide health education was limited. The PHC facilities had informational materials on health related topics that also included the period of adolescence; however, informational materials specifically designed for adolescents were scarce. The community support was limited to school-based activities only. The required package of health services for adolescents was comprehensive to meet adolescents' needs. However, some participants suggested replenishing the required package with additional services. According to PHPs, they provide information, counseling, treatment and care services to adolescents. In some PHC facilities there are offices specialized in adolescent care, however the scope of those offices is limited to management of the paperwork for boys undergoing screenings at pre-army and army stage. The PHPs could not correctly identify the exact age definition of adolescence and the AFHS. The study concluded that AFHS, as defined by the WHO, are not provided and PHPs do not have enough capacity to do that. Neither facility managers, nor the majority of PHPs participated in professional education activities on adolescents' health. Except for some negative experiences shared by adolescents, overall, the PHPs' attitude was characterized as caring and welcoming. In general, the PHC facilities need to improve their structural conditions to provide AFHS in more welcoming, comfortable and clean environment. All groups of study participants identified various gaps in maintaining adolescents' privacy and confidentiality. Overall, the healthcare services provided to adolescents are non-discriminative based on their characteristics such as age, gender, marital status, sexual orientations, disability or other. However, some factors, such as informal "thank you" payments and personal connections, might influence the way services are provided. The majority of study participants could not recall any activity towards quality improvement in PHC facilities. The PHC facilities do not engage adolescents in the organization's governance process, particularly in service planning, monitoring and evaluations, however, adolescents and/or parents are somewhat involved in decision making regarding adolescents' care.

The study suggested a set of recommendations focusing on improving adolescents' health literacy, community support, PHPs' professional competencies, maintaining privacy and confidentiality of services for adolescents, providing non-discriminatory care, designing quality improvement activities in PHC facilities and engaging adolescents in the planning, evaluation and monitoring of the healthcare services at PHC facilities to improve the quality of healthcare services provided to adolescents.

## **1. LITERATURE REVIEW**

### **1.1. Introduction**

The phase between 10 and 19 years of age spanning between childhood and adulthood, is defined as the period of adolescence.<sup>1</sup> The adolescent period is divided into three stages: early (10 – 13 years), mid (14 – 15 years) and later (16 – 19 years) adolescence.<sup>1</sup> The current generation of adolescents comprises one sixth of the global population reaching 1.2 billion.<sup>2</sup> The period when the person is no longer a child but is not yet an adult is generally characterized with increased vulnerability due to combination of various factors as biological growth, transition in the social role, increased health and developmental needs.<sup>3</sup> The vulnerability is also determined by implications that adolescents' behavioral decisions may have on their present and future health and development.<sup>3</sup> During the past two decades, alarming trends in adolescence morbidity and mortality indicators are emerging. Though adolescent mortality has declined by 17% between 2000 and 2016, in 2016, 1.1 million adolescents died because of avertable or curable diseases.<sup>2</sup> The low and middle-income countries take a higher share of adolescent mortality.<sup>4</sup> Moreover, existing evidence has clearly demonstrated that health services provided to adolescents are highly inconsistent in terms of quality and coordination in both low- and high-income countries.

According to the World Health Organization (WHO), five leading causes of adolescents' mortality were respiratory infections, drowning, road injuries, diarrheal diseases and meningitis.<sup>4</sup> The other common causes were mental health issues, exposure to violence, HIV/AIDS, early pregnancy and childbirth, and risk behaviors such as alcohol or drug abuse, tobacco smoking, unprotected sex, physical inactivity, and poor nutrition.<sup>2</sup> These health risks vary in different regions and stages of adolescence. Boys and girls of 10-14 years of age are exposed to higher risk of poor sanitation and hand hygiene. Risky behaviors such as tobacco use and alcohol consumption are more likely to threaten adolescents of 15-19 years of age.<sup>4</sup> The impact of health consequences becomes even more accelerated because of poor access to adequate healthcare, which can eventually lead to poor health outcomes and social condition.<sup>4</sup> Therefore, interventions targeting behavioral health determinants are key for improving and preventing disabilities among adolescents.

Health services are expected to play an important role in supporting adolescents' health seeking behavior.<sup>5</sup> Health services should be integrated with other services key for adolescents and scoped within an effective and supportive system, where adolescents are



protected and guided towards building knowledge, skills and confidence.<sup>5</sup> However, in reality, various studies concluded that there is a gap between the healthcare system and the adolescent population. On one hand, healthcare system considers adolescents as a healthy group and does not prioritize their health concerns; on the other hand, adolescents distrust and ignore such services.<sup>5</sup>

Investment in adolescents' health can have significant implications for them and the whole society by reducing morbidity and mortality, preventing burden on future life, maintaining newly adapted healthy practices throughout the whole life, respecting adolescents' right for adequate health care and protecting human capital in the workforce. However, the literature suggests that there are several barriers to quality healthcare for adolescents.<sup>5</sup> The most common ones are: lack of knowledge on certain health conditions and their symptoms, legal or cultural restrictions towards certain reproductive health services (e.g. in some countries family planning and/or abortions are culturally and legally not allowed), physical restrictions compromising the accessibility, poor quality or unwelcoming health services, unaffordable costs, cultural and gender barriers.<sup>5</sup>

Adolescent-friendly health services (AFHS) are one of the evidence-based interventions recommended by the WHO, designed to make healthcare services equitable, accessible, acceptable, appropriate and effective for the adolescent population, to improve their health literacy, and to provide adequate package of services.<sup>4</sup> AFHS target to meet health needs inclusively of all adolescents, regardless of gender, religion, disability or social status, etc.<sup>5</sup> In 2009, the WHO has developed a guidebook, to qualitatively assess the quality of services provided to adolescents, which primarily focused on AFHS.<sup>6</sup> Using the adapted version of the AFHS standards, multiple studies assessed the quality of care delivered in primary healthcare (PHC) centers and identified the following gaps: affordability, accessibility, STI screening and treatment, counseling services, and confidentiality to improve the AFHS in the health care facilities (Table 1).<sup>7-14</sup>

According to the demographic health survey of 2015-2016, adolescents constitute 12% of Armenian population.<sup>15</sup> Overall, 11.3% and 11.9% of population residing in urban and rural areas, respectively, are adolescents in Armenia. Recent data suggests that 0.0% of girls aged 15-19 were not attaining education at all. At 20-24 years of age 48.6% of women have reported completed higher education (university degree). Among boys aged 15-19 only 0.4% were not attaining education at all. At 20-24 years of age 34.5% of males have completed

higher education (university degree).<sup>15</sup> The majority (96.0%) of adolescent girls aged 15-19 years reported of not having been employed during one year preceding the survey. This number was slightly lower among adolescent boys of the same age category (90.0%). In contrast to boys that have not been ever married during 15-19 year of age (100.0%), 4.6% of adolescent girls were married and 0.2% were divorced, respectively.<sup>15</sup> Out of all adolescent (15-19 years old) girls participating in the survey 1.5% reported using some modern method of contraception. This number was significantly higher among the same age group but of married adolescent girls (32.4%).<sup>15</sup> Adolescents (15-19 years old) have reported issues in accessing healthcare services: 6.3% of them mentioned a problem of getting permission to go for treatment, and 45.3% mentioned the issue of finding money for treatment.<sup>15</sup>

The self-reported prevalence of STIs among girls was 0.0%, whereas among boys it was slightly higher (4.5%). None of the adolescent girls 15-19 years of age reported having sexual intercourse before the age of 15. This number among boys was 1.0%. Similarly, none of the 15-19 years old adolescents reported ever experiencing physical or sexual violence. The majority of adolescents, both girls (73.6%) and boys (63.4%) of this age group have heard of HIV/AIDS.<sup>15</sup> According to the “Armenia Health System Performance Assessment, 2016” 7.8% of adolescent aged 15 to 19 years were daily smokers. The smoking prevalence was much higher among adolescent boys (15.1%) than girls (0.4%).<sup>16</sup> According to the same report, 5.8% of adolescents aged 15 to 19 years had sedentary lifestyle and the prevalence of being overweight in this age category was 13.0%.<sup>16</sup>

According to the statistical yearbook “Health and Healthcare”, Armenia 2019, overall, 69 adolescents (53 boys and 16 girls) aged 15-19 years died in 2018.<sup>17</sup> The main cause of deaths was injury, poisoning and certain other consequences of external causes both for adolescent girls (43.75% of total deaths) and boys (75.47% of total deaths). The next leading causes of death for adolescent boys aged 15-19 years were diseases of nervous system (9.43%) and neoplasms (5.66%). For adolescent girls aged 15-19 years neoplasms and diseases of the respiratory system accounted for 25.00% of total deaths. According to the same report, in 2018, the most common diseases among adolescents aged 15-17 years were diseases of the respiratory system (25841.7 per 100,000 population), eye and adnexa (9146.3 per 100,000 population), skin and subcutaneous tissue (5825.7 per 100,000 population), and digestive system (5636.3 per 100,000 population).<sup>17</sup>

## **1.2. Study Objectives**

To further explore the current situation regarding the quality of healthcare services provided to adolescents, Avedisian Onanian Center for Health Services Research and Development (CHSR) of the Turpanjian School of Public Health, American University of Armenia with the support of UNFPA Armenia Country Office aimed to conduct a quality assessment of health services provided to adolescents in PHC facilities in Armenia. The specific objectives of the study were to:

- Review WHO global standards for quality healthcare services for adolescents.
- Explore state programs and standards of care for adolescents in Armenia through a document review.
- Qualitatively assess the quality and friendliness of healthcare services provided to adolescents in PHC facilities
- Develop recommendations for improvement of the services provided to adolescents in PHC facilities.

### **1.3. The WHO standards for quality health care services for adolescents**

Quality assessment is an important measure in defining a quality benchmark that needs to be maintained in quality adolescent healthcare. Various studies were conducted globally to assess quality of healthcare services for adolescents and friendliness of those provided services.<sup>7-14</sup> Global, multi-country needs assessments were conducted by the WHO to assess the quality and define the needs for adolescents' healthcare services.<sup>18</sup> The studies focused on both primary healthcare providers' and adolescents' perspectives. Global surveys explored adolescents' understanding of health, and health determinants, their insights on health priorities, barriers to getting needed health services and directions of actions for improvement of provided healthcare services. Meanwhile, an analysis of national standards of 25 countries all over the world was performed, to supplement the existing global literature and surveys to define standards and criteria of quality healthcare services for adolescents.<sup>18</sup> As a result of an extensive review process, in 2015, the WHO developed eight global standards to compare the quality of health care provided to adolescents in the health care facilities.<sup>18</sup> The aim of those global standards is to provide assistance to health care managers and policy makers for improving the quality of health care services provided to adolescents. Each standard requires a certain level of quality of health care services provided to adolescents and in order to meet adolescents needs all the standards should be met. Overall, the eight global standards are measured by 79 criteria, which are categorized as input, process and output. Those standards

include: 1) adolescent's health literacy, 2) community support, 3) appropriate package of services, 4) providers' competencies, 5) facility characteristics, 6) equity and nondiscrimination, 7) data and quality improvement, and 8) adolescents' participation.<sup>18</sup>

Table 2 presents the details about the standards. The WHO recommends that each country must develop appropriate essential services for adolescents suitable for the cultural, economic and social constraints after conducting a local needs assessment. The WHO also developed several tools to quantitatively measure the quality of services provided to adolescents in healthcare facilities based on the eight global standards.<sup>18</sup>

#### **1.4. Document/desk review on adolescent healthcare in Armenia**

The research team conducted document review to identify the main programs and documents that guide adolescents' healthcare in Armenia. Armenia made some progress to meet the healthcare needs of adolescents. Currently, the state-assured free ambulatory/outpatient medical care and services provision for children is conducted according to the national standard, approved by the Decree N70-Ն.<sup>19</sup> According to this standard, the medical care and provision of services for adolescents is conducted by the PHC physicians or adolescent specialized physician (at the level of municipal and regional polyclinics) and covers the following services:

1. Continuous monitoring and evaluation of adolescent health, including psychosocial examination and sexual development assessment based on the Tanner's Scale, as well as, providing medical care and services as needed in case of diseases.
2. Organization of examination and, if necessary, provision of medical care and services to 14-15 years old adolescent boys, pre-army (16-18 years old) and army age (18-27 years old) males in accordance with the decree N748-Ն<sup>20</sup>, in particular: a responsible physician is appointed to ensure the proper performance of medical care provision to pre-army aged males. Coordination of these activities is carried out by the director of the PHC facility or his/her deputy. In Yerevan, Gyumri and Vanadzor, the health assessment of 14-15 year-old males is carried out by a PHC physician during the annual check-ups. In marzes (except for Gyumri and Vanadzor cities) this process might be organized by an agreement with school principals: based on pre-scheduled timeline and protocol the school nurse accompanies 14-15-year-old boys to the polyclinic to receive the required services in the scope of annual check-ups.

3. Preventive screening of girls aged 15-18, including physical development and puberty maturity assessment, organization of narrow professional counseling and laboratory-instrument diagnostic examination, in accordance of the Decree N70-Ն (See Appendix 1) and the standard approved by decree N77-Ն<sup>21</sup>.

The medical care and provision of services for adolescents includes AFHS provision, including confidential and private counselling on reproductive health, STIs and risky behaviors; promotion of healthy lifestyle and healthy eating behavior at schools etc. The coordination of medical care and services for adolescents in marzes is carried out by the policlinics belonging to the regional medical centers. In case of a medical condition, the PHC physician should provide adolescents with a referral to a specialized medical center and assure organization of further inpatient treatment according to the guidelines approved by the Ministry of Health (MOH) of the Republic of Armenia.

A separate chapter of the national standard describes the types and the volume of healthcare services that should be provided in community settings such as in schools. The list of required services is not limited to various screenings on an annual basis, the immunization program, general assessment of hygienic conditions and continuous monitoring.<sup>19</sup>

The national standard regulates the referring system that includes referrals to other healthcare services and healthcare providers within the same institution such as for professional consultations; referrals to other healthcare organization for examinations or treatment, such as hospitals, specialized institutions, or referrals to institutions beyond the healthcare sector such as organization of sanatorium care; management and organization of transition of care of those with chronic conditions, as well as planned transition from pediatric to adult care upon reaching the age of 18 years.

The Decree N77-Ն approves the standard of outpatient obstetrics and gynecological medical care and services provision within the scope of state-assured free medical care and services.<sup>21</sup> The PHC level obstetrics and gynecological medical care and services for adolescent girls include assessment of physical and sexual maturity, hemoglobin level measurement, ultrasound examination of the abdominal cavity and pelvic organs, as well as, other necessary examinations in case of medical indications without volume limitations; and treatment of detected diseases. PHC facilities provide quarterly reports to the MOH using a special form, which includes details on the performed work and discovered pathologies during that period

of time. In case of health issues, the Republican Institute of Reproductive Health, Perinatology, Obstetrics and Gynecology should provide dispensary control for girls (under 18) in accordance with the MOH approved guidelines.

In 2016, by the decree N34, the government approved the National Strategy on Child and Adolescent Health and Development and the Action plan for 2016-2020.<sup>22</sup> The Institute of Child and Adolescent Health (ICAH) within the Arabkir Medical Centre actively supported the development of the National Strategy and Action plan for 2016-2020.

The national strategy has 10 strategic directions, where number eight is defined as implementation of programs aimed to improve health and development of school-aged children. The action plan proposed the following interventions during the 2016-2020 period:

1. Improvement of knowledge and skills of health providers, regulation of the activities of health providers involved in the health system:
  - to review and approve guidelines, standards and educational materials on early detection, referral system and management of development disorders of school-aged children and adolescents in healthcare, educational and social institutions
  - to train and implement supportive supervision of the activities of healthcare providers, staff of educational institutions (teachers, psychologists) and social workers. It is expected that by 2020 at least 60% are trained and there is an ongoing supporting supervision.
  - to develop the concept and action plan for prevention of dental diseases and improvement of medical care among school-aged children.
2. Strengthening of the services provided to adolescents, implementation of the integrated model of adolescent-friendly medical care and psychosocial services. It is targeted to approve the integrated model of services for adolescents and implement it in three organizations by 2020.
3. Continuous surveillance and analyzing of the information regarding health and health behavior of school-aged children and adolescents, improvement of adolescent health registry and reporting forms, review of data collection mechanisms. It is expected that in collaboration with the WHO, a “Health Behavior in School-aged Children” (HBSC) study will be conducted that will implement measures to protect the health of school-children and adolescents in educational institutions (extend the “Healthy School” network by 10 new schools) by 2020.

Starting 2005, the ICAH supported several programs and activities focusing on adolescent health including development of a draft concept paper on adolescent friendly services, training of school nurses, developing recommendations to strengthen the health services provision to adolescents.<sup>23</sup>

## **2. METHODS**

### **2.1. Study design**

To evaluate the quality of services provided to adolescents in PHC facilities, the research team utilized a qualitative cross-sectional study design through in-depth interviews (IDIs), focus group discussions (FGDs), and on-site observations of PHC facilities.

### **2.2. Study population**

The assessment was conducted in two cities, Yerevan (the capital city) and Gyumri, which was chosen as the second largest city in Armenia. To obtain a thorough understanding, the research team targeted several groups of key informants, such as experts in the field of child and adolescents' health, PHC providers (family physicians and gynecologists) responsible for provision of healthcare services to adolescents, managers of PHC facilities and adolescents (18 and 19 years old).

### **2.3. Study instruments**

The research team developed four interview guides and one observation checklist using WHO Global standards for quality health-care services for adolescents (2015).<sup>18</sup> To assess the PHC facilities from the perspective of the international recommendations, the research team considered eight global standards and the respective 79 criteria for the development of the data collection tools. The survey tools for different groups of respondents recommended by the WHO guide were used as a basis for developing semi-structured interview guides. Close-ended questions of the survey tools were transformed and adapted into open-ended questions to seek responses qualitatively. Four interview guides for experts, primary healthcare physicians, managers of PHC facilities and adolescents were developed (Appendices 2-5). By the help of the interview guides, the research team explored the main topics (about the health literacy of adolescents, the required package of services and reproductive health service for adolescents, healthcare providers' competencies, non-discriminatory care for adolescents and quality of care for adolescents provided in PHC facilities) from the point of view of four groups of key informants. In contrast, to the survey

tools, qualitative research techniques helped to deeply explore how the facilities are operating, what are the main issues from the perspective of the experts and to discover adolescents' real experiences in the PHC facilities. The interview guides were developed originally in English and translated into Armenian.

For conducting the observation of PHC facilities, the research team used the observation checklist provided by the WHO guide (Appendix 6).<sup>24</sup> The checklist was translated and entered into the SurveyGizmo online tool for data collection, which allows to simultaneously enter the data into the database.<sup>25</sup> It contained questions to observe the basic amenities, waiting areas, furniture and equipment, check the minimum stock of medications and supplies, presence/absence of registers, tools and guidelines, check how privacy and confidentiality procedures are applied and etc. Participants' socio-demographic characteristics were gathered through a short, self-administered questionnaire based on the previous CHSR studies.

#### **2.4. Data collection**

The research team members collected data in fall 2019. Purposeful and convenience sampling approaches were utilized to select study settings and participants. With the help of Yerevan and Shirak municipalities the PHC facility managers were informed about the study and its purpose. Later they helped to recruit the PHPs for FGDs: two of them were conducted in Yerevan (overall, 22 participants) and one in Gyumri (seven participants). About half of the PHPs were pediatricians, one third were pediatric gynecologists and the remaining were family physicians; only one of them was a man. The mean age of the physicians was 50.76 years, ranging from 28 to 72 years old. The mean duration of professional activity of PHPs was 22.96 years.

The research team completed five IDIs with experts in the field of child and adolescents' health from Yerevan and Gyumri. The first interviewed expert helped to identify other experts who later were contacted and invited for interviews. The research team arranged three FGDs for girls (overall, nine participants) and boys (four participants) aged 18 and/or 19 years old in Yerevan and Gyumri; FGDs with girls and boys were conducted separately. Four adolescent IDIs with three boys and one girl were conducted. From the total of 17 adolescents, eight were from Gyumri and nine were from Yerevan. The majority of adolescents were girls (n=12). The adolescents were 18 (n=10) or 19 (n=7) years old. We approached them through research team's social/personal network using convenience



sampling. After several contacts, one of the facility managers refused to participate in the interview; overall, seven IDIs with PHC facilities' managers were completed (four in Yerevan and three in Gyumri). Three facility managers refused to be audio-recorded.

The research team visited five and three PHC facilities in Yerevan and Gyumri, respectively, for observations. The research team completed eight on-site observations. The observations explored structural conditions of facilities, assessed their characteristics, basic amenities, medicine, equipment and supplies, as well as appropriate guidelines, documents and protocols to ensure appropriate friendly services to adolescents.

## **2.5. Data management and analysis**

The audio-recorded interviews were transcribed in Armenian. Afterwards, the data were coded, categorized and analyzed. Only selected quotes were translated into English. Deductive content analysis was conducted according to predefined categories. The categories were based on the WHO eight global standards of quality healthcare services for adolescents. Within each standard coding of textual data was done to identify major patterns in participants' responses and to come up with subcategories. The research team members had several meetings to discuss and agree on the coding of each researcher. The findings from observations were integrated in the coding and categorization. The NVivo software was used in the qualitative data management.<sup>26</sup>

## **2.6. Ethical considerations**

Before conducting the data collection, the Institutional Review Board of the American University of Armenia approved the study protocols for compliance with local and international ethical standards. In addition, the research team obtained support for conducting the study from the Ministry of Health of the Republic of Armenia, the Yerevan and Shirak municipalities. We obtained oral informed consent from all the study participants prior to the start of IDIs and FGDs, as well as facility observations (Appendix 7). To ensure the participants' confidentiality, the information that could potentially lead to identification of the participants has been excluded.

# **3. FINDINGS**

## **3.1. Findings of interviews and observations**

The study findings were grouped into the seven main categories according to the WHO standards of quality healthcare services for adolescents (the findings for the first and second

standards are presented under one category): *“Adolescents’ health literacy and the role of the community”* describing adolescents’ health literacy on available health services, their ability to obtain proper services, sources of health information for adolescents and the role of community on these regards; *“Package of healthcare services for adolescents”* describing the required package of services for adolescents and AFHS at PHC facilities; *“Primary healthcare providers’ competencies on AFHS”* describing PHPs competencies and confidence to provide AFHS, adolescents’ perspective on PHPs’ attitude and communication with them, their rights and PHPs participation in continuous professional education trainings; *“PHC facility characteristics”* describing structural conditions and environment of PHC facilities, established practices in PHC facilities to maintain privacy and confidentiality of adolescents, availability of basic amenities and other supply materials to ensure service provision to adolescents; *“Equitable and non-discriminatory care for adolescents”* describing adolescents’ experiences of non-discriminatory care; *“Quality of care provided to adolescents”* describing participants’ perspectives on quality of care for adolescents, implemented actions for quality improvement, barriers of AFHS and directions for quality improvement; *“Adolescents’ participation in care provision”* describing adolescents’ involvement in planning, monitoring and evaluations of provided services and decision making regarding their own care.

### **3.2. Adolescents’ health literacy and the role of the community: Standard 1 and 2**

The research team explored to what extent the selected PHC facilities are involved in improvement of health literacy among adolescents, in promoting the value and importance of utilization of services by adolescents and the role of community in this regard. Moreover, we looked at adolescents’ knowledge on available health services, and ability to find and effectively obtain the appropriate health services. The relevant findings are presented below through identified subcategories.

#### **3.2.1. Adolescents’ awareness of healthcare services at PHC facilities**

The healthcare providers acknowledged their role in providing appropriate information on available health services to adolescents. According to them, adolescents are mainly being informed by their pediatricians/family physicians and nurses, who also systematically call them and inform about upcoming required visits for different services, such as immunization, age specific regular visits and check-ups. In their turn, some adolescents confirmed that their

healthcare providers call to invite them to visit PHC facilities especially in the periods of immunizations.

*Yes, we call and invite them to the polyclinic based on their age [meaning ages for required screenings] . . .*

**PHP FGD3, p6, Yerevan**

*In many cases the family physicians calls them up and tells them that it is already time for a visit.*

**Adolescent FGD 1, p2, girl, Gyumri**

*...They called me and asked me to go to the polyclinic for the vaccination.*

**Adolescent FGD 3, p1, girl, Yerevan**

Some PHPs acknowledged the role of schools in informing adolescents about available health services at PHC facilities, which was further confirmed during the interviews with adolescents. In fact, school nurses guide adolescents to properly approach and receive required services at PHC facilities. In addition, some adolescents pointed out that schools have an important role in educating young people. They suggested having different presentations and sessions on available health services at PHC facilities starting from early ages. This in their opinion would be an effective measure in raising awareness on health.

*Both the school [nurses] and the healthcare providers do... [organize visits to PHC facilities] Now schools organize it very well... at least in our area, I am not sure about the rest.*

**PHP FGD 2, p3, Yerevan**

*Well that is already the job of the nurse... [guiding to visit PHC facilities] The school nurse guides them based on their age range... It turns out that with the help of the school a child has at least one polyclinic visit per year.*

**PHP FGD 1, p4, Gyumri**

*Every year the school requires us to go and get checked: yearly check-ups, the eyesight, the blood, etc.*

**Adolescent FGD 3, p3, girl, Yerevan**

*It should be talked more often [the available services need to be more talked about], more information should be presented, for example; starting from the school... In my opinion, that is better. For example, posters about the harmfulness of drug addiction and smoking are being displayed in our school, but health programs haven't been implemented.*

**Adolescent FGD 3, p1, girl, Yerevan**

While describing their utilization of healthcare services, most of the adolescents mentioned different immunizations as the main type of service provided at polyclinics for them. Moreover, some of them cited it as the main reason to visit the polyclinic.

*I mainly get age-based vaccinations. I did not miss any. I did not go to the polyclinic for anything else, just to get vaccinated.*

**Adolescent IDI 1, girl, Gyumri**

Adolescent participants mentioned that besides surgical procedures they can receive any type of services for free. During the discussions on the same topic, boys mainly mentioned about compulsory screenings and check-ups at pre-army and army ages, which included examinations of heart, lungs and other internal organs. Adolescent girls recalled annual screenings at certain ages, such as physical examination, blood tests, heart examination, and ultrasound examination of abdomen and pelvic organs. Adolescents both from Yerevan and Gyumri had similar level of knowledge on health services.

*Well, if we have a concern or another issue, we go to the polyclinic and get a free service.*

**Adolescent FGD 3, p3, girl, Yerevan**

*Services that do not require surgery, we receive for free [at the polyclinics].*

**Adolescent FGD 3, p2, girl, Yerevan**

*There are vaccinations, check-ups for the military commissariat: heart, internal organs, lungs...They call us from the military commissariat and tell us to go, its time [for the screenings].*

**Adolescent FGD 2, p2, boy, Yerevan**

*There are checkups for 16 years olds and above, different for boys and girls: blood check-ups, tests, heart check-ups, ultrasound and abdominal check-ups for women.*

**Adolescent FGD 1, p3, girl, Gyumri**

Meanwhile, some adolescents were not even aware about the difference between private hospitals and primary healthcare facilities. The fact that the adolescents were not completely aware of the role of PHC facilities might indicate poor level of health literacy among them.

*Honestly, before we started this interview I did not know the difference between polyclinics and hospitals.*

**Adolescent FGD 2, p3, boy, Yerevan**

*The polyclinic is the one in your living area, the hospital is the private one.*

**Adolescent FGD 2, p1, boy, Yerevan**

Only a few adolescents mentioned about visiting a PHC facility for regular check-ups without prior invitation or reminders by healthcare providers and military commissariats. In

particular, some of them stated that our society does not have a habit of regularly visiting healthcare facilities for preventive purposes that is why they are not appropriately aware of services available.

*There are times when I just get checked every 6 months to find out about health problems, if there are any... My parents decide to take me to a doctor, I am not the one who decides.*

**Adolescent FGD 2, p3, boy, Yerevan**

*For example I think that our society doesn't have the habit to visit the polyclinic frequently, therefore, no one is well informed what services are provided. In my opinion people mostly go to the doctor out of other needs, for example for phyciscal education class requirement but not to simply get checked... or because of having health concerns.*

**Adolescent FGD 3, p4, girl, Yerevan**

*But if you do not have a problem, why to go?*

**Adolescent FGD 1, p2, girl, Gyumri**

Adolescents' understanding on their awareness of available healthcare services at PHC facilities was controversial. Some of them thought that they are well informed, in contrast, most of them rated their knowledge as average. Many of the adolescents expressed willingness to receive additional information on available free and preventive services.

*I know enough.*

**Adolescent FGD 1, p3, girl, Gyumri**

*Not enough. I would like to know what services are available, paid or unpaid. For example if we do not have any [health] concerns, what services are available for us as a general check-up.*

**Adolescent FGD 1, p1, girl, Gyumri**

*I know, but well, I am not sure. There are definitely other things that I am not completely aware of. It is those injections and that's it. Well... it would be better if adolescnetns were more aware about all that, not just to be called in for the age-based injections [immunizations], but to have some check-ups, free check-ups, at least free....*

**Adolescent IDI 1, girl, Gyumri**

One of the adolescents stated that their awareness depends on the health problems that they face, in other words, they learn about certain services and health issues only after developing certain health condition, otherwise, they would not be aware.

*If we had a certain health problem, that would be the only reason for us to know about the services provided for that problem, but generally, I think I am not well-enough... [informed of available services], but genrally, except for the things [health problems and services for that] I went through, I do not know what other things are there.*

**Adolescent FGD 2, p1, boy, Yerevan**

While further exploring their knowledge on reproductive and sexual health, the majority of adolescents could not identify any related services at PHC facilities. Most of them had even no idea what comes under reproductive or sexual health services.

*To be honest, I am not informed at all.*

**Adolescent FGD 2, p1, boy, Yerevan**

*I am not aware about reproductive health services, I haven't been interested.*

**Adolescent IDI 4, boy, Gyumri**

During the interviews, adolescents' descriptions on how they seek services they need varied. Some adolescents knew that in case of absence of specific healthcare services in their PHC facilities they can be referred to different narrow specialists for further examinations and treatment. Others stated that depending on the needed service they are able to decide which facility or healthcare provider to approach.

*I know that in the beginning you go to your doctor [he means the family doctor], after that s/he guides you ... Obviously we cannot get just any type of services at the polyclinic. For example if I have an eye inflammation, I go to the polyclinic. If they see that they can [manage the issue], it is not a dangerous and severe problem, which assumes more advanced tests, they take care of it right there. But if the service is not available in your local polyclinic they refer... And in those cases the service becomes paid.*

**Adolescent FGD 2, p1, boy, Yerevan**

*Depending on the health problem and the needed procedures... for example, if I need a blood test I visit... [says the name of the facility she visits]*

**Adolescent FGD 1, p3, girl, Gyumri**

### **3.2.2. Health literacy of adolescents**

The experts further expressed their opinions on health literacy of adolescents. According to them adolescents have low health literacy and further interventions are needed for its improvement. Some expert also referred to a study conducted recently among adolescents in Armenia and brought an example from the report describing adolescents' health related knowledge. On the other hand, some PHPs thought that the level of adolescents' knowledge on health varies and there is no single opinion.

*Only less than 50% are aware that HIV/AIDS do not get transmitted through ordinary (կենցաղային) pathways. There are many, many things to do [to increase awareness among adolescents]. However, whatever we do, it still will not be enough.*

**Expert 3**

*One time, when filling out the psycho-social questionnaire, the parent was sure that the 12 year old boy did not know, for example, how to get protected from sexually transmitted viruses, or what is the menstrual cycle, there are those type of questions at the end... [at the end of questionnaire] The mother said; “no, he doesn’t know”, the son said; “who said that I don’t know?”. The parent was in shock. You cannot tell if they do not know anything or they do know everything”.*

**PHP FGD 2, p9, Yerevan**

*The finishing questions that assess knowledge... [in the psycho-social questionnaire] 99% [of adolescents] do not know what that is. I mean 99% of boys. Even the menstrual cycle, one of them said “which field do you mean?” [Menstrual cycle is literally translated to field cycle in Armenian]. About the contraceptives...many parents tell why s/he needs to know that...*

**PHP FGD 3, p2, Yerevan**

In regards to providing health education to adolescents, PHPs noted that it is primarily the responsibility of the education sector, particularly schools. The interviewed experts also mainly believed that adolescents should be exposed to valid and comprehensive health information mainly at educational settings, particularly at schools. In the last years of school, adolescents have healthy lifestyle course led by physical education or biology teachers. The expert characterized it quite comprehensive in terms of completeness of health information, including reproductive health.

*I, for example, would like the adolescents to have a conversation once in a month, to at least learn about the correct way to handle their personal hygiene.*

**PHP FGD 2, p12, Yerevan**

*The best way is to provide education in schools... They do it during the physical education class, during which a doctor comes to talk to them or the physical education teachers do that job.*

**PHP FGD 2, p2, Yerevan**

*There are different sources for information; healthy lifestyle courses, that are taught at schools, during 9-12 grades, which contains lot-enough information about reproductive health.*

**Expert 1**

On the other hand, another expert questioned the preparedness of these teachers to educate adolescents, especially, on reproductive health. According to the expert, almost all teachers of healthy lifestyle course in Yerevan and three other cities of Armenia (Ashtarak, Artashat, Hrazdan) underwent a training to improve their competencies in adolescents’ health. Yet, the expert mentioned that during school classes some topics, mainly regarding reproductive and sexual health are missed or not properly covered. This opinion was also supported by some physicians, who thought that those classes are not effectively used.

*Yes, apparently even if they teach this at the schools, we know for sure that some topics [reproductive and sexual health] are bypassed or not talked about...*

**Expert 3**

*In the schools during the learning process there is a health component, including the adolescence... [means healthy lifestyle course], Those class-times are not used appropriately...*

**PHP FGD 3, p5, Yerevan**

*There is also a topic on sexual development included in those classes... but as much as I am informed, as much as I asked from my children, appropriate discussions has not been held...[during those classes]*

**PHP FGD 3, p5, Yerevan**

In addition, adolescents described other sessions in schools led by healthcare providers on certain topics such as HIV/AIDS, hearing problems, dental hygiene, and smoking. All adolescents highly appreciated the importance of having opportunities to be educated by healthcare professionals on various topics. Many healthcare providers, including pediatricians and gynecologists, similarly mentioned about conducting educational sessions for adolescents at schools. For some of them those sessions were systematic activities while for others those were rare cases.

*Besides the classes, polyclinic nurse or doctor came to school, and depending on the seasonal viruses, they provide information on viruses and how to get protected. It was mainly about HIV/AIDS. They presented information on it and how it is transmitted. The sessions were very useful and provided with good knowledge, for example, how to apply that information, how to pay attention that in the polyclinics not to get injected with already used needles.*

**Adolescent FGD 1, p3, girl, Gyumri**

*Once they [healthcare providers] came and presented a topic about hearing, on how the frequent use of earphones can affect the hearing. My parent is a dentist and she presented about dental care.*

**Adolescent FGD 3, p4, girl, Yerevan**

*I am a local pediatrician , they [the polyclinic] send me to the schools to talk about a certain topic... Our polyclinic organizes that.*

**PHP FGD 2, p8, Yerevan**

*In my workplace, even the gynecologist goes [to schools for educational sessions]; for example, once I went to talk about our specialized topics [reproductive health], or just generally talk with boys and girls. But that doesn't happen often.*

**PHP FGD 2, p11, Yerevan**

PHPs talked about activities they routinely implement to increase adolescents' health literacy at the PHC facility level. When asked about health topics discussed during the clinical



meetings with adolescents and their parents, some physicians specified that they only inform adolescents about the planned procedures for that visit. Other physicians mentioned about using the opportunity to discuss specific reproductive health issues such as menstruation. Although some PHPs expressed willingness to work towards increasing adolescents' health literacy at healthcare sector, there were participants who raised an issue of lack of time to allocate for each adolescent patient. Many of the PHPs also explained that because of the new electronic registrations of patients, for each of them they have only 10 to 15 minutes and it becomes impossible to spend extra time for health education.

*I mainly conversate with girls about mansturartion, I ask from her or her parent if she has a mansturartion. If not yet, I check whether the parent have prepared her for that... not to cause any stress. I check what questions they have. Sometimes those conversations work but there is the issue of time [lack of time].*

**PHP FGD 3, p5, Yerevan**

*In our job, there are certain volumes [of healthcare services], we need to get these volumes achieved... However much we try to be kind and willing [to educate], we cannot, because we are so busy during work, we do not have the time to sit down with the parents and take hours to explain...*

**PHP FGD 2, p13, Yerevan**

*Now it is [the registration for the visit] via an electronic system, maximum 10-15 minutes are allocated to everyone... what will you manage to do in 10 minutes?*

**PHP FGD 2, p9, Yerevan**

According to PHPs' opinions, adolescents learn about reproductive and sexual health mainly through their social networks and the Internet.

*I understand that question is a bit complicated... not matter what you tell, they learn from the Internet, from YouTube and discuss those questions together. That is why I earlier mentioned that in that age range the society plays a very important role, even more than the parents. I am not even saying that sometimes parent is the last one that gets to know about everything [about their child health problems].*

**PHP FGD 3, p2, Yerevan**

*It is very important why the adolescent visits the polyclinic. If it is regarding sexual health, they would first refer to their friends and the Internet, they wouldn't come to the doctor.*

**PHP FGD 2, p3, Yerevan**

Some of the experts raised a concern with this regard as the Internet can provide not valid and not accurate information. The experts also questioned adolescents' ability to differentiate wrong and valid information provided to them, which also needs attention.

*There is the issue of correct and false information. That is why one needs to understand that instead of having the Internet as an information source, there are other more reliable sources to receive correct information.*

**Expert 5**

*We also need to take under consideration, that this generation also has a need for information, they need us... No matter how much they read, we should be the ones guiding them, because the Internet has everything, starting from the very moral things ending with the most deviated broken ways, that the adolescent can easily diverge and take the wrong pathway.*

**Expert 3**

However, according to some experts, the Internet can also serve as a positive source of valid and targeted information for adolescents. Some experts mentioned about the “TeensLive” portal, which is specifically developed for adolescents to increase their health literacy. It provides articles, educational videos on various adolescents’ health-related topics, and most importantly, it gives adolescents an opportunity to ask anonymous questions to healthcare providers and psychologists. The content of the webpage is approved by the Ministry of Education and Science. According to one of the expert, the main questions asked by adolescents through this webpage are related to reproductive and sexual health. Nevertheless, none of the adolescents and healthcare providers that participated in this study mentioned about this webpage.

*The most important is that there is a section that is called “ask” [TeensLive], an anonymous Q&A with the doctor and the psychologist. Many questions are aksed, they are mostly about sexual and reproductive health... Our adolescents are much more informed, much more free than we think they are, and they are in need for that correct information.*

**Expert 3**

### **3.2.3. Materials in waiting areas of PHC facilities**

Almost all the interviewed adolescents noticed different types of informational materials posted in the waiting areas of the PHC facilities. Those materials were mainly posters about various health related topics, such as flu, immunizations and its recommended ages, drug addiction, child health and HIV/AIDS. However, some of them mentioned that the posters in the policlinics were mainly related to child’s health. In fact, none of them recalled any materials specifically developed for adolescents. The adolescents were also asked to recall if they have noticed any informational material related to their rights. The overwhelming majority was concordant that there were no such materials posted in their PHC facilities. The

research team observations on waiting areas of the PHC facilities regarding the educational materials and displayed information were in line with the adolescents' experience.

*There were posters about the age ranges for vaccinations.*

**Adolescent FGD 1, p2, girl, Gyumri**

*There are posters, mostly about children health. I have also noticed materials about adolescents, but I do not remember what that was about. For example, there was [a poster] about HIV/AIDS.*

**Adolescent IDI 2, girl, Gyumri**

*There are posters displayed, I have mostly noticed posters about children. Whenever I would be waiting [to see the doctor], I have seen posters about the benefits of iodine, about eyesight...*

**Adolescent FGD 3, p2, girl, Yerevan**

*Yes, there are. For example about the flu... about cough, some drugs, useful tips. Nothing about adolescents.*

**Adolescent IDI 1, girl, Gyumri**

*I have not seen any poster related to adolescents rights.*

**FGD 2, p3, boy, Yerevan**

*There are no posters related to the right, but there are other different posters.*

**Adolescent FGD 1, p1, girl, Gyumri**

Some of the adolescents highlighted the importance and usefulness of educational materials and posters displayed at PHC facilities and described specific examples from their experience.

*I later understood why it is so important [educational materials] ... when I needed to get vaccinated for the flue, before going I was asking my mom why do I need it... But after I went, I saw that a whole wall in the polyclinic was designated to highlight the importance of getting vaccinated. Seems like they understood that there is a possibility the patients would not want [to get vaccinated] it, and they thought what to do to encourage them to get vaccinated...Specifically in our polyclinic a much targeted information is provided.*

**Adolescent FGD 2, p1, boy, Yerevan**

### **3.2.4. Community support**

When trying to explore any activity that PHC facility managers implement to improve the understanding of the community (parents, guardian, family members, teachers etc.) about the value of healthcare services for adolescents, many of them mentioned that no specific actions are implemented. Moreover, some facility managers mentioned that they do not specifically target adolescents, rather they treat them as a part of the general population and all the action

implemented in the communities are intended to meet adolescents needs as well. A few of them mentioned municipalities and schools as the main community organizations they collaborate with on this regards. In addition, a few PHPs also mentioned about their healthcare facilities' activities on engaging parents, children, adolescents and others to discuss various health topics.

*No specific work is being done, that is a gap, but it is not only our problem...*

**Manager 1**

*It is about the whole population of the polyclinic [not only about adolescents]. It is carried out with the help of the city manucipality.*

**Manager 4**

*Since we have a school nurse, the connection [with the communities] is assured with her.*

**Manager 7**

*It is organized in the polyclinics, the women, children and adolescents of certain age are invited, to talk to them and answer their questions. That is regularly done.*

**PHP FGD 2, p10, Yerevan**

According to other managers, displayed informational materials in the waiting rooms of the polyclinics are one of the measures to improve the comprehension of the community about the value of the healthcare services' utilization by adolescents. Another manager highlighted the role of television and the Internet in conveying the message of the value of utilizing the services by adolescents.

*It is displayed on the walls; everything is very well displayed here. It has been like that from old times, we try to display as many educational materials as possible...*

**Manager 2**

*There is no specific thing like that. I think television has an important role in this. Of course the Internet can also be used for such information, but that is not available for everyone.*

**Manager 5**

In their turns, adolescents outlined their parents as the main supporters while approaching PHC facilities for different services. Adolescents' insights on possible attitude of their parents regarding reproductive health services diverged. Some adolescents were sure that their parents will support their visits for reproductive health services, yet, there were some who thought that no one ever would inform their parents about such visits. The PHPs also agreed that parents and families should create a supportive environment which will facilitate the use of reproductive health services.

*Well, for example, our parents take the mandatory check-ups for 16 years olds very well, because it is about our health status, if there is a problem, it will be revealed...*

**Adolescent FGD 1, p3, girl, Gyumri**

*Normal [parent's attitude for visiting PHC], s/he also visits [parent], always goes for check-ups.*

**Adolescent IDI 3, girl, Gyumri**

*Maybe normal... I don't think my parents would see any problem with it [receiving reproductive health services].*

**Adolescent IDI 3, girl, Gyumri**

*A consultation or a check-up, those are different things: because I don't think anyone would inform their parent about going for a check up. Honestly I don't think that any child, a boy or especially a girl, can say "mom, mom, I am going to get checked for sexually transmitted diseases today", it is not real.*

**Adolescent FGD 2, p1, boy, Yerevan**

*The parents should create an environment were the adolescents do not hide [their reproductive health issues].*

**PHP FGD 2, p6, Yerevan**

### **3.3. Package of healthcare services for adolescents: Standard 3**

The research team assessed to what extent the national standard and the required package of services meet the requirements of the respective WHO standards. We explored adolescents' insights and attitude towards received healthcare services. The research team further investigated the completeness of the package of services from the experts' and PHPs' perspectives. Finally, we summarized how the AFHS are implemented in Armenia.

#### **3.3.1. Implementation of services within the required package**

Participants' opinions about the volume of services included in the required package diverged. Some of the experts concluded that the national standard captures all necessary services for adolescents. Yet, some mentioned that the package is still not comprehensive enough. Experts and physicians further identified potential ways of improving the effectiveness of the screening programs. Many of physicians recalled cases when they have missed the opportunity to timely diagnose various conditions because the screening programs were not frequent enough. Most of them suggested lowering the threshold of the screening age.

*I talk about children in general because the adolescents also are included in this group. I think at this point the package is quite big, which gives some wide opportunities to children.*

**Expert 1**

*No, I think it is comprehensive.*

**Expert 2**

*The package of services is not comprehensive. The counselling should be provided but it should be provided in a proper way. What we implemented is the psycho-social questionnaire, which will assure that at least the family physician will be little more attentive towards this group of children.*

**Expert 3**

*The number of these screenings should be increased. For example, why should we detect a defect at the age of 15? Those are the major failures of our healthcare system, and of our country in general, when the reproductive system defect is diagnosed at the age of 15.*

**PHP FGD 2, p4, Yerevan**

*The number of screenings should be probably increased; the threshold of the screening for 15 years old adolescents should be lowered for some years. The package of reproductive services is incomplete; it has many flaws.*

**PHP FGD 2, p4, Yerevan**

According to the experts, the most notable achievement in adolescents' health during recent years was the inclusion of people of 7-18 years of age in the program of state-assured free of charge inpatient care. In the past, only adolescent boys (at pre-army and army age) used to receive complete health assessment and treatment covered by the state program, whereas services available for girls were limited only to screenings. According to the respondents, with this change the existed "inequality" in terms of availability of free treatment services only for boys will be solved. One of the experts also described the proposed legislative change that is currently in circulation. The reproductive health program for 15-18 years old adolescent girls will be expanded to incorporate examinations of thyroid gland, provision of free of charge ambulatory examinations in specialized health care facilities, as well as provision of free of charge inpatient treatment in case of diagnosed conditions.

*The first and major program launched in July 2019, which includes all 7-18-year-old children in the hospital care program, that is, everyone regardless of age and social status can receive inpatient treatment: This group of 7-18 years old children includes adolescents as well.*

**Expert 1**

*From now on 15-year-old girls will not only receive a sonographic examination of the abdominal organs but also an examination of thyroid gland. Moreover, if the children were previously diagnosed with the disease and the treatment was paid, now the outpatient*

*examination at the specialized centers will be free of charge, and if necessary the hospital care will also be free of charge.*

**Expert 1**

*...In the scope of pre army procedures, boys started from 14 years of age are subject to mandatory screening for the diagnosis and detection of certain pathologies and if necessary to treatment.*

**Expert 1**

*We used to think that there was some inequality between boys and girls. Because when during examination some conditions were found the treatment for girls was difficult but for boys it was free of charge. Now this inequality has disappeared, as if necessary everyone's treatment is free.*

**Expert 1**

Most of the participants were consistent that medical services that are covered by the state program are free of charge. However, some adolescents from Gyumri recalled cases when they paid for certain services which actually are included in the state program. In addition, PHPs mentioned that in PHC facilities adolescents should pay for dental services, counselling with psychologist or speech language therapist. However, most of the PHC facilities do not have a psychologist staff.

*In our policlinic every service is paid starting from blood test. If it is required to receive a detailed examination, even for determining your blood type you need to pay.*

**Adolescent FGD, p1, girl, Gyumri**

*The family physician's services are free, but when it comes to ultrasound you must pay 500 AMD to receive it...*

**Adolescent FGD, p3, girl, Gyumri**

*Adolescents do not; no one from 0 to 18 years old pays at the polyclinic. The payments are like this: there are some very expensive analyzes which are not covered by state. We can buy those by our [means policlinic] own money, which means we do not refer the patient to the other facility, where he would spend money on transportation and pay for the examination. Instead, we offer a service for money in the polyclinic which is not covered by the state program. But whatever is included in the state program is completely free of charge for the patients.*

**PHP FGD 1, p6, Gyumri**

*In our policlinic the pediatric gynecologist consultation is paid.*

**PHP FGD 2, p4, Yerevan**

*Yes, yes, there are children who attend sessions with psychologists, speech language therapists in the inclusive schools.*

**PHP FGD 2, p3, Yerevan**

Only one participant (an expert) mentioned that besides the national standard there is guideline for the provision of care to adolescents. All remaining participants including

physicians and managers mentioned only the national standard as the single document that regulates provision of healthcare services to adolescents, provision of free of charge services and referrals to other healthcare services, providers or facilities. Moreover, the observations showed that none of the visited healthcare facility had the aforementioned guideline. In fact, the guideline was supposed to be there as, according to the expert, it was provided to all polyclinics in Armenia. Additionally, the observations confirmed the absence of any standard

*In our work with adolescents we follow the national standard only.*

**PHP FGD 1, p5, Gyumri**

*In 2007 a very important step was done, for the first time a new guideline for doctors and nurses was developed on the topic of adolescents' health... The guideline was distributed among polyclinics in Yerevan and marzes.*

**Expert 3**

*No, there is nothing [guidelines] for adolescents...*

**PHP FGD 1, p3, Gyumri**

When identifying key functions that PHPs have in adolescent's health, they unanimously agreed that their major responsibilities are the information provision, counselling, treatment and care. They further explained that the most important role in dealing with adolescents is building trust with them that will later contribute to open relationships between them and young people.

*The most important thing to me is the confidence at the age of adolescents. When they first communicate and realize that they have come to the doctor, they will not be embarrassed by the doctors in the future. The first perception about the doctors is formed at this age because at the childhood they do not understand much yet.*

**PHP FGD 2, p6, Yerevan**

Adolescents' insights with regards to healthcare services they have received in PHC and other healthcare facilities were controversial. According to some adolescents, their PHPs always demonstrate very professional and caring attitude and that the adolescents favor their physicians very much. However, most of the adolescents characterized services provided in PHC facilities quite negatively. In most of the cases, the purpose of visits to PHC facilities was just to obtain a reference (սեղեկանք) on health status for physical education class at schools. According to the adolescents, visits had more of a formal nature as almost none of them underwent real medical examinations. Furthermore, they talked about poor professional competencies of healthcare providers, long waiting times and poor coordination between different healthcare services in PHC facilities.



*The last time I accidentally hit and hurt myself, we went on that occasion [to polyclinic]. My family doctor examined me very well, even advised me to go for an X-ray exam...*

**Adolescent FGD 1, p2, girl, Gyumri**

*The same thing happened to me when I went to get referral for physical education class. After waiting for hours in the line, when I entered to the doctors' room, he asked if I have a complaint. I said no, he wrote something on the paper, signed it and gave it to me. In the scope of this visit, we are required to meet the dermatologist, cardiologist, ophthalmologist and otolaryngologist.*

**Adolescent FGD 3, p3, girl, Yerevan**

*I was operated on and my appendix was removed, but they said that I have appendicitis and I should definitely follow up. However, I have not had an appendix anymore.*

**Adolescent FGD 1, p4, girl, Gyumri**

*There was a time when I have been continuously visiting the polyclinic for two months, as my doctor might decide not to come to the work on that day or immediately after her working hours would close the door and leave.*

**Adolescent FGD 2, p2, boy, Yerevan**

*It is a bad management, when they make you to go from one cabinet to another. They do not know who should sign which document. As a result, instead of entering only one cabinet you enter to four and wait in all lines.*

**Adolescent FGD 2, p4, boy, Yerevan**

### **3.3.2. Provision of AFHS in PHC facilities**

Some PHC facilities have adolescents' cabinets that provide healthcare service only to the adolescents. According to some experts, the role of physicians of an adolescent cabinet should be providing information and counseling services to adolescent boys and girls and managing their health issues. However, during the interviews other experts questioned the functionality of the latter services. According to them, what those physicians actually do is merely the paper work of boys undergoing screenings at pre-army and army stage. Moreover, the majority of participants had doubts whether these physicians' are actually involved in clinical management of girls' health. Participants mentioned that at least having a separate cabinet for boys is already an advantage.

*The existence of our adolescent cabinet implies that they should talk to and inform the adolescents. Afterwards, that awareness and their literacy will naturally help in prevention. To be honest, I can't talk about the quality. I wouldn't rate it as complete; we have clear gaps that need to be filled.*

**Expert 2**

*Some polyclinics have adolescent specialized physician who are mostly responsible for army aged boys' paper work. This is not bad, as at least for boys there is one narrow specialist in the polyclinic.*

**Expert 3**

*The adolescents are referred to the adolescent cabinet where the adolescent specialized physician is primarily responsible for their problems. The specificity of the work is that this physician mainly deals with pre army aged boys and the work is conducted in conjunction with the military commissariat.*

**Manager 2**

Overall, the experts expressed a skepticism regarding the degree of implementation of AFHS and even some of them declared about the absence of AFHS in Armenia, per se. There is only one healthcare facility that was mentioned having the capacity to provide such services, yet the services provided there are not covered by the state program.

*Unfortunately, we do not have youth-friendly services. We had a pilot program, which if I am not mistaken was initiated by the UNFPA. However, the program closed down, because it has not been institutionalized.*

**Expert 1**

*There are special services for adolescents in only one medical center. Unfortunately, this is the only center and the services are payed, they do not offer free services. In other words, this medical center offers adolescent-friendly services, where they have adolescent specialized physician, gynecologist, dermatologist, etc. They have all the services required for adolescents, but those services are paid, as these are counselling services.*

**Expert 1**

Physicians and experts highlighted a contradiction between the laws and the reality that can hamper some adolescents' utilization of AFHS in PHCs. In fact, the current law on healthcare provision restricts adolescents below 18 years old to approach and receive healthcare services alone, without accompany of a formal caregiver. Yet, the law on reproductive health states that adolescents of 15 years and older can receive information related to their health on their own. However, according to one of the experts, an update will be made in the law on healthcare to decrease the threshold from 18 to 15 years of age allowing adolescents to approach and receive health care.

*We are updating the current law [on healthcare], which is now being circulated and it is not confirmed yet. We decreased the threshold in order to allow 15 years and older adolescents to receive information regarding to their health without legal guardians...*

**Expert 1**

According to the experts, lacks of time and overloaded physicians are a major obstacle of quality healthcare services provision to adolescents. Indeed, during the discussions physicians numerously complained about the lack of time to implement their immediate responsibilities.

*I think pediatricians lack of time and not giving enough importance to adolescents' issues are barriers [for quality healthcare for adolescents]...*

**Expert 1**

*We can say we do everything, except medicine. You spend the least amount of time with the patient because you are strangled by the paperwork.*

**PHP FGD 1, p6, Gyumri**

*... We keep calling these children, but no matter how hard we work, no matter how much we wish, no matter how good we are, we cannot [educate patients during the visits] because we are so busy at work, we don't have time to sit down and explain to parents for hours...*

**PHP FGD 2, p13, Yerevan**

### **3.4. Primary healthcare providers' competencies on AFHS: Standard 4**

From the participants' points of view, the research team explored the PHPs professional competencies, particularly, focusing on their understanding and preparedness of AFHS.

#### **3.4.1. Physicians' competencies for provision of AFHS**

According to the national standard, in PHC facilities only pediatricians and family physicians work with the population from 0 to 18, including adolescents. During the IDIs, the managers confirmed that they follow this requirement of the national standard. In addition, physicians of the adolescent cabinets have job descriptions specific to their work with adolescents. However, the job descriptions of the rest of the pediatricians and family physicians do not include any specific requirements which will enforce the provision of AFHS. Yet, there were managers who mentioned about not having job description at all for their staff and that they currently work on that. The observations confirmed that half of the PHC facilities had job descriptions for physicians and nurses.

*Mostly the pediatricians and family physicians deal with the adolescents, because they serve the group of 0-18 years old population.*

**Manager 2**

*The pediatricians, all of the pediatric specialists, laboratory and X-ray cabinet workers, all of the doctors [deal with the adolescents]. Nothing special for adolescents.*

**Manager 5**

*Yes, we have job descriptions and contracts, I can show them if you want. One might say we do not have, another put in her desk and forgot about it, but we gave job descriptions to all of them [physicians].*

**Manager 2**

*At this moment we do not have job descriptions. But now we are working and they will be ready soon.*

**Manager 3**

*There is no special point in the contract which states that some of the doctors should deal with adolescents'' special problems. Meanwhile, the physician of the adolescent cabinet has special responsibilities: all of the documents which should be gathered and submitted to the military cabinet are prepared by her.*

**Manager 1**

Considering that the definition of adolescence varies with changing socio-cultural environments, during the interviews we asked participants to reveal what age span they recognize as adolescence. We found out that, indeed, the responses of physicians diverged from the WHO definition and the national standard. Physicians' responses mainly varied while defining the bottom age of the adolescence. Furthermore, some of them specified that the start of the period of adolescence is an individual peculiarity and differs from personality to personality. It was obvious that for most of them the recognition of adolescence was based on their common sense.

*I consider adolescence from 11 years till 18-19 years old.*

**PHP FGD 2, p8, Yerevan**

*I agree, from 13 to 18 years old.*

**PHP FGD 2, p10, Yerevan**

*Earlier, as now the children become mature earlier: from 10 to 16-17 years old.*

**PHP FGD 2, p7, Yerevan**

*14-18 years.*

**PHP FGD 1, p5, Gyumri**

*This is individual, because there are children who enter into adolescence much earlier, others a bit later. The average is considered as normal. However, there are deviations. A bit earlier, a bit later...*

**PHP FGD 3, p5, Yerevan**

Following this further, physicians were asked to describe how they understand AFHS. None of the interviewed physicians knew the definition of AFHS and the components it includes as described in the national standard (*reproductive health services and STIs, counseling on bad habits maintaining privacy and confidentiality of adolescents, healthy lifestyle and healthy nutrition*). According to the overwhelming majority of physicians, friendliness of services

provided to adolescents is determined by a welcoming communication and good attitude. In fact, physicians tended to attribute AFHS to provision of psychological counseling saying that AFHS concern more of psychological than merely medical aspects of health for which they do not have time or necessary skills. Once again, physicians emphasized that school psychologists should assume the responsibility of managing adolescents' psychological concerns. Nevertheless, some physicians argued this opinion stating that they have known adolescents from early childhood and this fact makes the role of pediatrician/family physician superior compared to school psychologists. However, when the components of AHFS were read out, the physicians claimed that they do that in their daily practice.

*The friendliness means being attentive, warm, without rudeness, providing all the examinations. If there is pathology, we need to inform about that in a way that the child does not experience a stress... There is so much delicacy under the word "warm".*

**PHP FGD 2, p10, Yerevan**

*Be patient, respond kindly, get in touch, answer all their questions...*

**PHP FGD 2, p7, Yerevan**

*First of all, during the initial meeting it is important to build that confidence [between the doctor and the adolescent]. The doctor should inspire confidence from the first moment she comes in and says hello.*

**PHP FGD 1, p1, Gyumri**

*What does it mean friendly? I repeat again, we do not have that time for friendly stuff... Do not you agree that the psychologist would provide more professional approach than us? ... I would like to say do not put that stuff on us, please... It is too much for us. For example, I believe it should be done in schools, and if the psychologist wishes she can contact the child.*

**PHP FGD 3, p2, Yerevan**

*Most of the time there is no time, also we lack skills, and it might be that we do not have those skills. Otherwise, we would be psychiatrists and psychologists as well.*

**PHP FGD 1, p5, Gyumri**

*As we are local pediatricians, we know these children from their first days. They treat us kindly and treat us as like their mum. If the psychologist has never met that child, 15 minutes will not be enough for her to know the child.*

**PHP FGD 3, p5, Yerevan**

*We are informed about all of the problems, we can do... There is another question, that most of this stuff is out of our functions... One minute, please, I am not required to have psychological knowledge.*

**PHP FGD 2, p2, Yerevan**

In addition, one of the physicians went cynical while describing AFHS, asking what more they can do besides meeting adolescents' medical needs: go and welcome them, take their shoes off and change their clothes.

*What does it mean friendly service? We are accepting all of them. Should we also stand-up, welcome them, take off their cloths and change their shoes?*

**PHP FGD 1, p6, Gyumri**

### **3.4.2. Friendly communication and attitude**

When adolescents were asked to characterize their healthcare providers' attitude, most of them recalled positive memories. They distinguished physicians as caring personalities, as if they are relatives. However, some adolescents reflected on their negative experience in PHC facilities. They further added that young physicians usually are more welcoming than the older ones. Adolescents mentioned another idea, that physicians' attitude is not so positive because of low salaries. One of the adolescents stressed that good communication is a patient right, which, unfortunately is not always maintained.

*Very good, like a relative.*

**Adolescent FGD 2, p1, boy, Yerevan**

*Mostly our family physician communicates in a friendly manner. In this environment it is easier to get acquainted with the problem. The nurses show normal, respectful attitude. Everyone generally provides services in a very friendly environment.*

**Adolescent IDI 3, girl, Yerevan**

*No, they do not speak clearly. They never explain, we should ask special questions. It seems they do not want to provide care, but we don't have to be deathly ill to see the doctor... Their attitude is so bad.*

**Adolescent FGD 1, p1, girl, Gyumri**

*I also agree that the younger specialists are working with more enthusiasm. I believe they are more motivated because they are just starting their career.*

**Adolescent FGD 3, p4, girl, Yerevan**

*In the Marzes most of the physicians are old. They come with such a dissatisfied face, as they were coffee-deprived because of you. Consequently, you do not want to speak with them anymore. The younger ones communicate better, especially with children; they can calm down the children.*

**Adolescent FGD 3, p3, girl, Yerevan**

*I think one of the reasons is their salary. That is, the chief physician, or the physician from the private clinic, receives a higher salary, while the physicians who work in public hospitals [means polyclinics] receive lower salaries. And with this salary they are not motivated to give attention to details, they come tired and show bad attitude.*

**Adolescent FGD 2 p3, boy, Yerevan**

Adolescents further reflected on clarity of health information they receive from their healthcare providers. They shared controversial ideas, as some of them were really satisfied with their healthcare providers, in contrast, to others who shared very negative insights. According to some of them, physicians speak unclear and do not explain anything. Some adolescents mentioned that the reason might be overloaded work of the physicians and not enough time to manage all patients adequately. Others also mentioned that physicians' handwriting is very non-understandable which in its turn influence on the effective communication.

*I am very satisfied with both the doctor and the nurse. They are very attentive to all the details.*

**Adolescent FGD 1, p3, girl, Gyumri**

*I am satisfied, especially with the nurse. Whenever I have a problem, my mother calls her, who at that moment counsels with the doctor and they are trying to quickly help us...*

**Adolescent FGD 1, p2, girl, Gyumri**

*Everything she said was clear and understandable. If I had questions, I asked them with the help of my grandmother and received explanations.*

**Adolescent IDI, boy, Gyumri**

*The handwriting was illegible...*

**Adolescent FGD 2, p2, boy, Yerevan**

*...Just because of the kilometer-long lines in the polyclinic, they cannot explain everything in details to everyone.*

**Adolescent FGD 2, p2, boy, Yerevan**

### **3.4.3. Physicians' confidence in their knowledge to provide healthcare services to adolescents**

When physicians were asked to describe their perception of knowledge and capacity to work with adolescents, their opinions split as some of them expressed certainty in their knowledge, though there were some who questioned their capacities to fully meet adolescents' needs.

*We are completely confident.*

**PHP FGD 2, p4, Yerevan**

*For example, what is that you do not know? ... I believe that you know everything [says to his/her colleagues during the FGD].*

**PHP FGD 2, p2, Yerevan**

*... We say that we know everything, but as you begin to concentrate on questions and details, you see that you do not know this one or that. Moreover we do not know enough about something to be able to provide information on that. This means that we should be aware.*

**PHP FGD 2, p6, Yerevan**

Physicians further mentioned the age-specific difficulties they face while communicating with adolescents. The lower years of adolescence were cited as more difficult age to work with, as children do not know their bodies yet and do not know how to communicate their health concerns and complaints to physicians. Physicians once more highlighted the shortage of time to fully employ all their abilities in their daily work with adolescents.

*Early adolescence is a more difficult age.*

**PHP FGD 2, p7, Yerevan**

*The child does not come into contact with the physician and does not understand much.*

**PHP FGD 2, p11, Yerevan**

*He does not know his body, does not understand what is going on with him: the smaller the child the harder is with him.*

**PHP FGD 2, p10, Yerevan**

*But for that we need to have time and do not work as a factory robot.*

**PHP FGD 1, p7, Gyumri**

One of the major issues was the absence of formally established, trained and competent physicians to provide AFHS in PHC facilities. Experts were skeptical regarding physicians' knowledge about adolescent health and highlighted that there is a need to further improve healthcare providers' competencies.

*... I think that our medical staff does not have the required competencies on how to communicate with and approach the adolescents.*

**Expert 1**

*My guess is that the knowledge is not enough ...*

**Expert 1**

*We need to continually educate, motivate and speak to PHPs on these topics.*

**Expert 5**

*Well, definitely we need to improve their skills...*

**Expert 3**



### 3.4.4. Participation in continuous professional education trainings

When we were discussing with physicians and managers of PHC facilities the PHPs' participation in different continuous professional education activities, their responses indicated the absence of system for continuous professional education in general. Following this further, physicians explained that they do not regularly participate in such events. According to them, the participation in professional education trainings varies per PHC facility and its managers. Some physicians mentioned that the heads of their PHC facilities always send the same physicians for the trainings because of knowing that specific physicians like them. Yet, in other PHC facilities, participation in professional trainings is not encouraged by the managers of facilities. Physicians described that in case if the event overlaps with the working time, the heads of PHC facilities generally do not support participation. Physicians reorganize their shifts in order to use the opportunity and join those events. Furthermore, according to the physicians, the heads of PHC facilities justify that the work in the polyclinic will suffer if many physicians participate in one event, therefore only one physician at a time is allowed to go. Interviewed physicians identified this as an issue.

*I like participating [in trainings], my manager knows that, that is why s/he sends me [to the trainings].*

**PHP FGD 3, p1, Yerevan**

*The issue here is that whether the PHC facilities managers encourage our participation or not. During the working hours you cannot go [to trainings].*

**PHP FGD 3, p8, Yerevan**

*There is no encouragement, however, if it coincides with the working hours we organize it in a way that some physicians stay at facilities in order not to interrupt the daily activities of the facility and enable other physicians' participation.*

**PHP FGD 3, p10, Yerevan**

*Of course everybody wants to participate, but there is a problem when they [managers] say one physician can participate. It would be great if that issue could be resolved.*

**PHP FGD 3, p11, Yerevan**

Only a few physicians mentioned seminars, conferences, trainings that they have participated in, to improve their knowledge and skills in adolescents' health. Physicians mentioned the Arabkir medical center that organizes various events for pediatricians. At most, those trainings on child health included some sessions dedicated to psychological issues during the adolescent period. Only one physician mentioned that s/he participated in a training to improve skills to communicate with adolescents. One expert mentioned a training course

provided by the National Institute of Health on adolescents' health and also talked about the recent interest among healthcare providers toward the topic of adolescents' health.

*No, I did not participate in the training specifically for adolescence, but during the "Pediatric School" [trainings for pediatricians] there are some topics on adolescence.*

**PHP FGD 1, p3, Gyumri**

*There are almost no trainings dedicated to adolescents.*

**PHP FGD 2, p11, Yerevan**

*Arabkir always organizes "Pediatric School"-s; Marina is involved as an adolescent cabinet physician.*

**PHP FGD 3, p1, Yerevan**

*Last year they [Arabkir] organized special courses concerning adolescents, their development specificities, etc.*

**PHP FGD 3, p9, Yerevan**

*I have participated in the training on the effective communication with the adolescents. It was a good international conference; there were participants from Russia and Belorussia.*

**PHP FGD 1, p1, Gyumri**

*...now there are trainings included even in the NIH program. Already several physicians approached me and took adolescent specialized medicine as a topic of their trainings. And during those 10 days they learned many things.*

**Expert 3**

Almost all managers of PHC facilities stated as not having participated in professional trainings designed for leaders of healthcare facilities targeting on adolescents' health. However, they acknowledged the importance of the topic and expressed willingness to participate if events are designed specifically for the PHC managers.

*It is already nine months I am the manager of this polyclinic and during this time I did not pass any of those trainings you mentioned. If there are similar trainings for the managers, I would participate with great pleasure. Also, the topics are modern and it would be great if these trainings are organized for the managers.*

**Manager 1**

*No. I am this facility manager for 2.5 years and before that I was a deputy chief physician in the hospital, but never participated in such trainings.*

**Manager 5**

### **3.4.5. PHPs and adolescents' perspective of adolescents' rights**

PHPs described adolescents' rights as a privilege to receive complete health information that will satisfy their needs, as well as the right to make decisions regarding their care. Physicians also described how they obtain adolescents' consent for care. According to them, firstly they

inform adolescents about the procedures they are going to conduct, the purpose and all positive and negative aspects related to them.

*The right to receive complete information about his or her health.*

**PHP FGD 2, p4, Yerevan**

*Information that satisfies them. It may seem to us that we have given complete answers, but the adolescent might not understand that. S/he has the right to ask the same question again.*

**PHP FGD 2, p9, Yerevan**

*First of all, they have the right to be informed about everything, they have the right to visit or not visit [the polyclinic], to receive or do not receive, like or dislike something. Those are their rights.*

**PHP FGD 3, p2, Yerevan**

*In a short, they have right to choose all the procedures we are going to conduct with them.*

**PHP FGD 3, p1, Yerevan**

*At first we inform them what we are going to do and for what this are required. After we present the negative and positive sides...*

**PHP FGD 3, p1, Yerevan**

We asked adolescents to share their perspective of their rights and their experiences of how their rights were respected in PHC facilities. They most commonly mentioned the right for timely and free of charge services, the right for non-discriminatory care, and the right to receive care in friendly environments, which according to one adolescent is not always there. Interestingly, one of the adolescent participants mentioned that he learnt about his right to demand privacy and confidentiality from PHPs during our FGD. He further continued that it seems physicians do not know their responsibilities correctly, as it is not always easy to freely approach and seek health at PHC facility.

*First of all, we have the right to receive correct and in-time medical care, which is not followed everywhere. Second is that our rights are not violated, and that they do not ask for any payment, because the services in the polyclinics are free for us if we are registered there.*

**Adolescent FGD 1, p3, girl, Gyumri**

*Well, because everything is free till 18 years old, it is our right to require those free services.*

**Adolescent FGD 3, p2, girl, Yerevan**

*They do not have the right to reject us or to not examine us. And it does not matter how we went to them... also, they can't discriminate us.*

**Adolescent FGD 2, p1, boy, Yerevan**

*After this interview I understood that we can require ensuring our confidentiality.*

**Adolescent FGD 2, p3, boy, Yerevan**

*I think that even they do not know what is included in their responsibilities; you cannot freely approach them for any problem.*

**Adolescent FGD 2, p3, boy, Yerevan**

### **3.5. PHC facility characteristics: Standard 5**

The research team explored the physical environment of healthcare facilities including equipment, medicines, supplies and technology necessary to provide appropriate health services to adolescents in a welcoming and clean environment and maintain privacy and confidentiality of those services. The research team also aimed to describe the convenience of operating hours of PHC facilities for adolescents.

#### **3.5.1. Convenience of appointment procedures and operating hours of PHC facilities**

In general, PHPs believed that the appointment procedures are quite convenient for adolescents. According to some PHPs, the electronic registration makes the appointment procedures even more convenient and flexible for adolescents, however, there are still things to be improved. Adolescent participants also mentioned prior registration as a positive way to handle the difficulties of appointment procedures.

*...I ask them about their preference for the next visit and accordingly arrange it.*

**PHP FGD 2, p12, Yerevan**

*They can register in advance. Even a week earlier, our operators register them and make a note in the computer that this day and time is already taken...*

**PHP FGD 3, p1, Yerevan**

*May I say something? For example, I had one incident related to appointment registration yesterday: this was my patient, under my control, but yesterday she came without the parent and at that time I had no empty space for registration. The registration desk operators did not give her medical records; they said that she can visit me only after registration. I said her to go and inform the operators that pediatric gynecologist requires her medical card, but they did not give it and advised her to come next day.*

**PHP FGD 2, p12, Yerevan**

*For example, the last time I visited our polyclinic, I found out that I should call and make an appointment for special day and time and only after that I can visit the polyclinic. Also, they prepare your medical card in advance. Of course, still there are flaws, but there is a progress.*

**Adolescent FGD 3, p2, girl, Yerevan**

Most of the adolescents were aware of operating hours of their PHC facilities. Some of them also mentioned working hours of their family physicians and other healthcare providers. Although, some adolescents mentioned that they noticed a signboard mentioning the operating hours of the facility and their physicians, many adolescents could not remember any.

*Well yes, I know, from 9:00 to 13:00, from 13:00 to 15:00 is their break, and maybe from 15:00 to 18:00, as much as I remember. When we would go, it was displayed on their doors what their working hours are and when is the break.*

**Adolescent IDI 3, girl, Gyumri**

*Honestly, I am not sure. It is displayed on the door, but I do not go so frequently, that is why I do not remember.*

**Adolescent IDI 2, girl, Gyumri**

*I know that they are [the services] available from 9 in the morning, we used to go in the mornings for vaccinations. The working hours are maybe until 14:00 or 15:00. I did not see a sign.*

**Adolescent IDI 4, boy, Gyumri**

*It is not displayed on the door, because they go whenever they want, come whenever they want, and one needs to call and make an appointment beforehand.*

**Adolescent FGD 1, p1, girl, Gyumri**

In line with the adolescents' reflections, the research team's observations demonstrated that most of the observed PHC facilities did not have a signboard mentioning operating hours of the PHC facilities. Only in a few PHC facilities signboards were attached on the entrance doors and were clearly visible. While describing the convenience of PHC facilities' working hours, many adolescents and PHPs mentioned that working hours are convenient for the adolescent visitors. Even when the visiting time overlaps with the classes, schools usually allow the adolescents to visit PHC facilities during the class time. Conversely, some adolescents and also PHPs highlighted that the operating hours of facilities coincide with adolescents' classes at schools and universities, which creates some difficulties to access the services.

*Well, when I was studying at school or college, the school was giving me permission because they were aware that I am visiting the polyclinic and I had no problems.*

**Adolescent IDI 4, boy, Gyumri**

*The school does not hinder if they [adolescents] come for examinations and take back a reference from medical record/բաղադրամատեր.*

**PHP FGD 2, p8, Yerevan**

*The working hours are not convenient as they coincide with work or school hours.*

**Adolescent FGD 2, p1, boy, Yerevan**

*Well usually they [working hours] coincide with school classes.*

**PHP FGD 3, p4, Yerevan**

*They are having problems with school attendance.*

**PHP FGD 2, p4, Yerevan**

Further, many adolescents mentioned that some healthcare professionals and narrow specialists, such as gynecologists, sonographers have short working hours at PHC facilities. As a result, some of the visitors faced difficulties reaching out to them. This issue was also confirmed by some PHPs during the discussions.

*For example, I am dissatisfied with the ultrasound specialist, who comes only on Wednesdays at 3 pm. So many people gather, and it's not about me, there are some people with worse conditions than mine, and they have to wait there for 7 hours to get in. Meanwhile, family doctors are always present. Their working hours are written on the door.*

**Adolescent FGD 1, p2, girl, Gyumri**

*... In our polyclinic from Monday to Saturday, but there is a shift: from 9 am to 1 pm is working one physician... the family physician and the nurse are always present. Meanwhile, other specialists, especially gynecologist and ultrasound specialist are never available...*

**Adolescent FGD 1, p3, girl, Gyumri**

*Usually after 2 pm there are no specialists in the polyclinics.*

**PHP FGD 2, p13, Yerevan**

During the FGDs, adolescents were asked to comment on waiting times and share their experience of their recent visits at PHC facilities in this regard. Although for some of the adolescents it was acceptable waiting for up to 20 minutes, many of them mentioned that they usually had to wait for their physicians rather long, sometimes even up to two hours.

*About 20 minutes, last time I did not wait so much. Waiting for 20 minutes is normal, this is the least waiting time, as there were times I was waiting for one hour or 40 minutes.*

**Adolescent IDI 4, boy, Gyumri**

*At least two hours. They are very slow.*

**Adolescent FGD 1, p1, girl, Gyumri**

Another concern raised by adolescents related to waiting lines was that all age groups of patients are invited to the PHC facilities simultaneously. This sometimes makes them to give up their spot on the waiting lines for older patients, pregnant women and children, which

make them wait even longer. According to adolescents, a solution for this issue would be having separate hours allocated for specific age groups, such as adolescents. This idea was also supported by an expert, who specified that having separate days and/or hours allocated for adolescents only, will help to improve overall environment at PHC facilities including the issue with the waiting times.

*For example, the family physicians call everyone for the same day: the elderly, kids, and 16 years-olds... One month old babies who shout get vaccines or elderly people cannot wait for a long time... Everyone has special problems and it would be correct to call special group of people in special days, so that it is easier to arrange everything.*

**Adolescent FGD 1, p3, girl, Gyumri**

*There have been times when I have been waiting for a doctor for a long time and when it was my turn to enter in, an elderly woman approached and skipping the line entered to the doctor.*

**Adolescent FGD 3, p1, girl, Yerevan**

*It has happened to me that while we were waiting for our turn at the doctor's room, someone came and knocked on the doctor's door and immediately entered in without any concerns that so many people were waiting in a line.*

**Adolescent FGD 3, p5, girl, Yerevan**

*We simply respect the elders and give our place to them. Consequently, we stay in a line for a long time...*

**Adolescent FGD 1, p1, girl, Gyumri**

*That is why we decided to appoint one person who would know that from 9:00-13:00 or from 13:00-17:00 s/he deals only with adolescents. Similarly, we suggested if the physician is working full day, s/he might decide to call 0-11 years old children from 9:00-14:00 and to call older adolescents only after 14:00. Definitely this is not something very difficult to arrange, no equipment is needed, just to make one decision and move on. Even in this case we will still have some results.*

**Expert 3**

To further explore the issue regarding waiting times at PHC facilities, PHPs were asked to describe what actions they take to manage it. According to PHPs, the main way to minimize waiting times is the prior registration of patients, which was also regarded as standard procedure to manage the waiting times at PHC facilities by the research team. However, the electronic registration system which is already implemented in many of the PHC facilities, not always helps to minimize this issue.

*There should be appointment system, both by phone and online. For acute conditions there is an emergency ambulance. The appointment system will help regulate the waiting time. The army aged boys and the pregnant women never wait for their time. They come and require serving them. This is not correct.*

	<b>PHP FGD 1, p6, Gyumri</b>
<i>Appointment system/registration [Does it work?]. Not yet!</i>	<b>PHP FGD 3, p7, Yerevan</b>
<i>So far, there has been no appointment registration. Everyone comes at their convenient time.</i>	<b>PHP FGD 2, p7, Yerevan</b>

### 3.5.2. Environment of PHC facilities

We also tried to understand how welcoming and clean is the environment at PHC facilities from the perspectives of experts and adolescents. According to them some facilities are well equipped and provide services in a very welcoming environment, while others are quite unfavorable in this regard. Some of the adolescents described waiting areas as welcoming and well furnished, while many of them were quite dissatisfied. Most of the adolescents described the atmosphere in their PHC facilities as “oppressive” and “unsightly”. They added that facilities were not adequately equipped with necessary furniture to ensure normal patient flow, and even if there were some furniture they were old and not appropriate for the facility. Moreover, the adolescents noticed that there was no drinking water available in waiting areas of PHC facilities. While commenting on the overall cleanliness of the surroundings, most of the interviewed adolescents mentioned that based on their experience waiting areas and physicians’ cabinets were quite clean, however, the toilets were in a poor condition, without door locks, appropriate hand hygiene facilities such as liquid soap and paper towels. One of the experts emphasized that the technical characteristics of a facility depends on the efficient management and available resources. In general, the research teams’ observations were concordant with the participants’ responses. In fact none of the PHC facilities had guidelines and standard operational procedures (SOP) for making the environment more welcoming, comfortable and clean.

<i>It's hard to answer, as it depends on the polyclinic, on the medical facility. We have rural outpatient clinics that are in a very good condition and we have urban polyclinics that are very unfriendly.</i>	<b>Expert 1</b>
<i>There were few places to seat in our polyclinic, and we were standing in a line. Also, there was no drinking water, and the atmosphere was terrible, which is why I don't like visiting the policlinic. It is overwhelming.</i>	<b>Adolescent FGD 3, p3, girl, Yerevan</b>



*The atmosphere during the waiting time just makes you to finish and run away from there. I've been visiting that polyclinic since childhood, and nothing has changed there, those waiting rooms are in a very poor and unpleasant condition.*

**Adolescent FGD 3, p4, girl, Yerevan**

*There are few seating places. When some few people seat no place is available anymore.*

**Adolescent FGD 1, p1, girl, Gyumri**

*What does it mean waiting area? Is it the place where you lean against the wall?*

*[sarcastic] No, there is no place to seat, there is one cactus, and one damaged shelf and one log seat/ իշուվոնոնոնկ.*

**Adolescent FGD 2, p2, girl, Yerevan**

*We have chairs, I am not sure about the drinking water, but it is convenient to seat and wait. There are many posters on the walls and you can make you busy until it is your turn.*

**Adolescent FGD 3, p1, girl, Yerevan**

*We have cabinets on one wing of the corridor, on the other wing we have big waiting areas which are very convenient. In addition, there is a special waiting area for children with toys and everything... It is written that UNICEF supported this place.*

**Adolescent FGD 2, p1, boy, Yerevan**

*The waiting room is very convenient, pleasant, with flowers...*

**Adolescent IDI 3, girl, Gyumri**

*I did not use the toilet, but usually both the physician's cabinet and the waiting room are clean.*

**Adolescent FGD 3, p5, girl, Yerevan**

*I did not use the toilet, so I do not know. Everything else was clean and bright.*

**Adolescent IDI 4, boy, Gyumri**

*The toilet door lock does not work ... In such places it is important to pay attention to the toilets.*

**Adolescent FGD 2, p1, girl, Yerevan**

*It is very unclean there, of course. The "toilet" starts right from the door and continues across the room. You can find or not a soap. If you find it, it is not a liquid one, which is bad, because the solid ordinary soaps collect bacteria on them, so it must be liquid. There are no napkins, no paper...*

**Adolescent FGD 2, p2, boy, Yerevan**

*It is a matter of an effective management of polyclinic, currently the financing systems of polyclinics are changed and they receive more financing. As a result they can have free finances, which can be used at the discretion of the facilities' managers. I have been in polyclinics which are properly renovated and equipped. It depends on the effective management of resources, innovative thinking and investments.*

**Expert 5**

### 3.5.3. Privacy and confidentiality of adolescents

The research team aimed to explore the study participants' experiences regarding privacy and confidentiality of provided services to adolescents at PHC facilities. Adolescents' views and experiences on this issue varied. While describing how their healthcare providers protected their privacy and confidentiality during the visits, adolescents voiced several concerns as their confidentiality during the visits was frequently violated. They mentioned that very often other people could witness their counseling or examination processes. Almost all of the adolescents, both boys and girls, recalled some examples when during their examinations other patients were invited or accidentally entered the physician's cabinet because the door was open or not locked and it made them feel awkward. Some of them also mentioned that especially in summer season, the windows and curtains are usually open; therefore the counseling process can be observed from the outside.

*In many cases, the wrong thing is that when you enter a doctor's room, someone is already sitting inside. S/he either skipped the line or is waiting there and they [physicians] talk about your health problems in his/her presence.*

**Adolescent FGD 1, p2, girl, Gyumri**

*There is no confidentiality at all. It might happen that someone enters the room where another patient is laying on the bed without clothes.*

**Adolescent FGD 1, p1, girl, Gyumri**

*... I was standing there without clothes when that boy entered [the manipulation room] to get vaccinated. After, he understood the situation and left the room... That is, I was still inside but they had called him in.*

**Adolescent FGD 1, p4, girl, Gyumri**

*Once, when I was in the doctor's room and s/he was examining me, someone opened the door and was talking with the doctor: the door was open and, to be honest, it was unpleasant that s stranger opens the door like that.*

**Adolescent FGD 3, p5, girl, Yerevan**

*But the door can be closed from the inside so that they can't open it from the outside. In the summer, the windows and curtains are often open, and you lie down to get examined and it is not comfortable.*

**Adolescent FGD 1, p3, girl, Gyumri**

*Usually there are several doctors in one room, or several nurses, and they call another patient... there is one queue outside the room and another one in the room... And they are so close to each other that when you want to ask a doctor something about your health, someone else also hears you.*

**Adolescent FGD 2, p3, boy, Yerevan**

*Yes, it happens. There have been many cases, when I have been sitting in the room with the doctor and there is a couch/sofa in that room... the other patient enters and sits on that sofa, from where our conversation is very well heard.*

**Adolescent FGD 2, p2, boy, Yerevan**

On their turn, physicians also reflected on their experience of maintaining privacy and confidentiality of adolescents. In fact, their reflections were in line with the adolescents' experiences. Although, some physicians told that they usually succeed in assuring the private environment during the counseling, many others complained that at times they fail to properly assure privacy and confidentiality because of other healthcare providers working in the same cabinet or family members that came with the adolescents. Some physicians also voiced the fact that sometimes they just could not properly maintain adolescents' confidentiality because their cabinets' doors could not be locked and other visitors can enter at any point during the counseling or examination. However, according to the healthcare providers they try to find ways to deal with those situations.

*Usually we call in the patients one by one. We have this ethics: one patient per cabinet.*

**PHP FGD 2, p1, Yerevan**

*... If you could see our rooms, three or four people enter the room simultaneously while the adolescent is standing there. When you try to say something they say that they are standing near the room.... but they can stand near the door from the other side. Either the people do not have that culture or all of them are in a hurry.*

**PHP FGD 1, p3, Gyumri**

*We often work with nurses, sometimes if the patient requires the nurse to leave, she also leaves the room.*

**PHP FGD 2, p5, Yerevan**

*For example, my room door lock does not work. Everyone enters... If it depends on me, I keep the privacy but if it depends on the room door, I can't close it, it does not work.*

**PHPs FGD 3, p5, Yerevan**

*Another issue is that if we are family physicians and not pediatricians, our work load is heavier and we cannot close the door when some 80 years old woman is standing outside for her health problems.*

**PHP FGD 1, p5, Gyumri**

Another technical feature that makes it difficult for PHPs to maintain proper privacy and confidentiality is the design of the cabinets. Although some PHPs mentioned that their examination rooms are separate, others emphasized that because of not having separated examination area, it is sometimes difficult to maintain proper privacy and confidentiality. The

research team observations also confirmed that physicians' cabinets' design features were not always appropriate to ensure privacy and confidentiality of patients during counseling sessions, examinations or treatment.

*For examinations we have separate room. If someone else is present there and this disturbs the patients, we ask that person to leave the room.*

**PHP FGD 2, p4, Yerevan**

*There is no room [separate for examinations], the doctor's cabinet looks like an office.*

**PHP FGD 1, p5, Gyumri**

*If you have just one screen it will be separated.*

**PHP FGD 1, p3, Gyumri**

Only a few adolescents believed that their healthcare providers appropriately ensure confidentiality of their health information. Most of the adolescents during the interviews had doubts on this regard. They thought that their healthcare providers might discuss their health related information with other people. This issue was especially the case when patients have an extraordinary health problem. One of the adolescents also brought an example how he learned about a reproductive health issue of one of his friends because his friend's physician revealed that information to others. Such examples served as a reason for mistrust towards the healthcare providers. This concern was commonly expressed especially during the interviews with adolescents from Gyumri. In fact, adolescents also expressed mistrust towards the school nurses while discussing privacy and confidentiality. They stated that sometimes they might avoid approaching school nurses because of the fear of being not confidential. Interestingly, in their turn, some PHPs even doubted that their nurses would keep confidentiality of the adolescents' health information.

*I do not talk about this with my physician. We trust each other so much that I never had such thought.*

**Adolescent FGD 2, p1, boy, Yerevan**

*I am not aware of that. We are alone in the room, they even close the door, and no one can enter or see anything. There is always a queue and a lot of noise outside. No internal talks can be heard from outside except of the child's scream. There was no such conversation between us. I believe they will keep it [health related information] a secret.*

**Adolescent IDI 4, boy, Gyumri**

*I trust my doctor and nurse; I am sure they keep the confidentiality.*

**Adolescent IDI 3, girl, Gyumri**

*We did not talk about that. I can't believe they keep it a secret, hardly do they.*

**Adolescent FGD 2, p2, boy, Yerevan**

*I think they have discussions during the coffee time.*

**Adolescent FGD 2, p3, boy, Yerevan**

*Especially older women talk to each other and discuss their patients' stories.*

**Adolescent IDI 3, girl, Gyumri**

*If the case is unique, that is, if you have a specific problem, when s/he [doctor] goes home in the evening s/he will definitely speak about you, everyone will speak...*

**Adolescent FGD 1, p2, girl, Gyumri**

*Especially if you are from the same district, from the same yard, they will definitely talk...*

*By the time you get home everyone is already aware of [your health] more than you...*

*Yeah but s/he shouldn't go and uncover that person.*

**Adolescent FGD 1, p3, girl, Gyumri**

*No, the confidentiality is not guaranteed at all, especially if they [doctors] know you.*

**Adolescent FGD 1, p1, girl, Gyumri**

*No, I do not know... can't say yes or no. It is questionable. Firstly, they are very careless about all that stuff and others may know about something because of their carelessness.*

**Adolescent IDI 1, girl, Gyumri**

*For example, I know one guy who has some reproductive health disease, and I know about that not from him... he went to the doctor, my mom's friend is a doctor ... and that's how I learned he had this problem.*

**Adolescent FGD 2, p2, boy, Yerevan**

*It happened with me that in the school I needed sedative pills/զուլեքիստ, but I realized that the nurse is going to say about that to all of the teachers, so I did not approach her.*

**Adolescent FGD 3, p3, girl, Yerevan**

*Once I was referring the child to Yerevan and wanted to write on the referral the child's diagnosis "periodic illness", but the parent insisted not to write... S/he said I will inform the nurse about my child's condition, but only nurse will know about that. I said to the parent that if the nurse knows the whole word will be aware of it. No matter if I write it or not.*

**PHP FGD 1, p6, Gyumri**

*And I cannot close the nurse's mouth, if she decides to spread that information.*

**PHP FGD 3, p2, Yerevan**

The adolescents further expressed their preference on receiving healthcare services privately or with accompanying person. Most of the adolescents felt comfortable to communicate with their healthcare providers in the presence of their parents. According to adolescents, their parents would more comprehensively understand the health issue and physicians'

explanations and that is why it is advantageous to receive services not privately. However, in case of certain sensitive issues many adolescents would prefer to visit their healthcare providers without accompanying person. For example, they might feel awkward to talk about some health related behaviors in front of their parents such as smoking. In fact, some physicians confirmed that adolescents would prefer to approach the PHC facility alone and this would be the key part of providing friendly services. Yet, there were other physicians, who preferred to see adolescents with their family members, in order to protect themselves from being responsible for any misunderstanding and adolescents' non-adherence to their recommendations.

*I am very positive about that, as in many cases especially for our age group the parents are more aware of all that stuff.*

**Adolescent FGD 1, p2, girl, Gyumri**

*Specifically, I feel more comfortable with my parent, as my parent can better understand what the problem is because he or she can see my problem more professionally.*

**Adolescent FGD 3, p4, girl, Yerevan**

*It often happens that the doctor explains but I don't understand. It's good that my parent is with me and after I can ask him. Besides, my parent is older and more attentive than I am. I do not feel bad because of my parent's presence.*

**Adolescent FGD 3, p2, girl, Yerevan**

*I think it depends on the case. If for example they are examining your lungs and asking about your smoking status, it is important to say the truth... I do not smoke, but when you are asked... even if you are a smoker and your parent does not know about it, you face a hard dilemma... I know, they do not say [that they are smokers] and this is the problem, you are embarrassed and you do not say the truth, so you might be prescribed completely different treatment or diagnosis just because you did not say. If there is question about smoking or any other sensitive topic, it is better to be alone...*

**Adolescent FGD 2, p3, boy, Yerevan**

*In most of the cases, the adolescent wants to visit us without the parent to be able to share his problems. He wants to be alone, and it is very important. The adolescent-friendly means that there are no restrictions for the adolescent. He should decide if he wants to come with or without parents. This is 21<sup>st</sup> century and there should not be restrictions, this is the child's right...*

**PHP FGD 2, p1, Yerevan**

*Yes, if the adolescent comes alone, you describe something and he goes and does something wrong, who should be responsible for that? The physician?*

**PHP FGD 2, p3, Yerevan**

While trying to explore the procedures that PHC facilities undertake to maintain adolescents' privacy and confidentiality, almost all PHC facilities' managers only mentioned about treating the medical information of patients as confidential in general. They stated that in case of adolescents the information can be disclosed only to their parents. None of the managers acknowledged the issue related to the privacy and confidentiality that may exist in PHC facilities. Therefore, neither of them recognized the importance or need of having specific procedures to protect adolescents' privacy and confidentiality.

*Any medical information is confidential and is provided to only specific patient or, if the patient is adolescent, to a parent ... the information stays inside the polyclinic medical staff.*

**Manager 1**

*It [confidentiality] is kept. By taking Hippocratic Oath, the doctors are obliged to preserve the patient related confidentiality. In case of adolescents we inform the parents, they should be aware of their child's disease. In our polyclinic the physicians have shifts, so in the cabinet there is only one physician.*

**Manager 4**

*In our polyclinic, yes. Suppose me and you are talking; it remains between us, no information outflow can occur. We have never had such a case here; we even did not think about such thing.*

**Manager 5**

*Well, the whole medicine is just like that [confidential]. We have no such problem. All our rooms have doors. Also, we have an advantage as an exclusively pediatric polyclinic: it's quiet here, there are no queues, it's just babies, and at most you can hear a lot of crying. We also have a very nice yard.*

**Manager 6**

The research team also explored experts' views on privacy and confidentiality issues of adolescents in Armenia. All the experts highly valued the importance of creating a private and confidential environment. One of the experts raised the problem of adolescents' confidentiality in rural areas, where healthcare providers and community members know each other and health information of adolescents can be easily spread. The expert emphasized that confidentiality issues are mainly matters of healthcare providers' attitude and preparedness. According to some experts, adolescent might avoid seeking reproductive health services at PHC facilities because not being sure that their privacy and confidentiality will be properly protected. This was identified as a barrier for AFHS's utilization. These findings were triangulated with the adolescents' concerns on the same issue.

*In case of adolescents, the privacy and information confidentiality should be followed strictly, ... the problem is that we have small country and this should become a culture, the*

*doctors and especially the mid and low level healthcare providers should develop this culture: ... I do not think there are differences in regards with friendliness between Yerevan and Marzes. Mostly the city size affects the confidentiality.*

**Expert 5**

*I also find it very important that the patients are examined separately. I have witnessed that five army-aged boys were undergoing examinations at the same time in the doctor's office.*

**Expert 5**

*You know, it has to be kept, and finally, disclosing medical secrets is a crime. Here we have a lot to do with doctors and nurses; in small towns if someone is diagnosed with something, the next day the whole village knows what has happened.*

**Expert 3**

*The staff must be trained, informed, and maintain that confidentiality... But the main thing is the attitude, the attitude of the staff and the desire to work with children of that age.*

**Expert 3**

*I think they may avoid seeking services [reproductive health] even in case of [health] issues because of the fear of being not confidential. It comes from our mentality; nobody should know that I have certain health issue, that I have been at the healthcare facility, my neighbors should not see that I am visiting healthcare facility, that I have a disease...*

**Expert 4**

#### **3.5.4. PHC facilities' basic amenities and equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents**

The research team tried to explore how PHC facilities ensure adequate equipment, medications and supplies necessary for providing the required package of services to adolescents. All the PHC facilities' managers clarified that there are no specific requirements for the procurement, inventory, maintenance and stock management of the medicines, supplies and equipment at PHC facilities for adolescents, and everything is done based on the local policies and procedures. According to the managers and the research team observations, all the PHC facilities are properly equipped with necessary medications and medical equipment to provide required package of services. In some of the visited facilities the lists of required medicines were either posted on the walls or available upon request. All the PHC facilities were equipped with computers and the Internet, yet only two of those facilities had internal communication equipment (phones). In case of the absence of services they have a referral system to ensure provision of required services.

*We provide all the required examinations in the polyclinic, that is, the full package of state guaranteed services. We do not lack any laboratory or technical equipment. Whatever included in the required volume of the primary healthcare services we provide it. Of*



*course, there are examinations which require huge finances. In that case we refer the patients to the appropriate inpatient facility, which means that of course the adolescent does not pay for that, just the required examination is conducted in another facility.*

**Manager 1**

*We are under the complete state governance; the medications are provided. No, the adolescents are not treated as separate group.*

**Manager 6**

*The adolescents are not separated. Both the medical devices and the medications are common for all. We provide the medications according to the list of MOH.*

**Manager 7**

*They are all either subordinate to the Yerevan or regional municipalities, and I think it is the task of their founders to improve the facility conditions. Everyone is licensed, meaning they meet the technical requirements, at least, they are able to provide the required examinations, if not inside the polyclinic, then in another facility based on existing contracts which are mandatory to have for polyclinics.*

**Expert 1**

The PHC facilities' managers also discussed about the basic amenities of the facilities such as waste management, sanitation, electricity and water. Majority of them stated that they allocate the budget in a way to always ensure the availability of basic amenities. In all of the visited facilities, waste disposal was conducted via external organization on a contract basis. Some of the managers emphasized poor conditions of the building and highlighted the need for renovations. This issue was obvious during the research team visits as well.

*The polyclinic is always provided [with basic amenities]. We have no problems in these matters.*

**Manager 3**

*Waste related issues are solved since 2007, we have a signed contract and they are collecting our waste. Our polyclinic has no problems with electricity, but our building conditions are not good, and we are partially renovating it.*

**Manager 2**

*All is normal, the electricity, the water, waste management, everything is solved. We have a contract for waste management, we know where we have to collect, store, carry it and so on. Special boxes are used to store sharp needles and other objects.*

**Manager 5**

Adolescents' views on this issue were in line with the managers' opinions. Majority of them stated that they were not refused any services because of the absence of medicine or equipment, and in case of their absence they were referred to other healthcare facilities. However, some of them reported about being denied of some services because of not

properly functioning and old equipment. This sometimes served as a reason for not visiting the PHC facilities rather seeking health services in hospitals. Some adolescents also voiced about poor conditions of PHC facilities.

*There was no such a case [of being denied of services].*

**Adolescent IDI 4, boy, Gyumri**

*No services have been declined. There was no such case. Well, if there was no equipment, yes, but there was no such case. In such case they would probably refer us to another facility, where they have the required medication or equipment.*

**Adolescent IDI 3, girl Gyumri**

*There was no such case because of the absence of medications, but it happened due to equipment failure.*

**Adolescent FGD 1, p2, girl, Gyumri**

*The equipment is very old, they still use Soviet time ultrasound machines, which do not show anything correctly. As we know that, we don't even approach them [polyclinic], we just take our baby [sibling] on vaccination days. For other problems we go to other hospitals, we don't go to polyclinics.*

**Adolescent FGD 1, p3, girl, Gyumri**

*Not serious conditions I solve by myself. In case of serious problems, I go to the hospital, as not everything is on high level at the polyclinic, they do not provide examinations. It is not that I do not trust them, but they do not have equipment.*

**Adolescent IDI 2, girl, Gyumri**

*Because I am from the region, this issue is more important for me. I wish they renovate those polyclinics and hospitals.*

**Adolescent FGD 3, p1, girl, Yerevan**

### **3.6. Equitable and non-discriminatory care for adolescents: Standard 6**

The research team explored the non-discriminatory and equitable service provision to adolescents at the selected PHC facilities.

#### **3.6.1. Provision of non-discriminatory and equitable services**

According to the experts and healthcare providers, no-one was ever denied for any type of services based on their characteristics such as age, gender, marital status, sexual orientations, disability or other. All the interviewed adolescents also confirmed that they have never been refused for any type of services regardless of their personal characteristics.

*I can say the opposite: my nurse persuaded me to pass all the examinations, she said that it is my right, so why don't use it.*

**Adolescent FGD 3, p2, girl, Yerevan**

*All of them [services] are non-discriminative. The standard does not contain discriminations...*

**PHP FGD 1, p6, Gyumri**

*No, there is no such thing [discrimination]. There are no such discriminations. [Everyone agreed].*

**PHP FGD 2, p13, Yerevan**

*No service was denied. There was no such case.*

**Adolescent IDI 3, girl, Gyumri**

*There was no such case.*

**Adolescent IDI 4, boy, Gyumri**

*I do not think so, for what reason they would deny the adolescent. Of course no, I do not even want to imagine such case.*

**Expert 1**

*In the polyclinic you mean? No, I do not think so.*

**Expert 2**

*To be honest, I do not believe [such thing can happen].*

**Expert 5**

In addition, the healthcare providers mentioned that when providing services to vulnerable group of adolescents, such as children from poor families, orphaned or children with disabilities, they show more caring attitude. According to the physicians, they become even more empathetic towards the adolescents with special needs.

*... For example, the children from poor families, children from big families, or orphaned children... Their mental health is always... we need to be more delicate with them...*

**PHP FGD 3, p2, Yerevan**

[And how does your job tactic change when working with vulnerable groups?]

*We use more kind words.*

**PHP FGD 3, p1, Yerevan**

*We have children with disabilities, children from poor families. If the adolescents have special chronic conditions, we show different attitude. The provided medical services are also different based on their needs.*

**PHP FGD 1, p1, Gyumri**

However, during the further probing some of the adolescents shared their experiences which might violate the non-discriminative provision of services. For example, when standing in a waiting line their healthcare provider prioritizes those adolescents who came with their

parents. Also, some of them mentioned that if their family has some personal connections within the PHC facility, the physician gives them a special attention.

*If you go with the parent, they show better attitude.*

**Adolescent FGD 2, p4, boy, Yerevan**

*If you are with your parent, they treat you more seriously...*

**Adolescent FGD 2, p3, boy, Yerevan**

*There are times when you go to the doctor alone and you wait for your turn. The children with their parents skip the line, as they think that you are a child and can wait more for your turn.*

**Adolescent FGD 3, p5, girl, Yerevan**

*When you are with your parent, they treat you differently [means negatively], especially if you are a girl.*

**Adolescent FGD 1, p1, girl, Gyumri**

*I just recalled the discriminatory attitude. If someone has informed them about your visit in advance, they show a special, more attentive and kind attitude towards you. They mention that they are informed about your visit. This means, that if no one tells them about your visit you will not get such attitude.*

**Adolescent FGD 3, p4, girl, Yerevan**

Also, some adolescents pointed that if you bring informal thank you for your doctor, you might skip the waiting line. Moreover, few of them mentioned that if a certain service in the PHC facilities is paid or if the patient has the ability to pay, physicians show more positive attitude.

*Sometimes, when you do not bring pastries or something else, that whole day you end up in a queue ... We have this situation; I say what we have. When they see you have some bag in your hand, then you may skip the line.*

**Adolescent FGD 1, p3, girl, Gyumri**

*Yes, we have the same.*

**Adolescent FGD 1, p1, girl, Gyumri**

*Yes, they can be discriminative based on your ability to pay. It is free [the services], but... I talk about the reality.*

**Adolescent FGD 2, p3, boy, Yerevan**

*Well... when the service is payed, they show better attitude, as they can earn money. If it is free, they are more relaxed. And this is true about every facility.*

**Adolescent IDI 1, girl, Gyumri**

On the other hand, a few of the adolescents did not agree with the majority of their peers, stating that they did not notice that the physicians showed different attitude or prioritized others do the same conditions.

*No, there is always adequate attitude. I received the same attitude no matter if I was with or without my parent. I had no such problems.*

**Adolescent IDI 3, girl, Gyumri**

During the discussions the experts and physicians talked about some gender inequality that sometimes occur while providing services to adolescents. In contrast to girls, who are also managed by pediatric gynecologists, it is not always clear which narrow specialists (urologists, surgeons) should provide reproductive health services to adolescent boys as described during the interviews. As a matter of fact, physicians might talk with and provide counselling to adolescent girls while the boys remain neglected.

*The pediatric gynecologists deal with the girls, but we forget about the boys. Who should deal with them?*

**PHP FGD 2, p8, Yerevan**

*If they talk to girls to some extent, who talks to boys? I'm not sure anyone is talking. In all cases we put the accent on the girls, forgetting the boys, in other cases the priority is given to the boys and the girls are forgotten. It should be equal.*

**Expert 3**

When it comes to contraceptives and STI counselling, the healthcare providers mentioned that they do not provide contraceptives to adolescents as there is an age limitation for these services by the law. Meanwhile, one of the providers mentioned that if the adolescents ask for consultation on how to use contraceptives, they do not have the authority to refuse.

*Medical interruption of the pregnancy is not included, the HIV care is not included it is not HIV, the condoms and oral contraceptives are included in humanitarian aid, but there is an age limit, so by the law we cannot provide them to adolescents yet. According to our internal regulations we cannot provide any of the points you mentioned.*

**PHP FGD 2, p5, Yerevan**

*But if they approach us for counselling on how to use them [contraceptives], we do not have that right to reject them.*

**PHP FGD 2, p12, Yerevan**

*This is for adults only; we do not have such things [contraceptives] for children. Once we received from UNICEF, but we were providing them to adult population. The childhood was not included. This program is closed already.*

**PHP FGD 2, p7, Yerevan**

*We do not provide contraceptives...who provides them?*

### 3.6.2. Public opinion as a form of discrimination for using reproductive health services

The study participants raised an important factor that can hamper adolescents' utilization of reproductive health services. According to the physicians because of being shy adolescents may avoid seeking reproductive health services. The PHPs explained that in Armenian culture practice of adolescent girls seeking reproductive health services is a taboo. This was also highlighted during the interviews with the adolescents as they expressed that even in case of having reproductive health issues they would not approach the healthcare providers merely because of their judgmental attitude and a negative public opinion. This concern was raised mainly by adolescent girls from Gyumri. The latter was further confirmed by one of the experts, who stated that public opinion is a strong barrier for utilizing reproductive health services especially in rural areas.

*Frankly speaking, they do not approach us for such questions, they are ashamed, they do not share with us... so naturally we do not encounter such situations.*

**PHP FGD 3, p5, Yerevan**

*This is an obstacle, but I don't know why is it like that. Not because we are scaring, but because they have some personal belief that this topic is a taboo.*

**PHP FGD 2, p1, Yerevan**

*Our mentality is not yet mature enough to let the adolescents to decide for themselves. Our children, in any case, are children raised in the Armenian families and they cannot be so independent yet.*

**PHP FGD 2, p7, Yerevan**

*Generally, the public hold an opinion that it is a shame for the adolescent girl to visit the gynecologist, even the doctors consider so. They might ask why did you come? ... I think if we ever have some problem, we will not approach them because of the public opinion.*

**Adolescent FGD 1, p1, girl, Gyumri**

*A person can have different problems, no matter if she is married or not. When you go to a gynecologist, everyone is interested on what happened to you. Not only the people but also the medical staff. They start talking to each other and discussing why she [the adolescent girl] went to the gynecologist. It is not true for about every facility... I have never gone to the gynecologist, but I have seen the behavior of the people standing in the line.*

**Adolescent FGD 1, p3, girl, Gyumri**

*For this age group the role of the community is very big, and consequently it has a big impact on them. I would say that in many cases the community itself hinders the service*

*utilization, such as in rural areas, small communities, and even in the districts of the city. Because people know each other, and if they see someone in a queue at a doctor's office they start to spread different rumors.*

**Expert 5**

### **3.7. Quality of care provided to adolescents: Standard 7**

The research team explored PHC facilities' practices in implementing quality improvement activities and physicians' participation in those initiatives. Study participants also reflected on the quality of services currently provided to adolescents. Participants also identified main directions of actions for improving the quality of healthcare services provided to adolescents in PHC facilities.

#### **3.7.1. Data collection and reporting on service utilization by adolescents**

Physicians and managers were asked to describe what data on service utilization are collected and included in the reports of their PHC facilities. They specified that PHC facilities monthly report to the MOH the codes of made diagnosis based on the "02" form, which is filled in by the PHPs and includes the results of the screenings at 15 years of age.

*The data that come from adolescents' examinations of 15 years of age, we report them in a special form.*

**PHP FGD 1, p6, Gyumri**

*We report to the ministry [MOH] the codes of diagnosis and later they [MOH] analyze that data.*

**PHP FGD 2, p4, Yerevan**

According to the overwhelming majority of physicians, none of them have ever participated in internal evaluation of services provided in PHC facilities. Neither have they ever been sensitized on data collection, analysis or integration of data into quality improvement activities. The majority of managers were consistent with the physicians' statements about the absence of such processes. Moreover, one physician even expressed a confusion on why should they be involved in data aggregation processes, as it's a statistic. Only one manager mentioned having the experience of conducting surveys among patients of the PHC facility with the purpose of self-assessment, though he doubted the effectiveness of those surveys because they were conducted by PHPs. In addition, another manager shared his practice of making random calls to patients of the PHC facility, to learn their experience in the polyclinic.

*No, we do not have such things [self-assessments].*

**PHP FGD 2, p1, Yerevan**

*No, we do not have such practice. [self-assessments].*

**Manager 1**

*It is a statistic. Why would we do that?*

**PHP FGD 2, p3, Yerevan**

*As I already mentioned, sometimes we do surveys [among our patients], but I think the results of those surveys are biased, as they are conducted by the healthcare providers and I think patients' responses are affected by that fact.*

**Manager 3**

*...patients get surprised when the head of the polyclinics just calls them to ask how are they, what do they think about the polyclinic, about the services and what complaints do they have*

**Manager 3**

### **3.7.2. Quality of care provided to adolescents**

Study participants were asked to comment on the quality of services provided to adolescents in PHC facilities. Overall, the managers ranked the quality higher than the average and recognized the need in further improvements. In contrast, physicians were more open to acknowledge that the quality is not always satisfactory.

*Quite high [the quality of services].*

**Manager 1**

*I consider it [the quality of services] good, we do not separate adolescents [from the general population they serve] and therefore the provided services are also not deemed separately. It is uniform for everyone.*

**Manager 5**

*A bit lower than the average. There are places where the quality is really poor.*

**PHP FGD 2, p4, Yerevan**

*There is lots of room for improvement [in the quality of services]. In order the adolescent to realize that for certain issues s/he can approach a physician.*

**PHP FGD 3, p1, Yerevan**

The PHC facilities' managers were asked to recall any quality improvement activity ever implemented in their PHC facilities. One of the managers talked about the "quality committee" working on the quality improvement that the PHC facility used to have in the past. That PHC facility has had a box for feedback and suggestions to be provided by the patients. The "quality committee" was gathering and discussing the comments and complaints made by the patients. Another manager mentioned that they gradually work on



different aspects of quality of care. Currently they update the professional passports of the staff and after they will proceed to development of SOPs.

*In the past we used to have a quality committee... it used to work very well: we had a box for feedback and once or twice in a month we were gathering [with the quality committee] and discussing the opinions, complaints [made by the patients and put in the box] and the medical record. It was a very interesting work as we were seeing the real work of our organization.*

**Manager 2**

*We try to start from the beginning [quality improvement activities] ... the first thing that we are currently working on is the development of the professional passports, in order every staff member to learn his/her responsibilities. Next will come the SOPs and general procedures.*

**Manager 3**

### **3.7.3. Supportive supervision of healthcare providers**

Physicians were asked to comment on how their work is supervised by the senior staff of the polyclinics for the purpose of quality improvement. The majority of physicians stated that nothing in specific is done by the management of PHC facilities. The only supervision mentioned by the physicians is tracking the level of implementation of screenings of adolescents at 15 years of age. Physicians further explained that most of them try to work in a way to avoid mistakes in their daily work in order not to receive penalties. Only a few physicians stated that they are open to communicate their concerns to their senior staff who in their turn try to support physicians in their daily work.

*It is not supervised anyhow. [PHPs' work]*

**PHP FGD 2, p7, Yerevan**

*Generally, we do not receive any type of assistance and not only in case of adolescents.*

**PHP FGD 2, p13, Yerevan**

*They [administration of PHC facilities] force that we necessarily conduct the screenings of adolescents at 15 years of age. They check the dates if there were conducted or not.*

**PHP FGD 2, p3, Yerevan**

*There are no specific activities... I think currently we work in a way to avoid mistakes... to fill in the certain papers correctly...you know, there are penalties... we work within the scopes of the law.*

**PHP FGD 3, p1, Yerevan**

*If we inquire [support from the administration of PHC facilities] I think we will receive it. If we make some suggestions [we will receive support] ... in our polyclinic we will receive.*

**PHP FGD 3, p6, Yerevan**

We also asked physicians to describe how the administration of PHC facilities normally rewards their good performance. Some of them only recalled “Thank you” letters (շնորհակալագիր) they usually receive from the municipality. The PHC facilities do nothing related to this.

*Of course, once in a year the mayor gives us thank you [շնորհակալագիր] letters.*  
**PHP FGD 3, p2, Yerevan**

*No way [the good performance is not rewarded]*  
**PHP FGD 2, p7, Yerevan**

Following this further, physicians were asked to suggest the means that can enhance their motivation for improving the quality of services provided to adolescents. Some physicians mentioned that an increase in the salary could contribute to it, yet others argued it with a statement that they are already dedicated to their work, despite the current working conditions or salary.

*High salary and working conditions [can increase the motivation].*  
**PHP FGD 2, p13, Yerevan**

*If we think deeper, low salaries and bad conditions lead to decrease in the number of narrow specialists and not opposite [increase in the number of specialists].*  
**PHP FGD 2, p12, Yerevan**

*We would be happy if the quality improves, but our quality would not change because of that, because I think, as a specialist, I am fully dedicated to my work, despite any other factors.*  
**PHP FGD 2, p5, Yerevan**

*I will only add that there is no specific thing that would contribute to our better work, we work quite good... I agree that the conditions are not good, but it does not affect the quality of services we provide... no matter if we work in a basement conditions with a minimal salary; we have dedicated ourselves to the patients.*  
**PHP FGD 2, p5, Yerevan**

*Yes, I also agree that the quality does not suffer [because of low salary or bad working conditions]*  
**PHP FGD 2, p3, Yerevan**

### **3.8. Adolescents’ participation in care provision: Standard 8**

The research team explored adolescents’ participation in the organization’s governance process, particularly in service planning, monitoring and evaluations. Adolescents’ right to

their own care and healthcare provider's responsibility and duty within this regard was an additional point of interest for the research.

### **3.8.1. Adolescents' engagement in service organization and evaluation**

The interviews revealed triangulated data on the adolescents' participation in the planning, evaluation and monitoring of their own care coming from PHC managers and providers, experts and adolescents themselves. The adolescents' involvement was mostly absent. Some of the PHC facility managers highlighted that even though adolescents are currently not involved in any organizational activities, they would not mind discussing the issue with the MOH and implementing it within the system. Managers noted about the importance of overcoming existing school-polyclinic relationship barrier to ensure adolescents' engagement in the process. There was also an opinion that PHC organizations should not be in charge of organizing adolescents' involvement in certain aspects of provided care given the existing work overload and time scarcity of the PHC staff. The idea of asking adolescents' opinion about the provided services was unfamiliar to some of the PHC facility managers given their irrelevant explanations to the question.

*No, but it is a great idea for the future.*

**Manager 1**

*If the ministry adds that point in the standard we will do it. No matter how much we understand or want to do this or that, it will not work until it is confirmed by the standard.*

**Manager 2**

*I think first of all the school-polyclinic connection needs to be strengthened so that we can work together with adolescents. I do not know. Maybe trainings should be organized for the physicians and then the physicians could visit the schools. In the past we had physicians in schools and it was great, it was more organized.*

**Manager 4**

*Only when we are close to adolescents we can have friendly talks with them. Now we are separated from them, they come to us only if they a need.*

**Manager 5**

*They are very attached to their pediatricians because they know them from the early childhood. There is no need... I can't imagine that, we are not social workers, we are doctors, and ours is medical.*

**Manager 6**

The experts' opinions about adolescents' involvement in planning, monitoring and evaluation of healthcare service and in decision regarding their own health or care revealed a major gap of addressing these issues in the system. The experts agreed that the school has the primary

responsibility of engaging adolescents in the issues regarding their own health by educating them on critical health topics and providing them with skills to educate their peers and upcoming generations. The experts mentioned that some schools have the experience of asking adolescents opinions about the health topics taught in the school and what could be added to the curriculum but more schools should start practicing these activities and more work needs to be done towards improved involvement of adolescents.

*Ensuring participation is our weakest place. We sometimes write about them without taking into account their opinion, but now the legal acts are posted in “edraft”, which is accessible to everyone, including teenagers.*

**Expert 1**

*Ask their opinion... We have that kind of experience, we work with a few schools ... Maybe we cannot accept everything they say, but at least their voices will be heard. They should at least participate. If we want to understand what is needed, we need to hear their voices, their opinions at least once... We are dealing with another generation that thinks differently, has different perceptions, and we should ask them.*

**Expert 3**

*For example, we can teach 15-year-old girls to teach younger girls [on some health topics]. I'm thinking of doing something like that. It is a proven way: if you do not understand something, you explain it to someone else who also does not understand. In this way you both learn and teach. It would be great if they were involved in this agitation, promoting healthy lifestyle.*

**Expert 4**

Most of the PHC providers agreed that adolescents are not in charge of making decisions about their own health or treatment options, parents are mostly the ones making the decision which in the providers’ perception is not the best resolution. They also mentioned about their own flexibility when it comes to letting the patient decide about their treatment options depending on how well they can communicate the options to their patients.

*No, this is Armenia... Everything decides the parent.*

**PHP FGD 1, p5, Gyumri**

*The role of parents is very important. They can treat grownups as a child and make decisions instead of them. It is wrong.*

**PHP FGD 1, p1, Gyumri**

*For example, for the usual treatment, you say you have to do a throat wash, the patient says no, I will not do that. When they trust you they tell the truth s/he doesn't say I will do it and s/he does not do it in fact. It already means that s/he is in contact with the physician. And you choose the alternative [treatment].*

**PHP FGD 2, p9, Yerevan**

*In our case, the concept of parenting is very elastic, because as long as you have a parent you are always a child.*

**PHP FGD 2, p13, Yerevan**

The adolescents could not recall a case when they were asked to participate in any type of service delivery planning, monitoring or evaluation activity. Most of them claimed that the polyclinic or the hospital is not a pleasant place for them hence they would not want to volunteer their additional time to spend in the facility regardless of the reason. Furthermore, they did not believe that our society has reached to that level of progress in order to consider such activities.

*There was no such a thing [everybody agreed]. Adolescent FGD 2, p2, boy, Yerevan*

*Even if there was an offer, I would not agree, because the polyclinic is not the place to go and do something with pleasure... The conditions are so bad that people want to get their job done quickly and get out of it ... We [the society] have not reached that level of development to approach us with such questions.*

**Adolescent FGD 2, p3, boy, Yerevan**

### **3.8.2. Obtaining an informed consent from adolescents**

According to the PHPs there is no official process guiding them to obtain informed consent from the adolescents or their parents before certain procedures in the PHC level. They claimed that a similar activity in the form of signing “contracts” is carried out in the hospitals. The PHC providers noted that they obtain adolescents’ or their parents’ agreement verbally before the procedure. An interesting finding that was revealed when talking about informed consent was that many parents usually do not agree for their children, especially girls to get vaccination against the human papillomavirus while they themselves get vaccinated. The parents’ reasoning is that vaccination means encouragement of sexual life. The providers also mentioned a case when the parent gave their consent for the vaccination, but the adolescent did not agree to go under the procedure. Nonetheless, the PHC providers took both parents and adolescents decisions under the consideration. The PHC providers were not aware if there are any guidelines regarding informed consent in their facility or at a national level. Most of the adolescents could not recall being asked for consent before procedures but some of them mentioned their parents providing their verbal agreement in certain scenarios.

*It is the case I hospitals, for example, for having surgery the patient must sign a contract.*

**PHP FGD 1, p5, Gyumri**

*We first inform them about our plans for that visit and why each procedure is needed.*

**PHP FGD 3, p1, Yerevan**

*The absurdity is that some mothers get vaccinated [human papillomavirus] but do not allow their 13 year old daughters to get.*

**PHP FGD 3, p2, Yerevan**

*Mothers link that with sexual maturity and think that we promote starting sexual life from 13 years old.*

**PHP FGD 3, p5, Yerevan**

*I had a teenage girl, 15 years old [patient] who refused to get vaccinated, her parent said “I am not against her being vaccinated”, but that girl wrote a notice about refusing the vaccination and we considered her opinion.*

**PHP FGD 3, p5, Yerevan**

*No, they immediately send to examinations [do not ask consent].*

**Adolescent FGD 1, p1, girl, Gyumri**

*They asked my parent, I was not asked specifically. Well, when we are with our parents they [physicians] think it is more appropriate to ask parents [consent to do procedures]. Even if they [physicians] ask us we are going to ask permission from parents.*

**Adolescent FGD 3, p3, girl, Yerevan**

### **3.9. Actions for quality improvement identified by the study participants**

Physicians, experts, and managers were asked to identify potential ways for improving the services provided to adolescents. They listed various gaps that should be addressed in order to improve the quality of services provided to adolescents. According to the physicians, PHC facilities should include a psychologist staff that will professionally manage adolescents at the point when physicians’ skills or time concede. They also mentioned that psychological services should be provided free of charge, in order enable adolescents to utilize them.

*I think there should be a psychologist and each adolescent should have a required counselling with the psychologists. Because only pediatricians and family physicians cannot do that [lead psychological discussions with the adolescents]. It is a generally another huge service.*

**PHP FGD 1, p5, Gyumri**

*The service [the psychological counselling] should not be paid, as no one from adolescents can pay.*

**PHP FGD 1, p6, Gyumri**

Physicians further mentioned that the lack of healthcare providers in PHC facilities should be addressed by increasing the staffing number of narrow specialists and especially pediatric

gynecologists. According to them, in many PHC facilities gynecologists specialized on adult care serve the adolescent population which, in fact, is inappropriate.

*There is a lack of narrow specialists: adult-specialized gynecologist serves an adolescent population. Why it should be like that?*

**PHP FGD 2, p7, Yerevan**

*When the adolescents are not the main population group you are working with, you [adult-specialized gynecologist] can never assure that quality. That is why this issue is very important, therefore in the policlinics there should be a staff for pediatric gynecologists.*

**PHP FGD 2, p1, Yerevan**

Some participants emphasized the importance of increasing the understanding and comprehension among parents, physicians, school teachers that the adolescents' health needs a proper attention.

*As the comprehension [of importance of adolescents' health] should be raised, parents should understand that, physicians should understand, teachers should understand.*

**PHP FGD 2, p2, Yerevan**

*This issue [adolescents' health] should be treated more seriously.*

**Manager 5**

Another suggestion expressed by physicians, managers and experts that would help to improve the quality of AFHS is to increase parents and adolescents' awareness regarding this topic through various sessions with them in policlinics and provision of educational materials. In the meantime, physicians stressed that it is crucial to provide information from valid sources. In addition to increasing health literacy of parents and adolescents, experts and managers of PHC facilities outlined the need in improving healthcare providers' skills and knowledge in adolescents' health as a way to improve the quality of healthcare services provided to adolescents.

*I can make a suggestion... Regularly organize discussions with parents led by psychologists, on the topics related to adolescents... for adolescents also there can be organized seminars in the policlinics.*

**PHP FGD 3, p5, Yerevan**

*For improving the overall quality of healthcare services, I can suggest to develop educational materials for patients, which can be distributed to them, to disseminate appropriate information among the public.*

**PHP FGD 3, p5, Yerevan**

*A filtration should be made of information in the Internet, or someone should control what is spread out there [in the Internet], as children can do there anything they want and fail to*

*ask questions to check which information is precise and which is not [adults]. Work should be done on this regard.*

**PHP FGD 3, p5, Yerevan**

*To improve quality of provided services the healthcare providers should be continuously trained.*

**Expert 1**

*Training of professionals... Prepare professional focusing on adolescents' health. I will repeat myself that it is not mainly the function of the health sector. Rather the education sector should be also involved. I mean it [training of professionals] should be a product of collaborative actions of the health and education sectors.*

**Expert 2**

Managers of PHC facilities mentioned renovations and improvement of technical capacities of PHC facilities as another mean for improving the quality. In concordance with some physicians, the experts also acknowledged that providing financial incentives in the form of increased salary is not of less importance.

*Improve the technical capacity, physicians' competencies and structural conditions.*

**Manager 2**

*Increase PHPs' salaries. It is very important, because they need to have a motivation.*

**Expert 5**

Only one manager mentioned that no additional actions are needed as the quality of services is already satisfactory.

*In our facility everything is great.*

**Manager 6**

#### **4. RECOMMENDATIONS**

Based on the study findings, the research team makes the following recommendations to improve utilization of AFHS at PHC facilities in Armenia:

- Improve adolescents' health related knowledge and rights, literacy on available health services, as well as increase their awareness of the importance of preventive screenings.
  - Organize various sessions in schools and/or during adolescents' visits the PHC facilities.
  - Display targeted posters at PHC facilities.
  - Provide educational materials to the adolescents and communities.



- Inform adolescents about available reliable online resources on health.
- Organize awareness raising activities in communities on the importance of utilization of healthcare services by adolescents. This could be done particularly through continuous discussions with parents, guardians, family members, and teachers.
- Improve the effectiveness of the “healthy lifestyle” course at high schools, by enhancing the teachers’ competencies to adequately cover the required topics included in the course curriculum, including the topic on reproductive health.
- Ensure elimination of informal payments at the PHC facilities.
- Enforce provision of AFHS in all PHC facilities as required by the national standard.
  - Organize trainings for healthcare providers at PHC facilities on the existing guidelines on AFHS.
  - Develop internal policies, guidelines and SOPs on all aspects of AFHS.
  - Build the healthcare providers’ competency to provide AFHS including information, counseling, treatment and care, through continuous professional development activities, including trainings, workshops, and seminars.
- Establish a flexible system to support PHPs’ and PHC facility managers’ regular participation in different continuous professional education trainings.
- Improve the access to healthcare services for adolescents at PHC facilities by allocating separate days and/or hours for them.
- Ensure privacy and confidentiality of services for adolescents.
  - Increase the PHPs’ understanding and importance of provision of healthcare services to adolescents in a private and confidential environment.
  - Improve the design features of the PHC facilities and the PHPs’ cabinets to ensure privacy for patients during the clinical examinations and treatments through a proper use of curtains, screens and locks on the doors.
- Promote the concept and importance of non-discriminatory care provision regardless of the adolescents’ characteristics such as age, gender, vulnerability, ability to pay, personal connections and informal “thank you” payments.
- Create friendly and welcoming environment in the PHC facilities through improved structural conditions, adequate furniture, hand hygiene facilities and improved cleanliness.
- Initiate additional quality improvement activities.
  - Organize internal self-assessments in PHC facilities.

- Promote supportive supervision of PHPs by the senior staff.
- Eliminate the blaming culture and promote open discussions of existing issues.
- Develop reward mechanisms for healthcare providers to promote their motivation.
- Engage adolescents in the planning, evaluation and monitoring of the healthcare services at PHC facilities. This will assure that adolescent' needs and expectations are considered.
- Ensure a patient-centered approach and proper obtaining of an informed consent from adolescents before any procedure at PHC facilities. This will encourage the adolescents' participation in their health care related decisions. .

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## 6. TABLES

Table 1. Studies assessing AFHS globally

Authors	Type of studies	Settings	Participants	Instruments	Domains	Findings
Mulugeta et al (2019) <sup>9</sup>	Cross sectional; mix method	2 public health centers	Adolescents	Interviews and client exit interview questionnaires	Quality of the services and client satisfaction	The overall quality of AFHS is below the set criteria
Shamagonam et al (2018) <sup>8</sup>	Cross-sectional	30 healthcare facilities in South Africa	Healthcare providers and non-clinical staff	YFS Self-Appraisal Framework. Adolescent and Youth Friendly Services assessment tool for use at healthcare facilities	Friendliness of the Services	The facilities lack to provide adolescent specific health services and additional support is needed to achieve the agreed standards. Presence of inequities in service
Santhya et al (2014) <sup>14</sup>	Mix method	12 AFH centers	Mystery client, adolescents, health care providers and managers	In depth interviews, exit interviews and survey	Quality of the service	The knowledge of AFHC is very low among the study setting, information was not comprehensive, judgmental and moralistic, scarce of auditory and visual privacy, provider were accessible, confidential and attentive about the complaints
Khalaf et al (2010) <sup>7</sup>	Qualitative	University hospital Jordan	Adolescents	Focus groups Semi-structured open-ended questions	Identifying the needs, perception and problems of the adolescent	Participants knowledge about reproductive health is limited. Barriers are unpleasant facilities and unprofessional staffs
Renju et al (2010) <sup>13</sup>	Prospective, mix method, quasi-experimental design	177 health units	Simulated patient, health workers and trainers	Semi-structured interviews, focus group discussion, pre-and post-training test training observation and simulated patient study	Key inhibitory and facilitating factors AFHS from both providers and clients perspective	Ability to lead sessions and trainer's confidence improved, significant improvement in puberty and HIV/AIDS knowledge
Yadav et al (2009) <sup>12</sup>	Qualitative	3 tertiary care hospitals situated in the medical colleges	Staff members, adolescents and their parents	Qualitative interviews	Quality and access to health center	The clients in AFHS centers were satisfied more (timing, accessibility, waiting time and privacy) compared to the OPD (control centers).
Tugsdelger et al (2006) <sup>10</sup>	Cohort study	82 clinics in Mongolia	Adolescents	Client exit interview questionnaires based on WHO criteria	Client satisfaction	Clients were satisfied with the information, facility environment and privacy.
(2005) <sup>11</sup>	Mix method	9 YFS centers in Shanghai	Mystery clients, managers, service providers and staffs	In-depth interviews, facility inventories, facility observations, observations by mystery clients, plus monthly record and report reviews	Needs assessment, service provision and utilization	Weak referral system, inadequately skilled and full-time professional service providers, in-school is better than the out of school service centers

Table 2. The WHO eight global standards for quality health care services for adolescents<sup>18</sup>

<b>Adolescents' health literacy</b>	<b>Standard 1.</b> The health facility implements systems to ensure that adolescents are knowledgeable about their own health, and they know where and when to obtain health services.
<b>Community support</b>	<b>Standard 2.</b> The health facility implements systems to ensure that parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents.
<b>Appropriate package of services</b>	<b>Standard 3.</b> The health facility provides a package of information, counselling, diagnostic, treatment and care services that fulfils the needs of all adolescents. Services are provided in the facility and through referral linkages and outreach.
<b>Providers' competencies</b>	<b>Standard 4.</b> Health-care providers demonstrate the technical competence required to provide effective health services to adolescents. Both healthcare providers and support staff respect, protect and fulfil adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgmental attitude and respect.
<b>Facility characteristics</b>	<b>Standard 5.</b> The health facility has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents.
<b>Equity and nondiscrimination</b>	<b>Standard 6.</b> The health facility provides quality services to all adolescents irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, sexual orientation or other characteristics.
<b>Data and quality improvement</b>	<b>Standard 7.</b> The health facility collects, analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff is supported to participate in continuous quality improvement.
<b>Adolescents' participation</b>	<b>Standard 8.</b> Adolescents are involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care, as well as in certain appropriate aspects of service provision.

## 7. APPENDICIES

Appendix 1. Statutory ambulatory policlinic services for school-age children and adolescents

Periodicity of preventive visits and immunization	Examinations and screenings (Assessment by pediatrician/family doctor)	Screenings which require special skills (Assessment by pediatrician/family doctor or specialist)	Laboratory/specialized equipment examinations
6 years old <sup>47</sup> (MMR, DTP,OPV)	Weight	Vision	Hemoglobin
	Height		
	BMI	Hearing	General analysis of urine
	Blood pressure	Dental (Dentist) Neurologist	Helminth analysis
7 years old	Weight	Assessment of growth	
	Height		
	BMI		
	Blood pressure		
8-9 years old	Weight	Vision	
	Height		
	BMI		
	Blood pressure		
10-11 years old	Weight	Examination of vertebral column (Pediatrician, Surgeon Orthopedist)	
	Height		
	BMI		
	Blood pressure		
12 years old	Weight	Vision	Hemoglobin
	Height	Hearing	
	BMI	Assessment of sexual development <sup>2</sup> Filling in the questionnaire on psychological-social development	
	Arterial pressure	Dental (Dentist)	
13-14 years old	Weight	Filling in the questionnaire on psychological-social development (Neurologist)	
	Height		
	BMI		
	Arterial pressure		
15 years old	Weight	Vision	Hemoglobin
	Height		
	BMI		

	Arterial pressure	Assessment of the sexual development 3 Filling in the questionnaire on psychological-social development Screening of girls 51 (Gynecologist)	Sonography of Arterial pressure pelvis
16 years old	Weight	Filling in the questionnaire on psychological-social development	
	Height		
	BMI		
	Arterial pressure		
17 years old	Weight	Vision	Hemoglobin
	Height	Filling in the questionnaire on psychological-social development	General analysis of urine
	BMI		
	Arterial pressure		



### **Interview guide for experts**

#### **Adolescent friendly health services in Armenia**

1. Please identify what major projects have been conducted in Armenia in recent years in the field of adolescents' health.
2. Please describe the progress Armenia has made in adapting Adolescent Friendly Health Services (AFHS) recommended by the WHO.
3. What national guidelines exist on AFHS? What other international documents or standards are used to guide provision of quality AFHS in Armenia?
4. What actions does the State Program urge for provision of AFHS? ***Probe:** reproductive health services and STIs, counseling on bad habits maintaining privacy and confidentiality of adolescents, healthy lifestyle and healthy nutrition.*
5. Based on your expertise please grade/characterize how the main components of AFHS are implemented? ***Probe:** Are the actions successful? Do you think the healthcare system in Armenia has the capacity to implement AFHS?*

*While answering the questions please comment on differences between Yerevan and other marzes.*

#### **Reproductive health services for adolescents**

6. What reproductive health services are provided to the adolescents in the PHC facilities. Please identify some barriers adolescent girls and/or boys may face while receiving those services? What should be done to facilitate adolescents to approach PHC facilities for reproductive services?

#### **International Quality Standards**

7. What do you think about the adolescents' health literacy, how can it be improved? Who is responsible for improving it?
8. What role does the community (parents, circle of friends etc.) have in promoting adolescents' utilization of healthcare services?

9. What do you think about the package of required services for adolescents included in the State Program? Is it comprehensive?
10. What do you think about the healthcare providers' competencies for provision of quality AFHS?
11. What about the PHC facilities: are they technically equipped to provide AFHS in a welcoming and clean environment?
12. What do you think about adolescents' privacy and confidentiality issues in PHC facilities? Are they maintained properly?
13. What do you think, is it possible that PHC facilities deny certain healthcare services to adolescents? **Probe:** *Please specify in what cases it can happen?*
14. What healthcare services, you think, are inappropriate for adolescents in Armenia?
15. Can you identify a way that adolescents can be involved in planning, monitoring and evaluation of healthcare services? What about their involvement in decision regarding their own health or care?

#### **Barriers and next steps**

16. What are the main barriers/obstacles that adolescents face in PHC facilities? **Probe:** *How do the cultural peculiarities affect provision of AFHS and specifically reproductive health services? Please comment on differences between Yerevan and marzes.*
17. What are the barriers of successful implementation of AFHS in Armenia? **Probe:** *How can those barriers be overcome?*
18. In your opinion, how can the quality and friendliness of health services for adolescents be improved? **Probe:** *Self-assessment, participation in continuous quality improvement.*

Thank you!

## Հարցազրույցի ուղեցույց փորձագետների համար

### Ղեռահասներին բարյացակամ առողջապահական ծառայությունները Հայաստանում

1. Կարո՞ղ եք նկարագրել Հայաստանում վերջին տարիներին ղեռահասների առողջության պահպանման ոլորտում ունեցած հիմնական ծրագրերը:
2. Այժմ խնդրում եմ նշեք, թե ի՞նչ առաջընթաց է գրանցվել Հայաստանում Առողջապահության համաշխարհային կազմակերպության կողմից առաջարկվող «ղեռահասներին՝ բարյացակամ» առողջապահական ծառայությունների ներդրման գործում:
3. Հայաստանում ղեռահասներին բարյացակամ առողջապահական ծառայություններ վերաբերող ի՞նչ ազգային ուղեցույցներ կան: Ի՞նչ այլ միջազգային փաստաթղթեր կամ չափորոշիչներ են օգտագործվում Հայաստանում ղեռահասներին բարյացակամ առողջապահական ծառայությունները կարգավորելու նպատակով:
4. Ղեռահասներին բարյացակամ առողջապահական ծառայությունների համատեքստում, որո՞նք են պետության կողմից երաշխավորված հիմնական ծառայությունները: *Վերարտադրողական առողջության ծառայություններ և սեռավարակների բուժում, խորհրդատվություն վնասակար սովորությունների վերաբերյալ, ղեռահասների մեկուսիտություն և գաղտնիություն, առողջ ապրելակերպ, առողջ սնուցում:*
5. Հիմնվելով ձեր փորձառության վրա, կարո՞ղ եք գնահատել, թե ինչպես են ղեռահասներին բարյացակամ առողջապահական ծառայությունների հիմնական բաղադրիչներն իրականացվում Հայաստանում: *Կարո՞ղ ենք պնդել, որ գործողությունները հաջողված են:* Կարծում եք Հայաստանի առողջապահական համակարգը ունի՞ համապատասխան կարողություններ ղեռահասներին բարյացակամ առողջապահական ծառայություններ իրականացնելու համար: *Այս հարցերին պատասխանելիս խնդրում եմ համեմատեք Երևանը այլ մարզերի հետ:*

## **Վերարտադրողական առողջության ծառայություններ դեռահասների համար**

6. Վերարտադրողական առողջության վերաբերյալ ի՞նչ ծառայություններ են տրամադրվում դեռահասներին պոլիկլինիկայում: Խնդրում եմ նշեք այդ ծառայությունները ստանալիս դեռահաս տղաներին և աղջիկներին հանդիպող հիմնական խոչընդոտները: Ի՞նչ քայլեր են անհրաժեշտ պոլիկլինիկաներում դեռահասների կողմից վերարտադրողական առողջության ծառայություններից օգտվելը խթանելու համար:

## **Որակի միջազգային չափորոշիչներ**

7. Ի՞նչ եք կարծում առողջությանը վերաբերող թեմաների մասին դեռահասների տեղեկացվածության մակարդակի մասին: Ինչ եք կարծում, ո՞վ է պատասխանատու դրա բարելավման համար:
8. Ինչպիսի՞նն է համայնքի (ծնողներ, ընկերների շրջանակ) դերը դեռահասների կողմից առողջապահական ծառայություններից օգտվելը խթանելու գործում:
9. Ի՞նչ եք կարծում դեռահասների համար սահմանված պետության կողմից երաշխավորված ծառայությունների փաթեթի մասին. արդյո՞ք այն սպառիչ է:
10. Կցանկանայինք իմանալ ձեր կարծիքը դեռահասներին բարյացակամ առողջապահական որակյալ ծառայություններ տրամադրելու բուժաշխատողների հմտությունների և կարողությունների մասին:
11. Ի՞նչ կասեք պոլիկլինիկաների մասին. դրանք տեխնիկապես հագեցված են հյուրընկալ և մաքուր միջավայրում դեռահասներին բարյացակամ առողջապահական ծառայություններ տրամադրելու համար:
12. Ի՞նչ եք կարծում պոլիկլինիկաներում դեռահասների մեկուսիության և գաղտնության պահպանման խնդիրների մասին: Արդյոք դրանք պատշաճ կերպով պահպանվո՞ւմ են:

13. Ձեր կարծիքով, հնարավոր է որ դեռահասներին պոլիկլինիկայում մերժեն տրամադրել որոշակի առողջապահական ծառայություններ: *Եթե այո, ապա խնդրում եմ նշեք, թե որ դեպքերում է դա հնարավոր:*
14. Ձեր կարծիքով, կան արդյոք առողջապահական ծառայություններ, որոնք անտեղի/ անհամապատասխան են Հայաստանում դեռահասների համար:
15. Կարո՞ղ եք նշել տարբերակներ, թե ինչպես կարելի է ներառել դեռահասներին առողջապահական ծառայությունների պլանավորման, մշտադիտարկման և գնահատման աշխատանքներում: Իսկ ի՞նչ կասեք առողջության վերաբերյալ որոշումներ կայացնելուն իրենց մասնակցության մասին:

**Խոչընդոտներ և հետագա քայլեր**

16. Որո՞նք են պոլիկլինիկաներում դեռահասներին ամենահաճախ հանդիպող դժվարությունները/խնդիրները: *Ինչպե՞ս են մշակութային առանձնահատկությունները ազդում դեռահասներին բարյացակամ առողջապահական ծառայությունների և վերարտադրողական առողջության ծառայությունների իրականացման վրա: Խնդրում եմ բնութագրեք Երևանի և մարզերի միջև եղած տարբերությունները:*
17. Որո՞նք են դեռահասներին բարյացակամ առողջապահական ծառայությունների իրականացման խոչընդոտները Հայաստանում:
18. Ձեր կարծիքով, ինչպե՞ս է կարելի բարելավել դեռահասներին տրամադրվող առողջապահական ծառայությունների որակը և բարյացակամությունը: *Ինքնազնահատումներ, մասնակցություն շարունակական բարելավման աշխատանքներին:*

**Շնորհակալություն**

### **Interview guide for health facility managers**

#### **Adolescent-friendly health services in the PHC facilities**

1. What do you know about adolescent-friendly health services in general and in the context of your health facility?
2. What is done in your healthcare facility to make services adolescent-friendly? **Probe:** *reproductive health services and STIs, counseling on bad habits maintaining privacy and confidentiality of adolescents, healthy lifestyle and healthy nutrition.*
3. What are the main barriers of adolescent friendly services in your healthcare facility? **Probe:** *What about Armenia?*
4. Is there any other organizations (for example, social) that provide services to adolescents in the catchment area (population served by this facility)? (20) **Probe:** *Do you have the specific list of those?*
5. What SOPs or guidelines do use for provision of healthcare services in your PHC facility? Anything related to adolescents' care?
6. What services for adolescents are required and covered in the State Program?
7. Which healthcare providers serve adolescent clients and what are their responsibilities? What specific responsibilities do the healthcare providers have related to adolescents' care provision? **Probe:** *Do you have job descriptions for each category of staff (physician, nurse, etc.)?* (24)
8. How do you identify adolescents' opinions about the services and their experience of care? (74)
9. In your facility, what procedures are implemented to ensure privacy, confidentiality and the security of medical information? (38)

#### **Continuous professional education**

10. What trainings on adolescents' health did you undergo on adolescents' health as a facility manager? **Probe:**
  - a) *Quality improvement for adolescent health care?*
  - b) *Supportive supervision for adolescent health care?* (25,26, 60, 62)

- c) *Communication skills to talk to adolescents (3), visitors (10),*
- d) *policy on privacy and confidentiality (26),*
- e) *clinical case management (25),*
- f) *importance of respecting rights of adolescents (26),*
- g) *policies on free affordable services for adolescents (51),*
- h) *data collection, analysis and use for quality improvement (60).*

11. How about training of outreach workers<sup>1</sup> in adolescent health care? (30) Does your facility have budget for continuous professional education in adolescent healthcare for the health providers?

### **Facility characteristics**

12. Please also reflect on availability of basic amenities (electricity, water, sanitation and waste disposal). (37) What about sufficiency of the budget to ensure availability of basic amenities? (37)

13. How do you ensure procurement and stock management of medicines, equipment and supplies necessary to deliver the required package of services (is there any specification for adolescents)? (39) Do you have an updated list of those supplies? (39, 40)

14. What informational materials related to adolescent's health do you have displayed in the facility? **Probe:** *The rights of adolescents to information, non-judgmental attitude and respectful care? The policy commitment of the health facility to provide health services to all adolescents without discrimination and to take remedial actions, if necessary? The policy on confidentiality and privacy? The policy on free or affordable service provision for adolescents? (27)*

### **Health literacy of adolescents**

15. What does the healthcare facility do to inform adolescents/adults/parents/guardians about the value of providing services to adolescents? (5, 12) **Probe:** *Is there a specific plan of actions?*

16. What type of activities do you implement towards healthcare providers, support staff, outreach workers to support services provided to adolescents? (66)

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<sup>1</sup> *Outreach worker - Any volunteer who performs functions related to outreach health-care delivery on behalf of the health system. Outreach workers are not health-care professionals, but receive special training to perform their functions. An example of an outreach worker is a peer educator*

17. Are there community agencies and organizations that you collaborate with, to increase adolescent use of services. (11)
18. Do you think adolescents can educate each other on certain health related topics? How important is their role in educating their peers?
19. Have you ever implemented actions to train adolescents in providing certain services to peers (e.g. health education for peers, counselling)? Please elaborate. (76) What would you suggest to improve communication between adolescents?

**Quality of healthcare services provided to adolescents**

20. What do you think about the quality of services currently provided to adolescents in your health facility?
21. Do you conduct self-assessments in your facility? When was the latest one conducted? What was the purpose of self-assessment? *Probe: How was the self-assessment used for quality improvement?* (65)
22. What other quality improvement activities have you initiated in your healthcare facility? (64)
23. What do you think should be done to improve the quality and friendliness of services provided to adolescents?
24. The WHO recommends that adolescents should be involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care as well as in certain appropriate aspects of service provision. Is there any way that adolescents can be involved in these procedures? Please elaborate on this. (71)

Thank you!



## Բուժհաստատությունների տնօրենների հետ խորացված հարցազրույցի ուղեցույց

### Պոլիկլինիկաներում դեռահասներին բարյացակամ առողջապահական

#### ծառայություններ

1. Ի՞նչ գիտեք դեռահասներին բարյացակամ ծառայությունների մասին:
2. Ի՞նչ աշխատանքներ են տարվել ձեր բուժհաստատությունում դեռահասներին մատուցվող առողջապահական ծառայությունները բարյացակամ դարձնելու ուղղությամբ: *Վերարտադրողական առողջության ծառայություններ և սեռավարակների բուժում, խորհրդատվություն վնասակար սովորությունների վերաբերյալ, դեռահասների մեկուսիություն և գաղտնիություն, առողջ ապրելակերպ, առողջ սնուցում:*
3. Կարող եք նշել ձեր պոլիկլինիկայում դեռահասներին բարյացակամ ծառայություններ մատուցելու հիմնական խոչընդոտները: *Ի՞նչ խոչընդոտներ կարող եք նշել Հայաստանի մակարդակով:*
4. Ձեր բուժհաստատության կողմից սպասարկվող դեռահասներին որևէ այլ կազմակերպություն տրամադրում է առողջապահական ծառայություններ (օրինակ հասարակական կազմակերպություն և այլն): *(20) Ունե՞ք այդ կազմակերպությունների հատուկ ցանկ:*
5. Բժշկական ծառայություններ մատուցելիս ի՞նչ ստանդարտ ընթացակարգեր կամ ուղեցույցներ են օգտագործվում ձեր պոլիկլինիկայում: Կա՞ն այնպիսիները, որոնք ուղղված են դեռահասների առողջությանը:
6. Խնդրում եմ նշեք դեռահասների համար պարտադիր, պետության կողմից երաշխավորված առողջապահական ծառայությունները:
7. Ո՞ր բուժաշխատողներն են առընչվում դեռահասների հետ և որո՞նք են իրենց պարտականությունները: Ինչպիսի՞ առանձնահատուկ պարտականություններ ունեն դեռահասներին առողջապահական ծառայություններ տրամադրող

բուժաշխատողները: *Ունե՞ք առանձին աշխատանքի նկարագրություններ յուրաքանչյուր խումբ աշխատողների համար (բժիշկ, բուժքույր և այլն):* (24)

8. Ինչպե՞ս եք բացահայտում դեռահասների կարծիքը տրամադրվող առողջապահական ծառայությունների վերաբերյալ: Եվ ինչպե՞ս եք բացահայտում դեռահասների բուժման հետ կապված փորձառությունը: (74)
9. Ի՞նչ գործընթացներ են իրականացվում ձեր բուժհաստատությունում դեռահասների բժշկական տեղեկատվության մեկուսիությունը, գաղտնիությունը և անվտանգությունը ապահովելու համար: (38)

### **Շարունակական մասնագիտական զարգացում**

10. Դեռահասների առողջության վերաբերյալ ի՞նչ վերապատրաստումների եք մասնակցել որպես բուժհաստատության ղեկավար:
  - a. *ծառայությունների որակի բարելավման,*
  - b. *Վերահսկում մատուցվող ծառայությունների բարելավման նպատակով (25, 26 ,60, 62)*
  - c. *դեռահասների (3)և այլ այցելուների (10) հետ հաղորդակցման հմտությունների,*
  - d. *մեկուսիության և գաղտնիության քաղաքականության (26),*
  - e. *բժշկական դեպքերի վարման (25),*
  - f. *դեռահասների իրավունքները կարևորելու (26),*
  - g. *դեռահասների համար անվճար և մատչելի ծառայությունների (51),*
  - h. *տվյալների հավաքագրման, դրանք վերլուծելու և որակի բարելավման գործընթացների մեջ օգտագործելու թեմաներով (60):*
11. Ի՞նչ կասեք համայնքներում դեռահասներին առողջապահական ծառայություններ մատուցող ձեր աշխատակիցների վերապատրաստումների մասին: Ձեր պոլիկլինիկայում ունե՞ք բուժաշխատողների շարունակական մասնագիտական զարգացման համար նախատեսված բյուջե: (30)

## Բուժհաստատության առանձնահատկությունները

12. Ի՞նչպես եք ապահովում հիմնական հարմարությունների (էլեկտրաէներգիայի, ջրի, կոյուղու և թափոնների հեռացման աշխատանքների) մշտական հասանելիությունը: (37) Բյուջեն բավարարու՞մ է սրանց առկայությունը ապահովելու համար: (37)
13. Ինչպե՞ս եք ապահովում դեռահասների համար պարտադիր առողջապահական ծառայություններ տրամադրելու համար անհրաժեշտ դեղամիջոցների, սարքավորումների և այլ նյութերի մատակարարումը և անհրաժեշտ քանակությամբ պաշարների առկայությունը (դեռահասների համար դրանք ինչ որ կերպ տարբերվու՞մ են): (39)
14. Դեռահասների համար նախատեսված ի՞նչ տեղեկատվական/կրթական նյութեր ունեք փակցված պոլիկլինիկայի տարածքում: *Դեռահասների տեղեկացված լինելու, ոչ քննադատող վերաբերմունքի և հարգալից խնամքի իրավունքը: Դեռահասներին առանց խտրականությունների առողջապահական ծառայություններ մատուցելու բուժհաստատության հանձնառությունն արտահայտող քաղաքականություն: Մատուցվող ծառայությունների մեկուսիության և գաղտնիության վերաբերյալ քաղաքականություն: Դեռահասներին անվճար կամ մատչելի ծառայություններ տրամադրելու քաղաքականություն:* (27)

## Դեռահասների տեղեկացվածությունը առողջության վերաբերյալ

15. Ի՞նչ քայլեր է իրականացնում ձեր պոլիկլինիկան դեռահասներին, մեծահասակներին/ ծնողներին/ խնամակալներին դեռահասների առողջապահական ծառայությունների նշանակության/ կարևորության մասին տեղեկացնելու ուղղությամբ: (5, 12) *Կա՞րողյոք գործողությունների որոշակի պլան:*

16. Ի՞նչ գործողություններ եք իրականացնում բուժաշխատողների, աջակցող անձնակազմի, համայնքներում աշխատող աշխատակիցների հետ դեռահասներին ծառայությունների տրամադրումը խթանելու նպատակով: (66)
17. Կան արդյոք համայնքային կազմակերպությունները, որոնց հետ դուք համագործակցում եք, դեռահասների առողջապահական ծառայությունների դիմելիությունը խթանելու նպատակով: (11)
18. Ի՞նչ եք կարծում, առողջությանը վերաբերող որոշակի թեմաներով դեռահասները ունակ են կրթել մեկը մյուսին: Ըստ ձեզ, որքանո՞վ է կարևոր դեռահասների, իրենց ընկերներին, կրթելու գործառույթը:
19. Երբևիցե իրականացրե՞լ եք կրթական աշխատանքներ դեռահասների շրջանում իրենց հասակակիցներին առողջության վերաբերյալ կրթություն կամ խորհրդատվություն տրամադրելու ունակություններ զարգացնելու նպատակով: Խնդրում եմ մանրամասնեք: (76) Ի՞նչ կառաջարկեք դեռահասների միջև հաղորդակցությունը խթանելու գործում:

### **Դեռահասներին տրամադրվող առողջապահական ծառայությունների որակը**

20. Ինչպե՞ս կգնահատեք ձեր պոլիկլինիկայում դեռահասներին մատուցվող առողջապահական ծառայությունների որակը:
21. Ձեր պոլիկլինիկայում ինքնագնահատումներ իրականացնո՞ւմ եք: Երբ է իրականացվել վերջին ինքնագնահատումը: Ո՞րն էր այդ ինքնագնահատման նպատակը: *Ինչպե՞ս է ինքնագնահատումն օգտագործվել որակի բարելավման նպատակով:* (65)
22. Որակի բարելավմանն ուղղված ի՞նչ այլ գործողություններ են իրականացվել ձեր պոլիկլինիկայում: (64)
23. Ինչ եք կարծում, ի՞նչ պետք է արվի դեռահասներին մատուցվող ծառայությունների որակը և բարյացակամությունը բարելավելու նպատակով:

24. ԱՀԿ-ն առաջարկում է, որ դեռահասները ներգրավված լինեն առողջապահական ծառայությունների պլանավորման, մոնիտորինգի և գնահատման գործընթացներում, ինչպես նաև իրենց առողջությանը վերաբերող որոշումների կայացման մեջ: Խնդրում եմ մեկնաբանեք, թե դեռահասները ի՞նչ եղանակով կարող են ներգրավված լինել վերոհիշյալ գործընթացներում: Խնդրում եմ մանրամասնել: (71)

Շնորհակալություն

### Interview guide for healthcare providers

#### Primary healthcare providers' role in promoting adolescents health literacy

1. What age group do you treat as adolescence? Could you mention what is the approximate proportion of adolescent clients that you serve?
2. Please share with us your understanding about the Adolescent Friendly Health Services?
3. How do adolescents learn about availability of health, social and other services? What information do you provide to adolescents regarding these services? (6)
4. How do adults/parents/guardians visiting your health facility learn about services available for adolescents and about the importance of those services by adolescents?  
**Probe:** *Do you inform them about services available for adolescents?* (14)
5. Does your healthcare facility implement health education activities o adolescents in the communities (for instance schools)? **Probe:** *For example, have you ever participated in events in schools, or other community organizations to inform parents/guardians and teachers and other community members about the health services available for adolescents and the importance of using those services?* (15, 16)
  - a. *Is there an established plan for outreach activities in the communities?* (5)
  - b. *Who are involved in outreach activities<sup>2</sup>? How has the healthcare facility trained the outreach workers<sup>3</sup> to provide education services?* (4)
  - c. *In what outreach activities have you participated recently? What topics are usually discussed with communities during outreach sessions?* (7)

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<sup>2</sup> Outreach (health-care delivery) – Any health-related activity coordinated by the health system that takes place off-site (outside the health facility premises). Outreach activities can be performed by healthcare providers (for example, primary care nurses that perform classroom health education or doctors that perform medical check-ups in schools), or by outreach workers (see definition below). The purpose of outreach activities in adolescent health care is to reach adolescents by bringing services close to where they are: schools, universities, clubs, churches, workplaces, street settings, shelters or wherever young people gather. Examples of outreach activities include health education and distribution of commodities such as condoms.)

<sup>3</sup> Outreach worker - Any volunteer who performs functions related to outreach health-care delivery on behalf of the health system. Outreach workers are not health-care professionals, but receive special training to perform their functions. An example of an outreach worker is a peer educator.

- d. *Have you ever participated in actions to improve adolescents' capacity in health education or counselling of peers?* (76)

### **Community support on service provision to adolescents**

6. Do community organizations support PHC facilities and healthcare providers focusing on service provision to adolescents? Please describe. **Probe:** *Who are involved in the development of health education and behavior oriented strategies and materials?* (13)
  - a. *How does the community support the provision of reproductive health services to adolescents?*

### **Package of services provided to adolescents**

7. What are the main services that you provide to adolescents as a part of the required package of the State Program? (21) According to the State Program, what are the services to be provided to adolescents specifically in communities (e.g. schools)?
8. What services adolescents have to pay for?
9. What documents guide provision of free and/or paid services to adolescents? (50) How have you been trained on this policy? (51)
10. In the scope of the State Program, what are the procedures for making/how do you make referrals to other healthcare services/providers/facilities for adolescents? What SOPs/guideline describe the referral systems (referrals and planned transition from pediatric to adult care)? (19, 20)

### **Healthcare providers' competencies and facility characteristics**

11. What are your job roles and responsibilities in the context of provision of healthcare services to adolescents? (18) **Probe:** *information, counselling, treatment, and care services.* How have you been informed about those? Who discussed them with you (e.g., facility manager)? (24)
12. How confident do you feel about your knowledge on how to provide care to adolescents? (27)
13. What continuous professional education trainings have you attended to enhance expertise in adolescents' health care and to improve your counseling skills to particularly deal with adolescents? (3, 10, 30) How often do you participate in those trainings? Is there a system

in your health facility so that you can regularly attend continuous professional education trainings?

14. Please indicate what protocols and guidelines do you use while providing services to adolescents? Are they evidence-based tools? What health services do they include? (31)
  - a. Are there any protocols or guidelines that touch upon non-discriminatory services to all adolescents? **Probe:** *Irrespective of their ability to pay, age, sex, marital status or other characteristics?* (49)
15. How do you understand adolescent-friendly communication? (32) How comfortable do you feel in your ability to relate to adolescents and answer their questions? (3) What specific steps do you implement to make your communication with adolescents friendly? Imagine you met an adolescent for the first time. How would you start a conversation with him/her? **Probe:** *Introduce yourself first to the adolescent? Ask the adolescent what he/she likes to be called? Ask the adolescent who he/she has brought with him/her to the consultation? Ask the adolescent permission to ask the accompanying person(s) their opinions/observations?*
16. Please describe the specific actions you take during the counseling to ensure privacy and confidentiality of adolescents? **Probe:** *Inform adolescents that are accompanied that you would like to spend some time with them alone. Ensure that no one can see or hear the adolescent client from outside during the consultation or counselling? Ensure that there is a screen between the consultation and examination area? Assure the adolescent client that no information will be disclosed to any one (parents/other) without his/her permission? Explain to the adolescent client the conditions when you might need to disclose information, such as in situations required by law, and if that is the case you will inform him/her of the intention to disclose unless doing so would place them at further risk of harm? Keep all records/lab test reports under lock and key or password protected in the computer?*
17. How do you understand adolescents' rights? Please define the rights. What policies/SOPs/guidelines protect the privacy and confidentiality of adolescents in the health facility? When and how did you get to know that policy? **Probe:** *How have you been trained on the policy guiding privacy and confidentiality of adolescents' healthcare?* (26)



18. How do you obtain adults/parents/guardians' informed consent (whenever needed) for services/procedures provision to adolescents? (75)
19. What SOPs/guidelines exist on informed consent? (73)
20. How are the adolescents involved in any aspects of service provision such as decision making regarding their own health and care? (79)
21. What measures are implemented to protect the privacy and confidentiality of adolescents in your health facility? (38) In which circumstances you would violate privacy and confidentiality of adolescents? **Probes:** 1. *Non-disclosure of information to third parties*, 2. *Authorized use of case records*, 3. *Separate consultation and examination areas (by curtains on windows and doors)*, 4. *Prevention of unauthorized access to electronically stored information* and 5. *Maintenance of confidentiality while gathering information on adolescent identity and health concerns*.
22. What do you think about your time allocated to adolescent clients? Is it sufficient?
23. How do you deal with waiting times and what do you do to minimize them? (41)
24. What do you think, are the operating hours actually convenient for adolescents? (41)
25. What about the flexibility in appointment procedures? (36) What would happen if adolescents came without an appointment? (41)

### **Equity and non-discrimination**

26. What groups of adolescents do you not feel comfortable dealing with? Could you explain why you feel uncomfortable?
27. Please describe the characteristics of adolescents that can be denied of services? **Probe:** *sex, age, marital status or ability to pay?*
28. What are the services that can be denied to a certain group of adolescents? **Probe:** *hormonal contraceptives, condoms, STI treatment, HIV testing and counselling and medical termination of pregnancy* (55)
29. Please recall cases when adolescents were denied of services because of non-availability of services or equipment? How was the situation resolved?
30. What vulnerable groups of adolescents exist in your community? (53) Are they engaged/Have they ever been engaged in the planning, monitoring and evaluation of health services? How? (56)

### **Quality improvement of services provided to adolescents**

31. What do you think about the quality of services currently provided to adolescents? What do you think should be done to improve the quality and friendliness of services provided to adolescents?
32. How do you report data on services utilization by adolescents along with the sex of adolescents? (68)
33. Have you ever participated in any assessment of healthcare services provided to adolescents?
  - a. Did you receive trainings on data collection, analysis and use for quality improvement? (60)
  - b. How are the data of assessment were analyzed and integrated for improvement of adolescent health care? (65)
34. How is your work with adolescents supervised? *With the purpose of quality improvement what feedback have you received from your supervisor? (66)*
35. What kind of support do you receive from your supervisor to improve the quality of care for adolescents?
36. How does this organization recognize and reward good performance? (67) What can improve your motivation to improve the quality of care for adolescents? (70)  
*Do you feel motivated to improve the quality of care for adolescents, and to comply with quality standards?*

### **Summarizing questions**

37. What are the main barriers to providing adolescent friendly services in your healthcare facility? **Probe:** *What about Armenia?*
38. Please recall some successful stories related to AFHS provision? Why were they successful?
39. Now recall some negative stories related to AFHS provision? Please explain what were the problems?
40. Please indicate directions for improving AFHS?

Thank you!

## Հարցազրույցի ուղեցույց բուժաշխատողների համար

### Պոլիկլինիկաների բուժաշխատողների դերը առողջության վերաբերյալ դեռահասաների տեղեկացվածության խթանման գործում

1. Տարիքային ո՞ր խումբն էք դուք դիտարկում որպես դեռահասություն: Կարող էք մոտավոր նշել, թե ձեր կողմից սպասարկվող բնակչության ո՞ր մասն են կազմում դեռահասները:
2. Խնդրում եմ կիսվեք դեռահասներին բարյացակամ առողջապահական ծառայությունների վերաբերյալ ձեր պատկերացմամբ:
3. Ինչպես են դեռահասները տեղեկանում իրենց համար նախատեսված առողջապահական, սոցիալական և այլ ծառայությունների մասին: Իսկ ի՞նչ տեղեկատվություն էք դուք տրամադրում դեռահասներին թվարկված ծառայությունների վերաբերյալ: (6)
4. Ինչպե՞ս են ձեր պոլիկլինիկա այցելող մեծահասակները/ ծնողները/ խնամակալները տեղեկանում դեռահասների համար հասանելի առողջապահական ծառայությունների մասին և դրանց կարևորության մասին: *Տեղեկացնու՞մ էք դեռահասներին առկա ծառայությունների մասին:* (14)
5. Ձեր պոլիկլինիկան համայնքներում, օրինակ՝ դպրոցներում, իրականացնում է առողջության վերաբերյալ որևէ կրթական/տեղեկատվական աշխատանք (դպրոցներում կամ այլ համայնքային կազմակերպություններում որոշակի միջոցառումների, ծնողներին/խնամակալներին, ուսուցիչներին և համայնքի այլ անդամներին դեռահասների համար հասանելի ծառայությունների և այդ ծառայություններից օգտվելու կարևորության մասին տեղեկացնելու նպատակով): (15, 16)
  - a. Կա՞ համայնքային աշխատանքների իրականացման որոշակի պլան: (5)
  - b. Ձեր պոլիկլինիկայում ովքեր են իրականացնում համայնքային աշխատանքներ: Ինչպե՞ս են այդ աշխատակիցները պոլիկլինիկայի

*կողմից վերապատրաստվել կրթական աշխատանքներ իրականացնելու համար: (4)*

*c. Ի՞նչ համայնքային աշխատանքների էք մասնակցել վերջերս: Ո՞ր թեմաներն են հաճախ քննարկվում այդ համայնքային միջոցառումների ժամանակ: (7)*

*d. Երբն է մասնակցել էք դեռահասներին միմյանց առողջության վերաբերյալ խորհրդատվություն կամ կրթում տրամադրելու կարողությունների զանրգացմանը: (76)*

**Համայնքային աջակցությունը դեռահասներին առողջապահական ծառայությունների տրամադրման գործում**

6. Համայնքային կազմակերպությունները աջակցո՞ւմ են պոլիկլինիկաներին և բուժաշխատողներին դեռահասներին ծառայությունների տրամադրման գործում: Խնդրում եմ նկարագրել այդ աջակցությունը: *Ովքեր են ներառված առողջության վերաբերյալ կրթման և վարքաբանական ռազմավարությունների և նյութերի մշակման գործում: (13)*

*a. Ինչպե՞ս են համայնքները աջակցում դեռահասներին վերարտադրողական առողջության ծառայություններ տրամադրելուն:*

**Դեռահասների համար նախատեսված առողջապահական ծառայությունների փաթեթ**

7. Որո՞նք են դեռահասներին տրամադրվող պետության կողմից երաշխավորված հիմնական ծառայությունները: (21) Ի՞նչ ծառայություններ կան, որ պետք է տրամադրվեն հենց համայնքներում (օրինակ՝ դպրոցներում):

8. Պոլիկլինիկայում ո՞ր ծառայությունների համար դեռահասները պետք է վճարեն:

9. Ի՞նչ փաստաթղթեր են ուղորդում դեռահասներին անվճար կամ վճարովի առողջապահական ծառայությունների տրամադրումը: (50) Ինչպե՞ս եք տեղեկացվել/ վերապատրաստվել այս քաղաքականության վերաբերյալ: (51)
10. Ինչպե՞ս եք իրականացնում դեռահասների պետ պատվերով սահմանված ուղեգրումները դեպի այլ ծառայություններ, բուժաշխատողներ կամ բուժհաստատություններ: Ի՞նչ ուղեցույցեր/ընթացակարգեր են նկարագրում այդ ուղեգրումները (մանկական ծառայություններից մեծահասակների համար ծառայությունների անցումը): (19, 20)

**Բուժաշխատողների ունակությունները և բուժհաստատության առանձնահատկությունները**

11. Ո՞րն է ձեր դերը և որո՞նք են ձեր պարտականությունները դեռահասներին առողջապահական ծառայությունների տրամադրման համատեքստում: (18) *Տեղեկատվություն, խորհրդատվություն, բուժում և խնամք*: Ինչպե՞ս եք տեղեկացվել դրանց մասին: Ո՞վ է դրանք քննարկել ձեզ հետ (օրինակ՝ պոլիկլինիկայի տնօրենը): (24)
12. Որքանո՞վ եք վստահ դեռահասներին ծառայություններ տրամադրելու ձեր գիտելիքների մեջ: (27)
13. Ի՞նչ շարունակական մասնագիտական զարգացման վերապատրաստումների եք մասնակցել դեռահասների առողջության ոլորտում ձեր փորձառությունը և նրանց հետ հաղորդակցման հմտությունների բարելավման վերաբերյալ: (3, 10, 30) Որքա՞ն հաճախ եք մասնակցում նման վերապատրաստումների: Ձեր պոլիկլինիկայում կա՞ այնպիսի մոտեցում, որն ապահովի բուժաշխատողների պարբերաբար մասնակցությունը նման վերապատրաստումներին:
14. Ի՞նչ ուղեցույցեր կամ ընթացակարգեր եք կիրառվում ձեր պոլիկլինիկայում, դեռահասներին առողջապահական ծառայություններ տրամադրելիս: Դրանք ապացույցների վրա հիմնվա՞ծ գործիքներ են: Ի՞նչ առողջապահական ծառայությունների վերաբերյալ են դրանք: (31)

Արդյոք այս ուղեցույցներն անդրադառնում են առանց խտրականությունների առողջապահական ծառայություններ տրամադրելուն:

*Անկախ իրենց վճարունակությունից, տարիքից, սեռից, ամուսնական կարգավիճակից կամ այլ առանձնահատկություններից: (49)*

15. Ինչպե՞ս էք հասկանում «դեռահասներին՝ բարյացակամ» հաղորդակցություն հասկացությունը: (32) Որքանո՞վ էք ձեզ վստահ զգում դեռահասների հետ հաղորդակցվելու և նրանց հարցերին պատասխանելու ձեր ունակության հարցում: (3) Ի՞նչ կոնկրետ քայլեր էք ձեռնարկում իրենց հետ ձեր հաղորդակցությունը բարյացակամ/ընկերական դարձնելու համար:

Պատկերացրեք, որ դեռահասին հանդիպել էք առաջին անգամ. ինչպե՞ս կսկեք շփումն իր հետ: *Սկզբում ներկայացեք դեռահասին: Հարցրեք իրեն, թե ինչպես կցանկանա որ դիմեք իրեն: Հարցրեք, թե ում հետ է եկել խորհրդատվության: Ձեռք բերեք դեռահասի թույլտվությունը իրեն ուղորդող անձի կարծիքը/ դիտարկումները հարցնելու համար:*

16. Խնդրում եմ նշեք կոնկրետ քայլեր, որ կատարում էք խորհրդատվության ժամանակ, դեռահասի մեկուսիությունն ու գաղտնիությունը ապահովելու համար: *Տեղեկացնել դեռահասին ուղորդող անձին, որ պետք է առանձին դեռահասի հետ որոշ ժամանակ անցկացնեք: Ապահովել, որ ոչ-ոք չի կարող դիմել տեսնել կամ լսել դեռահասին խորհրդատվության ընթացքում: Ապահովել, որ խորհրդատվության և դեռահասի զննման տարածքները առանձնացված լինեն: Վստահեցնել դեռահասին, որ իր անձնական տեղեկատվությունը չի տրամադրվի այլ անձանց առանց իրենց թույլտվության, թեկուզ և իրենց ծնողներին/խնամակալներին: Բացատրել դեռահասներին այն իրավիճակների մասին, երբ ստիպված կլինեք բացահայտել որոշակի տեղեկատվություն, օրինակ իրավիճակներ, որոնք սահմանված են օրենքով, և որ այդ իրավիճակում դուք կտեղեկացնեք իրենց տեղեկատվությունը բացահայտելու ձեր մտադրության մասին, չհաշված այն դեպքերը, երբ դա*

*կարող է վնաս պատճառել դեռահասին: Պահել բոլոր պատմագրերը/  
լաբորատոր թեստերի արդյունքները փակի տակ կամ պաշտպանված  
գաղտնաբառով համակարգում:*

17. Ինչպե՞ս եք հասկանում/ ընկալում դեռահասների իրավունքները: Խնդրում եմ սահմանեք իրենց իրավունքները: Ի՞նչ ուղեցույցներ կամ ընթացակարգեր են ձեր պոլիկլինիկայում ապահովում դեռահասների մեկուսիությունը և գաղտնիությունը: Ինչպե՞ս եք տեղեկացել այդ քաղաքականության վերաբերյալ: *Ինչպե՞ս եք վերապատրաստվել դեռահասների մեկուսիությունը և գաղտնիությունը պաշտպանող քաղաքականության վերաբերյալ:* (26)

18. Ինչպե՞ս եք ստանում մեծահասակների/ ծնողների/ խնամակալների իրազեկ համաձայնությունը (անհրաժեշտության դեպքում) դեռահասներին որոշակի ծառայություններ մատուցելու համար: (75)

19. Ի՞նչ ընթացակարգեր կան իրազեկ համաձայնության վերաբերյալ: (73)

20. Ինչպե՞ս են դեռահասները ներգրավված առողջապահական ծառայությունների տրամադրման գործընթացներում, օրինակ՝ իրենց առողջության վերաբերյալ որոշումներ կայացնելու հարցում: (79)

21. Ի՞նչ քայլեր են ձեռնարկվում ձեր պոլիկլինիկայում դեռահասների մեկուսիության և գաղտնիության պահպանման համար: (38) Ի՞նչ իրավիճակներում դուք կխախտեք դեռահասների մեկուսիությունը և գաղտնիությունը:

*1. Տեղեկատվության պահպանումը և չբացահայտումը երրորդ անձին:*

*2. Պատմագրերի լիազորված օգտագործում: 3. Առանձին գնման և խորհրդատվության տարածքներ (դռների և պատուհանների վարագույրներ):*

*4. Էլեկտրոնային տվյալների ոչ լիազորված օգտագործման կանխում:*

*5. Գաղտնիության պահպանում դեռահասների գանգատների կամ դեռահասների ինքնության հաստատման ժամանակ:*

22. Ինչ եք կարծում, դեռահասներին հատկացված ժամանակը բավարա՞ր է:

23. Ինչպե՞ս եք կառավարում սպասելաժամերը և ի՞նչ եք անում դրանք նվազագույնի հասցնելու համար: (41)
24. Ինչ եք կարծում, պոլիկլինիկայի աշխատաժամերը հարմա՞ր են դեռահասների համար: (41)
25. Ի՞նչ կասեք այցի համար պայմանավորվածությունն ձեռք բերելու պրոցեսի մասին, արդյո՞ք այն ճկուն է: (36) Ի՞նչ կլինի, եթե դեռահասները այցելեն առանց նախապես պայմանավորվածությունն ձեռք բերելու: (41)

**Հավասարություն և առանց խտրականությունների ծառայությունների մատուցում**

26. Ո՞ր տարիքի դեռահասների հետ եք ավելի դժվարանում աշխատել: Կարո՞ղ եք նշել պատճառը:
27. Խնդրում եմ նշեք դեռահասների այն հատկանիշները (*սեռ, տարիք, ամուսնական կարգավիճակ կամ վճարունակություն*), որոնց պատճառով կարող եք չտրամադրել որոշակի ծառայություններ:
28. Ի՞նչ տեսակի ծառայություններ կարող են մերժվել և չտրամադրվել դեռահասներին: *Հորմոնալ հակաբեղմնավորիչներ, պահպանակներ, սեռավարակների բուժում, ՄԻԱՎ-ի ստուգում և խորհրդատվություն, հղիության բժշկական ընդհատում*: (55)
29. Խնդրում եմ հիշեք դեպք, երբ դեռահասներին չեն մատուցվել ծառայություններ՝ ծառայությունների կամ սարքավորումների բացակայության պատճառով: Ինչպե՞ս է այդ իրավիճակը լուծվել:
30. Դեռահասների ի՞նչ խոցելի խմբեր կան ձեր համայնքում: (53) Արդյո՞ք խոցելի խմբերի ներկայացուցիչները երբևիցե ներգրավվել են առողջապահական ծառայությունների պլանավորման, մոնիտորինգի և գնահատման գործում: Ինչպե՞ս: (56)

**Դեռահասների համար նախատեղված առողջապահական ծառայությունների որակի բարելավում**



31. Ի՞նչ էք կարծում այժմ դեռահասներին տրամադրվող առողջապահական ծառայությունների որակի մասին: Ինչ պետք է արվի դեռահասներին տրամադրվող առողջապահական ծառայությունների որակը և բարյացակամությունը բարելավելու համար:
32. Դեռահասների կողմից առողջապահական ծառայությունների յուրացման վերաբերյալ ի՞նչ տվյալներ էք հաղորդում՝ ըստ սեռի: (68)
33. Երբևէ մասնակցել էք դեռահասներին տրամադրվող առողջապահական ծառայությունների վերաբերյալ որևէ գնահատման: (64)
- a. Վերապատրաստվե՞լ էք տվյալների հավաքագրման, վերլուծության և որակի բարելավման նպատակով դրանց օգտագործման վերաբերյալ: (60)
  - b. Ինչպե՞ս են գնահատման արդյունքները վերլուծվել և ներառվել դեռահասներին տրամադրվող առողջապահական ծառայությունների որակի բարելավման գործընթացներում: (65)
34. Ինչպե՞ս է դեռահասների հետ ձեր աշխատանքը վերահսկվում (բարելավման նպատակով):
- Առողջապահական ծառայությունների որակի բարելավման նպատակով ի՞նչ արձագանք/մեկնաբանություն էք ստացել ձեր աշխատանքի վերաբերյալ ձեր վերադասից: (66)*
35. Ի՞նչ աջակցություն էք ստանում ձեր վերադասից դեռահասներին տրամադրվող առողջապահական ծառայությունների որակի բարելավման հարցում:
36. Ինչպե՞ս է ձեր պոլիկլինիկան բացահայտում, ընդունում և պարզևատրում լավ աշխատանքը: (67) Ի՞նչը կարող է ավելացնել ձեր մոտիվացիան դեռահասներին տրամադրվող առողջապահական ծառայությունների որակը բարելավելու համար: (70)

*Մոտիվացվա՞ծ/ խրախուսված եք դեռահասներին տրամադրվող առողջապահական ծառայությունների որակը բարելավելու և միջազգային չափանիշներին համապատասխանելու հարցում:*

### **Ամփոփիչ հարցեր**

37. Որո՞նք են ձեր պոլիկլինիկայում դեռահասներին բարյացակամ ծառայությունների տրամադրման հիմնական խոչընդոտները: *Ի՞նչ կատեք չայաստանի մասին:*
38. Խնդրում եմ վերհիշեք դեռահասներին բարյացակամ ծառայությունների տրամադրման դրական դեպքեր: Կարող եք մեկնաբանել, թե ինչու էին դրանք հաջողակ:
39. Այժմ խնդրում եմ վերհիշեք դեռահասներին բարյացակամ ծառայությունների տրամադրման բացասական դեպքեր: Խնդրում եմ բացատրեք, թե ինչու՞ էին դրանք բացասական:
40. Խնդրում եմ նշեք դեռահասներին բարյացակամ ծառայությունների զարգացման մի քանի ուղղություններ:

### **Շնորհակալություն**

## Appendix 5. Adolescents interview guide (English and Armenian)

### Interview guide for adolescents

#### Health literacy of adolescents: awareness of health care services

1. Please mention what health services you can obtain in your PHC facility as an adolescent to the best of your knowledge? How did you learn about the services available there? Who told you about those services? (6, 9) *Can you tell what reproductive and sexual health services are offered at your PHC facility?*
2. What do you know about services provided to adolescents in the community, for instance at schools? What type of services are provided? Who is providing those health services?
  - a. Please recall any community session on health education that you have participated? (7)
  - b. Please recall a case, when you received information, counseling or health services in a community setting (for instance, schools). (21, 23) Can you describe them?
3. Do you think you know enough about services available for adolescents? What else would you like to know?
4. If one day you need services that are not provided in your PHC facility, where would you go or whom you would approach? (9)

#### Adolescents' recent experience in PHC facility

5. How would you describe your last experience of visiting a PHC facility? To what extent were your health needs met? (23)
6. How would you describe the health information you received during the meeting with your doctor/nurse? How clear and understandable was it? (35, 75)
7. Which of the services required payments in PHC facilities? *How would you describe the difference between paid and free services in terms of quality?*
8. Please recall a case when you were referred to another health facility. Please specify what referral information (including your condition, address for referral, operating hours and cost of services) have you received? (22,23)

#### Facility characteristics

9. Can you mention the working days and hours of PHC facility you usually visit? How have you been informed about the operating hours? Did you remember any signboard mentioning the operating hours of the facility? (1)
  - a) What informational materials have you ever noticed posted in the waiting area of the PHC facility? (2) a. Anything related to adolescents' rights? (27)
10. What do you think about the working hours of the facility? Were they convenient for you? (45)
11. How long did you wait for your physician last time? Was it ok for you? (45)
12. Please describe the waiting area near your healthcare provider's cabinet. Was it comfortable to seat there? Was there drinking water available? (46)
13. Please comment on cleanliness of surrounding area, consultation area, and toilet. (46)
14. Could you please recall a case when you were approached to help staff in working with adolescents in your PHC facility (79) or have you ever been involved in quality improvement of healthcare services provided to adolescents in PHC facility? If yes, please share your experience. (77)

#### **Adolescents' privacy and confidentiality**

15. Did anyone accompany you during the last visit to PHC facility? **Probe:** *Did you visit the facility alone, or with parents/friends/relatives?*
16. What is your parent/guardian's attitude about you visiting your PHC facility? Do you think they would be supportive of you visiting your PHC facility for reproductive health services? (17) In your opinion, which reproductive health services your parent/guardian might not want to be provided to you?
17. How would you describe your doctor's/nurse's attitude towards you? How friendly and respectful was s/he? (32, 34) What do you think about other support staff of PHC facility? Please describe your perception.
18. Please describe a case (if relevant) when the accompanying person stayed with you during the meeting with the healthcare provider. Did you like that? Do you think you would feel more comfortable if you could communicate with the healthcare provider privately? (42, 47)
19. What do you know about your rights as an adolescent visiting a PHC facility? (34) **Probe:** *considerate, respectful and non-judgmental attitude, respect for privacy during examinations, consultations and treatments, protection from physical and verbal assault,*

*confidentiality of information, non-discrimination, participation and adequate and clean environment.*

20. How did your healthcare provider protect your confidentiality and privacy? **Probe:** *did you have some time alone with the health-care provider, nobody saw you in the room during the examination?* (42, 47)
21. How were you assured that your information will not be shared with anyone without your consent? (42) Do you believe that the information you share with the health-care provider would be kept confidential? (47)
22. Please recall a case when you were asked to provide your agreement or permission for treatment/procedure. Please describe that process. (75) Describe how you were involved in making decisions regarding your health or care. (78)

### **Equity of adolescents**

23. Please recall a case when you or your friend hesitated to approach a healthcare provider because of any reason. How did you overcome that situation? Did you eventually visit the PHC facility?
24. Based on your experience, do you think the services provided in PHC facilities can sometimes be discriminatory? Please elaborate. (52)
25. Please recall a case when you were denied of particular type of health services in PHC facilities. Which services were you denied? What was the cause? **Probe:** *age below 18, unmarried, inability to pay, services unavailable in the facility.* (57) **Probe:** *lack of medicine or other materials, lack of equipment* (43,44)

Thank you!

## Հարցազրույցի ուղեցույց դեռահասների համար

### Դեռահասների տեղեկացվածությունը առողջապահական ծառայություններ վերաբերյալ

1. Խնդրում եմ նշել, թե որպես դեռահաս ի՞նչ առողջապահական ծառայություններ կարող եք ստանալ պոլիկլինիկաներում: Ինչպե՞ս եք տեղեկացել այնտեղ տրամադրվող ծառայությունների մասին: Ո՞վ է ձեզ պատմել այդ ծառայությունների մասին: (6, 9) *Կարո՞ղ եք նշել, թե ձեր պոլիկլինիկայում վերատադրողական և սեռական առողջության վերաբերյալ ինչ ծառայություններ են մատուցվում:*
2. Ի՞նչ գիտեք համայնքում, օրինակ՝ դպրոցում, տրամադրվող առողջապահական ծառայությունների մասին: Ի՞նչ ծառայություններ են մատուցվում: Ո՞վ է տրամադրում այդ ծառայությունները:
  - a. Փորձեք հիշել առողջության վերաբերյալ ձեր համայնքում իրականացված կրթական որևէ միջոցառում, որին մասնակցել եք: (7)
  - b. Փորձեք հիշել մի դեպք, երբ համայնքում, օրինակ՝ դպրոցում, ստացել եք տեղեկատվություն, խորհրդատվություն կամ այլ առողջապահական ծառայություն: (21, 23) Ինչպե՞ս կրնոթագրեք այն:
3. Ի՞նչ եք կարծում, բավականաչափ տեղեկացված եք դեռահասներին տրամադրվող ծառայությունների մասին: Ուրիշ ի՞նչ կցանկանայիք իմանալ:
4. Եթե մի օր ձեզ հարկավոր լինեն ծառայություններ, որոնք չեն տրամադրվում ձեր պոլիկլինիկայում, ու՞ր կգնաք կամ ու՞մ կդիմեք օգնության համար: (9)

### Դեռահասների վերջին փորձառությունը պոլիկլինիկայում

5. Ինչպե՞ս կրնոթագրեք պոլիկլինիկա կատարած ձեր վերջին այցը: Որքանո՞վ բավարարվեցին ձեր առողջական կարիքները: (23)
6. Ինչպե՞ս կրնոթագրեք ձեր բժշկից/բուժքրոջից ստացած առողջության վերաբերյալ տեղեկատվությունը: Որքանո՞վ էր տեղեկատվությունը պարզ և հասկանալի: (35, 75)

7. Պոլիկլինիկայում ո՞ր ծառայությունների համար եք վճարել:  
*Ինչպե՞ս կրնուիթագրեք վճարովի և անվճար ծառայությունների միջև տարբերությունները որակի տեսանկյունից:*
8. Խնդրում եմ հիշել մի դեպք, երբ ձեզ ուղեգրել են մեկ այլ բուժհաստատություն:  
 Խնդրում եմ մանրամասնեք, թե ուղեգրման ընթացքում ձեզ ինչ տեղեկատվություն տրամադրվեց (ներառյալ ձեր առողջական վիճակը, հաստատության հասցեն, աշխատանքային ժամերը և ծառայությունների արժեքը): (22,23)

**Բուժհաստատության առանձնահատկությունները**

9. Կարո՞ղ եք նշել ձեր պոլիկլինիկայի աշխատանքային օրերն ու ժամերը: Ինչպե՞ս եք տեղեկացվել աշխատանքային ժամերի մասին: Հիշո՞ւմ եք որևէ ցուցանակ պոլիկլինիկայի աշխատանքային ժամերի վերաբերյալ: (1)
  - a. Ի՞նչ տեղեկատվական նյութեր եք երբևէ նկատել պոլիկլինիկայի սպասասրահում փակցված: (2) Նկատե՞լ եք որևէ տեղեկատվական նյութ դեռահասների իրավունքների վերաբերյալ: (27)
10. Ի՞նչ եք մտածում պոլիկլինիկայի աշխատանքային ժամերի մասին: Արդյո՞ք դրանք հարմար են: (45)
11. Որքա՞ն ժամանակ եք սպասել ձեր բժշկին վերջին այցի ժամանակ: Ձեզ համար նորմալ էր: (45)
12. Խնդրում եմ նկարագրել ձեր բժշկի կաբինետի մոտ գտնվող սպասասրահը:  
 Հարմա՞ր էր այնտեղ նստելը: Խմելու ջուր կա՞ր տարածքում: (46)
13. Խնդրում եմ հայտնել ձեր կարծիքը տարածքի, բժշկի կաբինետի և սանհանգույցի մաքրության վերաբերյալ: (46)
14. Կարո՞ղ եք հիշել մի դեպք, երբ ձեզ դիմել են պոլիկլինիկայում դեռահասների հետ աշխատելու հարցում աշխատողներին օգնելու (79) կամ պոլիկլինիկաներում դեռահասներին մատուցվող առողջապահական ծառայությունների որակի բարելավման համար: (77)

**Ղեռահասաներին տրամադրվող ծառայությունների մեկուսիությունն ու գաղտնիությունը**

15. Վերջին անգամ պոլիկլինիկա այցելելության ժամանակ որևէ մեկն ուղեկցե՞լ է ձեզ: *Մենա՞յ եք այցելել պոլիկլինիկա, թե ծնողի/ընկերոջ/ընկերուհու/բարեկամի հետ:*
16. Ինչպե՞ս է ձեր ծնողը/խնամակալը վերաբերվում պոլիկլինիկայում ձեր պոլիկլինիկա այցելելուն: Ի՞նչ եք կարծում, նրանք լա՞վ կվերաբերվեն, եթե դուք պոլիկլինիկա այցելեք վերարտադրողական առողջությանը վերաբերող ծառայություններ ստանալու համար: (17) Ձեր կարծիքով ձեր ծնողը/խնամակալը վերարտադրողական առողջությանը վերաբերող ի՞նչ ծառայություններ չի ցանկանա, որ ձեզ տրամադրեն:
17. Ինչպե՞ս կրնոթագրեք ձեր բժշկի/բուժքրոջ վերաբերմունքը ձեր նկատմամբ: Որքա՞ն ընկերական և հարգալից էր նա: (32, 34): Ի՞նչ կասեք պեղիկլինիկայի այլ աշխատակացիների մասին:
18. Խնդրում եմ նկարագրել մի դեպք (եթե եղել է), երբ ձեզ ուղեկցող անձը բուժաշխատողի հետ հանդիպման ընթացքում ներկա է եղել: Ձեզ դուր եկա՞վ այդ համգամանքը: Ի՞նչ եք կարծում, ձեզ ավելի հարմար կզգայիք, եթե կարողանայիք առանձին խոսել ձեր բուժաշխատողի հետ: (42, 47)
19. Ի՞նչ գիտեք ձեր իրավունքների մասին՝ որպես պոլիկլինիկա այցելող ղեռահաս: (34) *Ուշադիր, հարգալից և չդատող վերաբերմունք, մեկուսիության պահպանում գնումների, խորհրդատվությունների և բուժման ընթացքում, պաշտպանություն ֆիզիկական և հոգեբանական ոտնձգություններից, տեղեկատվության գաղտնիություն, ոչ խտրական վերաբերմունք, մասնակցություն որոշումներ կայացնելուն, պատշաճ և մաքուր միջավայր:*
20. Ինչպե՞ս էր բուժաշխատողը ապահովում ձեր գաղտնիությունն ու մեկուսիությունը: *Բուժաշխատողի հետ առանձին շփվելու հնարավորություն ունեցե՞լ եք: Ձեզ ոչ ոք չի՞ տեսել գնման ընթացքում:* (42, 47)



21. Ինչպե՞ս են ձեզ հավաստիացրել, որ առանց ձեր համաձայնության որևէ մեկին ձեր մասին տեղեկատվություն չի տրամադրվի: (42) Հավատու՞մ եք, որ բուժաշխատողը ձեր տրամադրած տեղեկատվությունը գաղտնի կպահի: (47)
22. Խնդրում եմ հիշել մի դեպք, երբ բուժման կամ զննման համար հարցրել են ձեր համաձայնությունը կամ թույլտվությունը: Խնդրում եմ նկարագրել այդ դեպքը: (75)  
Նկարագրեք, թե ինչպես եք մասնակցել ձեր առողջության կամ բուժման վերաբերյալ որոշումներ կայացնելուն: (78)

### **Դեռահասների հավասարությունը**

23. Խնդրում ենք հիշել մի դեպք, երբ դուք կամ ձեր ընկերը ինչ-ինչ պատճառներով երկմտել եք դիմել բուժաշխատողին: Ինչպե՞ս եք հաղթահարել այդ իրավիճակը: Ի վերջո այցելեցի՞ք պոլիկլինիկա:
24. Ելնելով ձեր փորձից, ի՞նչ եք կարծում, պոլիկլինիկաներում մատուցվող ծառայությունները երբեմն կարո՞ղ են խտրական լինել: Խնդրում եմ մանրամասնել: (52)
25. Խնդրում եմ հիշել մի դեպք, երբ ձեզ մերժել են պոլիկլինիկայում որևէ առողջապահական ծառայություն մատուցել: Ի՞նչ ծառայություններ էին դրանք: Ի՞նչն էր պատճառը: *18 տարեկանից ցածր տարիքը, ամուսնացած չլինելը, ծառայությունները անհասանելիությունը այդ հաստատությունում, անվճարունակ լինելը:* (57) *Դեղորայքի կամ այլ նյութերի պակասը, սարքավորումների բացակայությունը* (43,44)

Շնորհակալություն

## Դիտարկում

*Բարև Ձեզ, իմ անունը ..... է: Ես աշխատում եմ Հայաստանի ամերիկյան համալսարանի առողջապահական ծառայությունների հետազոտման և զարգացման կենտրոնում: Մեր հետազոտական կենտրոնը, ՄԱԿ-ի բնակչության հիմնադրամի աջակցությամբ իրականացնում է ծրագիր, որի նպատակն է գնահատել պոլիկլինիկաներում դեռահասներին տրամադրվող բարյացակամ բժշկական ծառայությունների որակը: Այս հետազոտության արդյունքների հիման վրա կմշակվեն առաջարկություններ առողջության պահպանման առաջնային օղակում դեռահասների տրամադրվող ծառայությունների որակի շարունակական բարելավման համակարգ ներդնելու համար:*

*Այս ծրագրի շրջանակներում մեր հետազոտական թիմն իրականացնում է հարցազրույցներ, խմբային քննարկումներ պոլիկլինիկաների բժիշկների, տնօրենների հետ, վերանայում է հաստատության փաստաթղթերը և դիտարկում է հաստատության տարբեր հատվածները և դեղորայքի ու պաշարների առկայությունը: Մենք պլանավորում ենք դիտարկել այս պոլիկլինիկան մեկ անգամ՝ ընթացքում գրառումներ կատարելով: Գրառումները չեն պարունակի պոլիկլինիկայի վերաբերյալ, ինչպես նաև աշխատակազմի որևէ անդամին վերաբերող անձնական տվյալներ: Համաձայն յն էք, որ մենք դիտարկում անցկացնենք այստեղ: Շնորհակալություն*

Shortname / Alias: Date

Ամսաթիվ

Օր ամիս տարի

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Shortname / Alias: Interviewer\_ID

Դիտարկողի անուն

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Shortname / Alias: Yerevan\_Marz

Դիտարկման վայրը

( ) Երևան

( ) Գյումրի

Shortname / Alias: Polyclinic\_ID

Պոլիկլինիկայի ID

\_\_\_\_\_

Shortname / Alias: Q1\_a\_C1

**1. a) Կա՞ց ցուցատախտակ, որտեղ նշված են պոլիկլինիկայի աշխատանքային ժամերը:**

( ) Այո: \_\_\_\_\_

( ) Ոչ → *Անցնել Հարց 2-ին:* \_\_\_\_\_

Shortname / Alias: Q1\_b\_C1

**1. b) Այն լավ տեսանելի՞ է:**

( ) Այո: \_\_\_\_\_

( ) Ոչ: \_\_\_\_\_

Shortname / Alias: Q1\_c\_C1

**1. c) Այնտեղ նշվա՞ծ են դեռահասների համար նախատեսված հատուկ ժամեր:**

( ) Այո: \_\_\_\_\_

( ) Ոչ: \_\_\_\_\_

Shortname / Alias: Q2

## 2. Սպասասրահի դիտարկում՝

	Այո	Ոչ
a) Սպասասրահում առկա՞ են համապատասխան և հարմարավետ նստարաններ		
b) Սպասասրահում առկա՞ են հատուկ դեռահասների համար նախատեսված տեղեկատվական, ուսուցողական նյութեր		
c) Սպասասրահում առկա՞ է խմելու ջուր		
d) Ընդհանուր առմամբ սպասասրահի մթնոլորտը հյուրընկալ է		
e) Սպասասրահը ընդհանուր առմամբ մաքուր է		

Shortname / Alias: Q3

## 3. Հիմնական հարմարությունների դիտարկում՝

	Այո	Ոչ
a) Առկա՞ է գործող սանհանգույց		
b) Սանհանգույցում առկա՞ են ձեռքերի հիգիենայի պարագաներ		
c) Սանհանգույցը մաքուր է		
d) Սանհանգույցում առկա՞ է աղբաման		
e) Պոլիկլինիկան ապահովվա՞ծ է մշտական էլեկտրաէներգիայով աշխատանքային ժամերին		
f) Պոլիկլինիկան ունի ընդհանուր թափոնների հեռացման համակարգ		

g) Հաստատությունն ունի՞ բժշկական և վարակիչ թափոնների անվտանգ պահպանման և հեռացման համակարգ		
h) Հաստատությունն ունի՞ ասեղների անվտանգ պահպանման և հեռացման համակարգ		
i) Հաստատությունն ունի՞ համապատասխան ձեռքերի հիգիենայի պարագաներ, որոնք գտնվում են զննության/բժշկի սենյակում կամ մոտակայքում		

Shortname / Alias: Q4\_C36

**4. Հաստատության շրջակա միջավայրը մաքուր է:**

Այո: \_\_\_\_\_

Ոչ: \_\_\_\_\_

Shortname / Alias: Q5

**5. Հաստատության կահավորումը պատշաճ է՝**

	Այո:	Ոչ:
a) քանակի առումով		
b) որակի առումով		

Shortname / Alias: Q6

**6. Հաստատությունն ունի՞ հետևյալ սարքավորումները/ նյութերը/ պաշարները.**

	Այո:	Ոչ:
a) Արյան ճնշման չափման սարք		
b) Բինաուրալ մեծահասակների ստեստոսկոպ		
c) Պտղի մոնաուրալ ստեստոսկոպ		
d) Հղիության թեստեր		
e) Կլինիկական ջերմաչափ		
f) Մեծահասակների կշեռքներ		
g) Չափիչ ժապավեն		
h) Լույսի աղբյուր, օրինակ, ջահ		
i) Սառնարան		
j) Հեմոգլոբինաչափ		
k) Թեստեր մեզի քննության համար, 10 պարամետր		
l) Դեռահասների աճի ՄՁԻ աղյուսակ		
m) Հասակը չափող մետր		
n) Ակնաբուժական հավաքածու		
o) Օտոսկոպի հավաքածու		
p) Լատեքսային ձեռնոցներ		
q) Ստանդարտ միանգամյա օգտագործման կամ ինքնալուծվող ներարկիչներ		
r) Օճառի կամ ալկոհոլի հիմքով ձեռքի հիգիենայի միջոց		

s) Կապի սարքավորումներ (հեռախոս կամ ռադիո)		
t) Համակարգիչ էլ.փոստ / ինտերնետ հասանելիությամբ		

Shortname / Alias: Q7

**7. Ստուգեք հետևյալ դեղերի և պաշարների նվազագույն մակարդակները հաստատությունում.**

	Այո:	Ոչ:
a) Պահպանակներ		
b) Հակաբեղմնավորիչ դեղահաբեր		
c) Անհապաղ հակաբեղմնավորիչ դեղահաբեր		
d) Ներարկումային հակաբեղմնավորիչներ		
e) Հակաբեղմնավորիչ իմպլանտներ		
f) Ներերակային հեղուկներ		
g) Պարացետամոլ		
h) Ամոքսիցիլին		
i) Ատենոլոլ		
j) Ցեֆրիաքսոն		
k) Ցիպրոֆլոքսացին		
l) Կոտրիմոքսազոլի կախույթ		
m) Դիկլոֆենակ		

n) Գլխբենկլամիդ		
o) Օմեպրազոլ		
p) Սալբութամոլ		
q) Դիագեպամ		
r) Մագնեզիումի սուլֆատ		
s) Պատվաստանյութեր		

Shortname / Alias: Q8

**8. Ստուգեք տեսողական և լսողական գաղտնիության առանձնահատկությունները.**

	Այո:	Ոչ:
a) Դռների և պատուհանների վրա կան վարագույրներ:		
b) Ընդունարանի անձնակազմի և այցելուների միջև հաղորդակցությունը մեկուսի է և հնարավոր չէ լսել խոսակցությունը, ներառյալ սպասասրահից:		
c) Խորհրդատվության/զննման սենյակներում կա էկրան, որը բաժանում է զննման տարածքը խորհրդատվական տարածքից:		
d) Ոչ ոք չի կարող դրսից տեսնել կամ լսել դեռահաս հաճախորդին կոնսուլտացիայի կամ խորհրդատվության ընթացքում:		

Shortname / Alias: Q9

**9. Ստուգեք հետևյալ գրանցամատյանները, գործիքներն ու գրառումները:**



	Այո:	Ոչ:
a) Ծառայությունների օգտագործման տվյալները բաժանված են ըստ տարիքի և սեռի, այնպես որ դեռահաս տղաների և աղջիկների կողմից ծառայությունների օգտագործումը հնարավոր է առանձնացնել ըստ պատճառների:		
b) Հաշվետվական ձևերը ունեն այնպիսի ձևաչափ, որը թույլ է տալիս ներկայացնել տվյալներ՝ ըստ սեռի և տարիքի:		
c) Դեղերի և պաշարների գրանցամատյան		
d) Ուղեգրումների գրանցամատյան		
e) Գրանցամատյաններ / գրառումներ՝ դեռահասների համար համայնքներում իրականացված իրազեկման միջոցառումներ մասին		
f) Գրանցամատյան / գրառումներ դեռահասներին առողջապահական ծառայություններ մատուցելու կարևորության մասին համայնքներում իրականացված միջոցառումների վերաբերյալ		
g) Գրանցամատյան / գրառումներ դպրոցական հանդիպումների ընթացքում ծնողներին/խնամակալներին և ուսուցիչներին դեռահասներին առողջապահական ծառայություններ մատուցելու կարևորության վերաբերյալ իրազեկելու մասին:		
h) Համայնքային կազմակերպությունների հետ պաշտոնական համաձայնագրերի / գործընկերության գրառումներ՝ առողջապահական կրթության և վարքագծի վրա հիմնված հաղորդակցման ռազմավարությունների և նյութերի մշակման և ծառայությունների մատուցման պլանավորման համար:		
i) Գործիքներ դեռահասներին տրամադրվող ծառայությունների որակի գնահատման համար		

j) Գործիքներ դեռահասներին տրամադրվող ծառայությունների որակի բարելավման նպատակով վերահսկման համար		
k) Դեռահասներին տրամադրվող ծառայությունների որակի գնահատման վերաբերյալ գրառումներ / հաշվետվություններ:		
l) Դեռահասներին տրամադրվող ծառայությունների որակի բարելավման նպատակով իրականացված վերահսկման գրառումներ		
m) Հաշվետվություններ ըստ պատճառների դեռահասներին տրամադրված ծառայությունների վերաբերյալ, առանձնացված ըստ տարիքի և սեռի		
n) Հաշվետվություններ դեռահասներին տրամադրվող ծառայությունների որակի վերաբերյալ		

Shortname / Alias: Q10

### 10. Ստուգեք գաղտնիության պահպանման գործընթացը

	Այո:	Ոչ:
a) Դեռահասի ինքնության և ներկա խնդրի վերաբերյալ տեղեկատվությունը հավաքագրվում է գաղտնիության պայմաններում:		
b) Դեռահաս հաճախորդներին ցանկության դեպքում առաջարկվում է անանուն գրանցում:		
c) Գրանցումների մատյանում նշվում է այցելուի անունը և ծածկագիր, բայց ծառայությունների մատյանն ունի միայն ծածկագիր (եթե դեռահասը խնդրել է անանուն գրանցում):		
d) Տեղեկատվությունը լաբորատոր գրանցամատյաններում (առկայության դեպքում) գրանցվում է կոդերի միջոցով:		

e) Պատմագրերը պահվում են անվտանգ վայրում՝ հասանելի միայն լիազորված անձնակազմին:		
f) Ոչ աշխատանքային ժամերին գրանցամատյանները պահվում են փակի տակ:		
g) Էլեկտրոնային եղանակով պահվող տեղեկատվության համար կիրառվում են չարտոնված մուտքը կանխելու միջոցներ:		

Shortname / Alias: Q11

**11. Ուղեցույցներ և բուժման վերաբերյալ որոշումների կայացմանն աջակցող այլ գործիքներ՝ տեղեկությունների, խորհրդատվության կամ կլինիկական կառավարման համար հետևյալ ոլորտներում (օրինակ՝ աշխատանքի օգնություն, ալգորիթմներ).**

	Այո:	Ոչ:
a) ) Նորմալ աճը և սեռական հասունացումը		
b) Սեռական հասունացման ուշացում		
c) Վաղահաս սեռական հասունացում		
d) Հոգեկան առողջություն և հոգեկան առողջության խնդիրներ		
e) Սնուցում (ներառյալ անեմիա)		
f) Ֆիզիկական ակտիվությունը		
g) Դեռահասների համար հատուկ իմունիզացիա		
h) Դաշտանային հիգիենան և առողջությունը		

i) Ընտանիքի պլանավորում և հակաբեղմնավորիչներ. Հակաբեղմնավորիչ դեղահաբեր, ներարգանդային պարույր, պահպանակներ, շտապ հակաբեղմնավորիչ դեղահաբեր, իմպլանտներ, ներարկելի հակաբեղմնավորիչներ		
j) Ապահով աբորտ և հետվիրահատական խնամք		
k) Նախածննդյան խնամք և արտակարգ դեպքերն պատրաստվածություն, ծննդաբերություն և հետծննդյան խնամք		
l) Վերարտադրողական համակարգի վարակներ/ սեռական ճանապարհով փոխանցվող վարակներ		
m) ՄԻԱՎ		
n) Սեռական բռնություն		
o) Ընտանեկան բռնություն		
p) Ծաղրանք/նվաստացում և դպրոցական բռնություն		
q) Թմրամիջոցների օգտագործում և թմրամիջոցների օգտագործման խանգարումներ		
r) Վնասվածքներ		
s) Մաշկային խնդիրներ		
t) Խրոնիկ հիվանդություններ և հաշմանդամություն		
u) Էնդեմիկ հիվանդություններ		
v) Դեռահասության շրջանում հաճախ հանդիպող վիճակներ (հոգնածություն, որովայնի ցավ, փորլուծություն, գլխացավ)		

Shortname / Alias: Q12

**12. Արդյո՞ք հետևյալ տեղեկատվությունը ցուցադրված է**

	Այո:	Ոչ:
a) Դեռահասների իրավունքները տեղեկատվության, ոչ քննադատող վերաբերմունքի և հարգալից բուժման վերաբերյալ		
b) Առողջապահական հաստատության հանձնառությունը (քաղաքականություն)՝ առանց խտրականության բոլոր դեռահասներին առողջապահական ծառայություններ մատուցելու և անհրաժեշտության դեպքում հավելյալ միջոցներ ձեռնարկելու մասին:		
c) Գաղտնիության և մեկուսիության քաղաքականությունը		
d) Դեռահասների համար անվճար կամ մատչելի ծառայություններ մատուցելու քաղաքականությունը		

Shortname / Alias: Q13

**13. Ստուգե՞ք հետևյալ թեմաների շուրջ բուժաշխատողների շրջանում դասընթացների գրառումների / զեկույցների առկայությունը:**

	Այո:	Ոչ:
a) Դեռահասների հետ հաղորդակցման հմտություններ		
b) Մեծահասակ այցելուների և համայնքի անդամների հետ հաղորդակցման հմտություններ		
c) Գաղտնիության և մեկուսիության քաղաքականությունը		
d) Դեռահասների առողջության կլինիկական կառավարում		

e) Կողմնորոշում՝ դեռահասների տեղեկատվության և բուժման իրավունքի կարևորության մասին, որը մատուցվում է հարգալից, ոչ քննադատող և ոչ խտրական եղանակով:		
f) Քաղաքականություններ և ընթացակարգեր՝ անվճար կամ մատչելի ծառայություններ մատուցելու վերաբերյալ		
g) Տվյալների հավաքագրում, վերլուծություն և դրանց օգտագործում՝ դեռահասներին տրամադրվող ծառայությունների որակի բարելավման համար		
h) Համայնքներում դեռահասներին առողջապահական ծառայություններ մատուցող աշխատակիցների վերապատրաստում		
i) Դեռահասների վերապատրաստում որոշակի ծառայությունների մատուցման համար (օրինակ՝ հասակակիցների կրթում, խորհրդատվություն)		

Shortname / Alias: Q14

**14. Արդյոք կան հետևյալ ուղեցույցները / ստանդարտ ընթացակարգերը:**

	Այո:	Ոչ:
a) Ստանդարտ ընթացակարգեր այն մասին, թե որ ծառայությունները պետք է մատուցվեն հաստատությունում և որոնք համայնքում		
b) Ուղեգրման ուղեցույցներ		

c) Քաղաքականություն/ստանդարտ ընթացակարգեր՝ մանկաբուժությունից մեծահասակների ինամքի պլանավորված անցման համար:		
d) Ուղեցույցներ /ստանդարտ ընթացակարգեր՝ դեռահասների գաղտնիության և մեկուսիության պաշտպանության մասին		
e) Ուղեցույցներ /ստանդարտ ընթացակարգեր՝ իրազեկ համաձայնություն մասին		
f) Ուղեցույցներ /ստանդարտ ընթացակարգեր առողջապահական հաստատությունը ողջունելի, հարմար և մաքուր դարձնելու համար՝ ներառյալ անձնակազմի պարտականությունները		
g) Ստանդարտ ընթացակարգեր, թե ինչպես նվազագույնի հասցնել սպասելաժամերը		
h) Ստանդարտ ընթացակարգեր, թե ինչպես ծառայություններ մատուցել դեռահասներին՝ նախնական պայմանավորվածությամբ կամ առանց		
i) Ուղեցույցներ /ստանդարտ ընթացակարգեր դեռահասներին անվճար կամ մատչելի ծառայությունների մատուցման վերաբերյալ		
j) Ուղեցույցներ /ստանդարտ ընթացակարգեր բոլոր դեռահասներին հավասար ծառայությունների մատուցման վերաբերյալ՝ անկախ նրանց վճարունակությունից, տարիքից, սեռից, ամուսնական կարգավիճակից կամ այլ բնութագրերից		
k) Ուղեցույցներ /ստանդարտ ընթացակարգեր դեռահասներին մատուցվող ծառայությունների որակի վերահսկման մասին		
l) Ստանդարտ ընթացակարգեր, թե ինչպես ներգրավվել դեռահասներին առողջապահական ծառայությունների պլանավորման, մոնիտորինգի և գնահատման մեջ		

m) Ստանդարտ ընթացակարգեր, թե ինչպես ներգրավել դեռահասների խոցելի խմբերին առողջապահական ծառայությունների պլանավորման, մոնիտորինգի և գնահատման մեջ		
n) Ուղեցույցներ /ստանդարտ ընթացակարգեր գերազանց գործելակերպ ցուցաբերած անձնակազմի պարգևատրման վերաբերյալ		
o) Ուղեցույցներ /ստանդարտ ընթացակարգեր որակի բարելավման նպատակով վերահսկողության վերաբերյալ		
p) Դեռահասներին մատուցվող ծառայությունների որակի բարելավման նպատակով վերահսկողության գործիքներ		

Shortname / Alias: Q15

**15. Ստուգեք հետևյալ ցուցակների առկայությունը.**

	Այո:	Ոչ:
a) Դեռահասների ծառայություններից օգտվելը խթանելու համար բուժհաստատության հետ համագործակցող համայնքային կազմակերպությունների նորացված ցանկը		
b) Առողջապահության և այլ ոլորտների կազմակերպություններ (սոցիալական, հանգստի, իրավական և այլն), որոնք ծառայություններ են մատուցում տվյալ հաստատության կողմից սպասարկվող բնակչության շրջանում ընդգրկված դեռահասներին:		
c) Դեղամիջոցներ, պաշարներ և անհրաժեշտ սարքավորումներ		
d) Դեռահասներին մատուցվող տեղեկատվական, խորհրդատվական, բուժման և խնամքի ծառայություններ		



Shortname / Alias: Q16

16. Արդյոք առկա է հետևյալ անձնակազմի աշխատանքային նկարագրությունները, և արդյոք կա դեռահասների առողջության խնամքի վրա կենտրոնացում:

	Այո	Ոչ
a) Բժիշկ		
b) Բուժքույր		
c) Մանկաբարձ		
d) Համայնքներում դեռայասներին առողջապահական ծառայություններ մատուցող աշխատակիցներ		
e) Խորհրդատու		

Shortname / Alias: Notes

Գրառումներ

*Ավելին?*

Շնորհակալություն:

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Appendix 7. Consent forms (English and Armenian)

**American University of Armenia**  
**Institutional Review Board #1**  
**Consent Form**  
**Expert in the field of adolescents' health**  
**Assessment of adolescent friendly services in primary healthcare facilities of Armenia**

Hello, my name is ..... I am working for the Avedisian Onanian Center for Health Services Research and Development of American University of Armenia. Currently our research center with the support of the UNFPA Armenia Country Office is conducting an assessment of adolescent friendly services in primary healthcare facilities of Armenia.

As an expert of the field we would like to ask you to share your experience and opinions about the adolescent friendly health services at PHC level in Armenia. The questions will be related to the Armenia's achievements of the field, current barriers and next steps towards improving the quality of services provided to adolescents. In the scope of this study we also plan to interview PHC facility managers, healthcare providers and adolescents.

Your participation in this study is limited to this single discussion lasting up to 60 minutes. The information provided by you will be used to make recommendations to improve the quality of healthcare services provided to adolescents at PHC facilities in Armenia.

All the information given by you will stay confidential and will be used only for research purposes, your name will not be mentioned anywhere. Only the research team will have access to the information provided by you. The summary of the data from all interviews will be presented in the final report. Your participation in this study is voluntary, you may refuse to answer any question in the interview or stop the interview at any time.

There is no financial compensation or other personal benefits and there are no known risks to you resulting from your participation in the study. With your permission, I will use audio-recording and/or note taking to make sure that we do not miss any important information you provide us with. If you have any questions regarding this study you can call the program coordinator Arusyak Harutyunyan at (374-60) 61 25 61. If you feel you have not been treated fairly or think you have been hurt by joining the study you should contact Kristina Akopyan (374-60) 61 25 92, the Vice Chair of Institutional Review Board #1 of the American University of Armenia.

Do you agree to participate? Do you agree to the recording? If you are ready, we can start.

**Հայաստանի ամերիկյան Համալսարան**

**Գիտական էթիկայի թիվ մեկ հանձնաժողով**

**Իրազեկ համաձայնության ձև**

**Ղեկավարների առողջության պահպանման ոլորտում փորձագետների համար  
Առողջության առաջնային պահպանման օղակներում ղեկավարներին բարյացակամ  
բժշկական ծառայությունների որակի գնահատում**

Բարև Ձեզ, իմ անունը ..... է: Ես աշխատում եմ Հայաստանի ամերիկյան համալսարանի Ավետիսեան Օնանեան առողջապահական ծառայությունների հետազոտման և զարգացման կենտրոնում: Մեր հետազոտական կենտրոնը, ՄԱԿ-ի բնակչության հիմնադրամի աջակցությամբ իրականացնում է ծրագիր, որի նպատակն է գնահատել պոլիկլինիկաներում ղեկավարներին բարյացակամ բժշկական ծառայությունների որակը:

Որպես ոլորտի փորձագետ, կցանկանայինք, որ Դուք կիսվեիք մեզ հետ ղեկավարներին տրամադրվող առողջապահական ծառայությունների վերաբերյալ Ձեր փորձագիտական կարծիքով և փորձով: Հարցերը հիմնականում կվերաբերվեն ոլորտում գրանցված Հայաստանի առաջընթացին, առկա խնդիրներին ու հետագա քայլերին: Հետազոտության շրջանակներում նախատեսում ենք հարցազրույցներ նաև ղեկավարներին առողջապահական ծառայություններ մատուցող պոլիկլինիկաների ղեկավարների, բուժաշխատողների և ղեկավարների հետ:

Ձեր մասնակցությունն այս հետազոտությանը սահմանափակվում է միայն այս հարցազրույցով՝ մինչև 60 րոպե տևողությամբ: Ձեր կողմից տրամադրված տեղեկությունները կօգտագործվեն Հայաստանի պոլիկլինիկաներում ղեկավարներին տրամադրվող ծառայությունների որակի բարելավմանն ուղղված առաջարկների մշակման համար: Ձեր կողմից տրամադրված տեղեկատվությունը գաղտնի է պահվելու և օգտագործվելու է միայն հետազոտական նպատակներով, որևէ փաստաթղթի մեջ Ձեր անունը չի նշվելու: Միայն հետազոտող թիմն է ունենալու հասանելիություն Ձեր կողմից տրամադրված տեղեկություններին և միայն ընդհանրացված տեղեկություններն են ներկայացվելու վերջնական զեկույցում: Ձեր մասնակցությունն այս հետազոտությանը կամավոր է, Դուք իրավունք ունեք բաց թողնել այն բոլոր հարցերը, որոնց չեք ցանկանա պատասխանել, նաև հրաժարվել շարունակելու հարցազրույցը ցանկացած պահի: Ձեր մասնակցությունը այս հետազոտությանը չի ներառում որևէ ֆինանսական խրախուսում, որևէ անմիջական ռիսկ կամ օգուտ: Ձեր համաձայնությամբ ես կձայնագրեմ մեր հարցազրույցը և/կամ գրառումներ կվերցնեմ հարցազրույցի ընթացքում, որպեսզի բաց չթողնեմ որևէ կարևոր տեղեկություն: Այս հետազոտության վերաբերյալ հարցեր ունենալու դեպքում կարող եք զանգահարել ծրագրի ղեկավար Արուսյակ Հարությունյանին

(+374-60) 61 25 61 հեռախոսահամարով: Եթե կարծում եք, որ այս հետազոտության շրջանակներում Ձեզ հետ ճիշտ չեն վարվել կամ որևէ կերպ վիրավորել են հարցազրույցի մասնակցության ընթացքում, կարող եք դիմել Հայաստանի ամերիկյան համալսարանի գիտական էթիկայի թիվ 1 հանձնաժողովի փոխնախագահ Քրիստինա Հակոբյանին՝ հետևյալ հեռախոսահամարով (+374-60) 61 25 92:

Դուք համաձայն եք մասնակցել հետազոտությանը: Թույլ կտա՞ք միացնել ձայնագրիչը: Եթե պատրաստ եք, կարող ենք սկսել:

**American University of Armenia**  
**Institutional Review Board #1**  
**Consent Form**  
**Primary healthcare facility manager**  
**Assessment of adolescent friendly services in primary healthcare facilities of Armenia**

Hello, my name is ..... . I am working for the Center for Health Services Research and Development of American University of Armenia. Currently our research center with the support of the UNFPA Armenia Country Office is conducting an assessment of adolescent friendly services in primary healthcare facilities of Armenia.

You and approximately 8 other polyclinic managers are invited to participate in an interview for this project because you are managing the polyclinic which provides health services to adolescents and have an experience on the field. We would like to ask you to share your experience and opinions about the adolescent friendly health services at PHC level in Armenia.

The interview questions will be related to the adolescent friendly health services at your PHC facility, some characteristics of the facility, PHC facilities role in increasing health literacy of adolescents and quality of healthcare services provided to adolescents and its improvement strategies. In the scope of this study we also plan to interview experts, healthcare providers and adolescents.

Your participation in this study is limited to this single discussion lasting up to 60 minutes. The information provided by you will be used to make recommendations to improve the quality of healthcare services provided to adolescents at PHC facilities in Armenia.

All the information given by you will stay confidential and will be used only for research purposes, your name will not be mentioned anywhere. Only the research team will have access to the information provided by you. The summary of the data from all interviews will be presented in the final report. Your participation in this study is voluntary, you may refuse to answer any question in the interview or stop the interview at any time.

There is no financial compensation or other personal benefits and there are no known risks to you resulting from your participation in the study. With your permission, I will use audio-recording and/or note taking to make sure that we do not miss any important information you provide us with. If you have any questions regarding this study you can call the program coordinator Arusyak Harutyunyan at (374-60) 61 25 61. If you feel you have not been treated fairly or think you have been hurt by joining the study you should contact Kristina Akopyan (374-60) 61 25 92, the Vice Chair of Institutional Review Board #1 of the American University of Armenia.

Do you agree to participate? Do you agree to the recording? If you are ready, we can start.

**Հայաստանի ամերիկյան Համալսարան**

**Գիտական էթիկայի թիվ մեկ հանձնաժողով**

**Իրազեկ համաձայնության ձև**

**Պոլիկլինիկայի տնօրենների համար**

**Առողջության առաջնային պահպանման օղակներում դեռահասներին բարյացակամ բժշկական ծառայությունների որակի գնահատում**

Բարև Ձեզ, իմ անունը ..... է: Ես աշխատում եմ Հայաստանի ամերիկյան համալսարանի առողջապահական ծառայությունների հետազոտման և զարգացման կենտրոնում: Մեր հետազոտական կենտրոնը, ՄԱԿ-ի բնակչության հիմնադրամի աջակցությամբ իրականացնում է ծրագիր, որի նպատակն է գնահատել պոլիկլինիկաներում դեռահասներին տրամադրվող բարյացակամ ծառայությունների որակը:

Դուք և մոտավորապես 8 այլ պոլիկլինիկայի տնօրեններ հրավիրված եք մասնակցելու այս հարցազրույցին, քանի որ Ձեր պոլիկլինիկան տրամադրում է բժշկական ծառայություններ դեռահասներին և Դուք ունեք մեծ փորձառություն այս թեմայի վերաբերյալ: Կցանկանայինք, որ Դուք կիսվեիք մեզ հետ Հայաստանում դեռահասներին տրամադրվող առողջապահական ծառայությունների վերաբերյալ Ձեր կարծիքով և փորձով:

Հարցերը հիմնականում կվերաբերվեն Ձեր պոլիկլինիկայում դեռահասներին բարյացակամ առողջապահական ծառայություններին, պոլիկլինիկայի որոշ առանձնահատկություններին, դեռահասների շրջանում առողջապահական թեմաներով տեղեկացվածության բարելավման մեջ պոլիկլինիկայի ունեցած դերին, ծառայությունների որակին և դրանց բարելավմանը: Հետազոտության շրջանակներում նախատեսում ենք հարցազրույցներ նաև դեռահասներին առողջապահական ծառայությունների ոլորտում փորձագետների, բուժաշխատողների և դեռահասների հետ:

Ձեր մասնակցությունն այս հետազոտությանը սահմանափակվում է միայն այս հարցազրույցով՝ մինչև 60 րոպե տևողությամբ: Ձեր կողմից տրամադրված տեղեկությունները կօգտագործվեն Հայաստանի պոլիկլինիկաներում դեռահասներին տրամադրվող ծառայությունների որակի բարելավմանն ուղղված առաջարկների մշակման համար:

Ձեր կողմից տրամադրված տեղեկատվությունը գաղտնի է պահվելու և օգտագործվելու է միայն հետազոտական նպատակներով, որևէ փաստաթղթի մեջ Ձեր անունը չի նշվելու: Միայն հետազոտող թիմն է ունենալու հասանելիություն Ձեր կողմից տրամադրված տեղեկություններին և միայն ընդհանրացված

տեղեկություններն են ներկայացվելու վերջնական զեկույցում: Ձեր մասնակցությունն այս հետազոտությանը կամավոր է, Դուք իրավունք ունեք բաց թողնել այն բոլոր հարցերը, որոնց չեք ցանկանա պատասխանել, նաև հրաժարվել շարունակելու հարցազրույցը ցանկացած պահի: Ձեր մասնակցությունը այս հետազոտությանը չի ներառում որևէ ֆինանսական խրախուսում, որևէ անմիջական ռիսկ կամ օգուտ: Ձեր համաձայնությամբ ես կձայնագրեմ մեր հարցազրույցը և/կամ գրառումներ կվերցնեմ հարցազրույցի ընթացքում, որպեսզի բաց չթողնեմ որևէ կարևոր տեղեկություն: Այս հետազոտության վերաբերյալ հարցեր ունենալու դեպքում կարող եք զանգահարել ծրագրի ղեկավար Արուսյակ Հարությունյանին (+374-60) 61 25 61 հեռախոսահամարով: Եթե կարծում եք, որ այս հետազոտության շրջանակներում Ձեզ հետ ճիշտ չեն վարվել կամ որևէ կերպ վիրավորել են հարցազրույցի մասնակցության ընթացքում, կարող եք դիմել Հայաստանի ամերիկյան համալսարանի գիտական էթիկայի թիվ 1 հանձնաժողովի փոխնախագահ Քրիստինա Հակոբյանին՝ հետևյալ հեռախոսահամարով (+374-60) 61 25 92:

Դուք համաձայն եք մասնակցել հետազոտությանը: Թույլ կտա՞ք միացնել ձայնագրիչը: Եթե պատրաստ եք, կարող եմք սկսել:

**American University of Armenia**  
**Institutional Review Board #1**  
**Consent Form**  
**Primary healthcare Providers**  
**Assessment of adolescent friendly services in primary healthcare facilities of Armenia**

Hello, my name is ..... . I am working for the Center for Health Services Research and Development of American University of Armenia. Currently our research center with the support of the UNFPA Armenia Country Office is conducting an assessment of adolescent friendly services in primary healthcare facilities of Armenia.

You and approximately 30 other primary healthcare providers are invited to participate in an interview for this project because you are providing services to adolescents in the polyclinic and have an experience on the field. We would like to ask you to share your experience and opinions about the adolescent friendly health services at PHC level in Armenia.

The interview questions will be related to the role of PHC providers and community in promoting adolescents health literacy, package of services provided to adolescents, quality improvement of services provided to adolescents and your views on the next steps on quality improvement. In the scope of this study we also plan to interview experts, PHC facility managers and adolescents.

Your participation in this study is limited to this single group discussion lasting up to 90 minutes. The information provided by you will be used to make recommendations to improve the quality of healthcare services provided to adolescents at PHC facilities in Armenia.

All the information given by you will stay confidential and will be used only for research purposes, your name will not be mentioned anywhere. Only the research team will have access to the information provided by you. The summary of the data from all interviews will be presented in the final report. Your participation in this study is voluntary, you may refuse to answer any question in the interview or stop the interview at any time.

There is no financial compensation or other personal benefits and there are no known risks to you resulting from your participation in the study. With your permission, I will use audio-recording and/or note taking to make sure that we do not miss any important information you provide us with. If you have any questions regarding this study you can call the program coordinator Arusyak Harutyunyan at (374-60) 61 25 61. If you feel you have not been treated fairly or think you have been hurt by joining the study you should contact Kristina Akopyan (374-60) 61 25 92, the Vice Chair of Institutional Review Board #1 of the American University of Armenia.

Do you agree to participate? Do you agree to the recording? If you are ready, we can start.



**Հայաստանի ամերիկյան Համալսարան**

**Գիտական էթիկայի թիվ մեկ հանձնաժողով**

**Իրազեկ համաձայնության ձև**

**Պոլիկլինիկայի բուժաշխատողների համար**

**Առողջության առաջնային պահպանման օղակներում դեռահասներին բարյացակամ բժշկական ծառայությունների որակի գնահատում**

Բարև Ձեզ, իմ անունը ..... է: Ես աշխատում եմ Հայաստանի ամերիկյան համալսարանի առողջապահական ծառայությունների հետազոտման և զարգացման կենտրոնում: Մեր հետազոտական կենտրոնը, ՄԱԿ-ի բնակչության հիմնադրամի աջակցությամբ իրականացնում է ծրագիր, որի նպատակն է գնահատել պոլիկլինիկաներում դեռահասներին տրամադրվող բարյացակամ ծառայությունների որակը:

Դուք և մոտավորապես 30 այլ պոլիկլինիկայի բուժաշխատողներ հրավիրված եք մասնակցելու այս հարցազրույցին, քանի որ Դուք տրամադրում եք բժշկական ծառայություններ դեռահասներին և Դուք ունեք մեծ փորձառություն այս թեմայի վերաբերյալ: Կցանկանայինք, որ Դուք կիսվեիք մեզ հետ Հայաստանում դեռահասներին տրամադրվող առողջապահական ծառայությունների վերաբերյալ Ձեր կարծիքով և փորձով:

Հարցերը հիմնականում կվերաբերվեն բուժաշխատողների դերին դեռահասների շրջանում առողջապահական թեմաներով տեղեկացվածության բարելավման գործում, տրամադրվող ծառայությունների փաթեթին, դրանց որակի բարելավմանը և դրանց բարելավման վերաբերյալ հետագա քայլերի մասին Ձեր պատկերացումներին: Հետազոտության շրջանակներում նախատեսում ենք հարցազրույցներ նաև դեռահասներին բարյացակամ առողջապահական ծառայությունների ոլորտում փորձագետների, պոլիկլինիկաների ղեկավարների և դեռահասների հետ:

Ձեր մասնակցությունն այս հետազոտությանը սահմանափակվում է միայն այս խմբային հարցազրույցով՝ մինչև 90 րոպե տևողությամբ: Ձեր կողմից տրամադրված տեղեկությունները կօգտագործվեն Հայաստանի պոլիկլինիկաներում դեռահասներին տրամադրվող ծառայությունների որակի բարելավմանն ուղղված առաջարկների մշակման համար:

Ձեր կողմից տրամադրված տեղեկատվությունը գաղտնի է պահվելու և օգտագործվելու է միայն հետազոտական նպատակներով, որևէ փաստաթղթի մեջ Ձեր անունը չի նշվելու: Միայն հետազոտող թիմն է ունենալու հասանելիություն Ձեր կողմից տրամադրված տեղեկություններին և միայն ընդհանրացված տեղեկություններն են ներկայացվելու վերջնական զեկույցում: Ձեր մասնակցությունն

այս հետազոտությանը կամավոր է, Դուք իրավունք ունեք բաց թողնել այն բոլոր հարցերը, որոնց չեք ցանկանա պատասխանել, նաև հրաժարվել շարունակելու հարցազրույցը ցանկացած պահի: Ձեր մասնակցությունը այս հետազոտությանը չի ներառում որևէ ֆինանսական խրախուսում, որևէ անմիջական ռիսկ կամ օգուտ: Ձեր համաձայնությամբ ես կձայնագրեմ մեր հարցազրույցը և/կամ գրառումներ կվերցնեմ հարցազրույցի ընթացքում, որպեսզի բաց չթողնեմ որևէ կարևոր տեղեկություն: Այս հետազոտության վերաբերյալ հարցեր ունենալու դեպքում կարող եք զանգահարել ծրագրի ղեկավար Արուսյակ Հարությունյանին (+374-60) 61 25 61 հեռախոսահամարով: Եթե կարծում եք, որ այս հետազոտության շրջանակներում Ձեզ հետ ճիշտ չեն վարվել կամ որևէ կերպ վիրավորել են հարցազրույցի մասնակցության ընթացքում, կարող եք դիմել Հայաստանի ամերիկյան համալսարանի գիտական էթիկայի թիվ 1 հանձնաժողովի փոխնախագահ Քրիստինա Հակոբյանին՝ հետևյալ հեռախոսահամարով (+374-60) 61 25 92:

Դուք համաձայն եք մասնակցել հետազոտությանը: Թույլ կտա՞ք միացնել ձայնագրիչը: Եթե պատրաստ եք, կարող ենք սկսել:

**American University of Armenia**  
**Institutional Review Board #1**  
**Consent Form**  
**Adolescents (18 and/or 19 years old)**  
**Assessment of adolescent friendly services in primary healthcare facilities of Armenia**

Hello, my name is ..... . I am working for the Center for Health Services Research and Development of American University of Armenia. Currently our research center with the support of the UNFPA Armenia Country Office is conducting an assessment of adolescent friendly services in primary healthcare facilities of Armenia.

You and approximately 20 other adolescents are invited to participate in an interview for this project because your experience and opinion on receiving healthcare services as polyclinics is very important for the study and overall improvement of the field. We would like to ask you to share your experience and opinions about the services you have received at polyclinics in Armenia.

The interview questions will be related to your experiences, your right as adolescent clients, your understanding of privacy and confidentiality, equity of provided services, facility characteristics and awareness of healthcare services provided at polyclinics.

Your participation in this study is limited to this single discussion lasting up to 60 minutes. The information provided by you will be used to make recommendations to improve the quality of healthcare services provided to adolescents at polyclinics in Armenia.

All the information given by you will stay confidential and will be used only for research purposes, your name will not be mentioned anywhere. Only the research team will have access to the information provided by you. The summary of the data from all interviews will be presented in the final report. Your participation in this study is voluntary, you may refuse to answer any question in the interview or stop the interview at any time.

There is no financial compensation or other personal benefits and there are no known risks to you resulting from your participation in the study. With your permission, I will use audio-recording and/or note taking to make sure that we do not miss any important information you provide us with. If you have any questions regarding this study you can call the program coordinator Arusyak Harutyunyan at (374-60) 61 25 61. If you feel you have not been treated fairly or think you have been hurt by joining the study you should contact Kristina Akopyan (374-60) 61 25 92, the Vice Chair of Institutional Review Board #1 of the American University of Armenia.

Do you agree to participate? Do you agree to the recording? If you are ready, we can start.

**Հայաստանի ամերիկյան Համալսարան**

**Գիտական էթիկայի թիվ մեկ հանձնաժողով**

**Իրազեկ համաձայնության ձև**

**Ղեռահասների համար (18 և/կամ 19 տարեկան)**

**Առողջության առաջնային պահպանման օղակներում դեռահասներին բարյացակամ բժշկական ծառայությունների որակի գնահատում**

Բարև Ձեզ, իմ անունը ..... է: Ես աշխատում եմ Հայաստանի ամերիկյան համալսարանի առողջապահական ծառայությունների հետազոտման և զարգացման կենտրոնում: Մեր հետազոտական կենտրոնը, ՄԱԿ-ի բնակչության հիմնադրամի աջակցությամբ իրականացնում է ծրագիր, որի նպատակն է գնահատել պոլիկլինիկաներում դեռահասներին տրամադրվող բարյացակամ ծառայությունների որակը:

Դուք և մոտավորապես 20 այլ դեռահասներ հրավիրված եք մասնակցելու այս հարցազրույցին, քանի որ Ձեր փորձը և կարծիքը պոլիկլինիկաներում առողջապահական ծառայությունների վերաբերյալ շատ կարևոր է այս ուսումնասիրության և ոլորտի ընդհանուր բարելավման համար: Կցանկանայինք, որ Դուք կիսվեիք մեզ հետ Հայաստանում դեռահասներին տրամադրվող առողջապահական ծառայությունների վերաբերյալ Ձեր կարծիքով և փորձով:

Հարցերը հիմնականում կվերաբերվեն Ձեր պոլիկլինիկայում առողջապահական ծառայություններ ստանալու փորձառությանը, որպես դեռահաս Ձեր իրավունքներին, մեկուսիության և գաղտնիության Ձեր պատկերացումներին, տրամադրված ծառայությունների հավասարությանը, պոլիկլինիկայի որոշ կառուցվածքային առանձնահատկություններին և Ձեր տեղեկացվածությանը պոլիկլինիկայում տրամադրվող ծառայությունների վերաբերյալ:

Ձեր մասնակցությունն այս հետազոտությանը սահմանափակվում է միայն այս հարցազրույցով՝ մինչև 60 րոպե տևողությամբ: Ձեր կողմից տրամադրված տեղեկությունները կօգտագործվեն Հայաստանի պոլիկլինիկաներում դեռահասներին տրամադրվող ծառայությունների որակի բարելավմանն ուղղված առաջարկների մշակման համար:

Ձեր կողմից տրամադրված տեղեկատվությունը գաղտնի է պահվելու և օգտագործվելու է միայն հետազոտական նպատակներով, որն է փաստաթղթի մեջ Ձեր անունը չի նշվելու: Միայն հետազոտող թիմն է ունենալու հասանելիություն Ձեր կողմից տրամադրված տեղեկություններին և միայն ընդհանրացված տեղեկություններն են ներկայացվելու վերջնական զեկույցում: Ձեր մասնակցությունն այս հետազոտությանը կամավոր է, Դուք իրավունք ունեք բաց թողնել այն բոլոր

հարցերը, որոնց չեք ցանկանա պատասխանել, նաև հրաժարվել շարունակելու հարցազրույցը ցանկացած պահի: Ձեր մասնակցությունը այս հետազոտությանը չի ներառում որևէ ֆինանսական խրախուսում, որևէ անմիջական ռիսկ կամ օգուտ: Ձեր համաձայնությամբ ես կձայնագրեմ մեր հարցազրույցը և/կամ գրառումներ կվերցնեմ հարցազրույցի ընթացքում, որպեսզի բաց չթողնեմ որևէ կարևոր տեղեկություն: Այս հետազոտության վերաբերյալ հարցեր ունենալու դեպքում կարող եք զանգահարել ծրագրի ղեկավար Արուսյակ Հարությունյանին (+374-60) 61 25 61  
հեռախոսահամարով: Եթե կարծում եք, որ այս հետազոտության շրջանակներում Ձեզ հետ ճիշտ չեն վարվել կամ որևէ կերպ վիրավորել են հարցազրույցի մասնակցության ընթացքում, կարող եք դիմել Հայաստանի ամերիկյան համալսարանի գիտական էթիկայի թիվ 1 հանձնաժողովի փոխնախագահ Քրիստինա Հակոբյանին՝ հետևյալ հեռախոսահամարով (+374-60) 61 25 92:

Դուք համաձայն եք մասնակցել հետազոտությանը: Թույլ կտա՞ք միացնել ձայնագրիչը: Եթե պատրաստ եք, կարող ենք սկսել:

## Consent form for Observation in the primary healthcare facility

### Study title: Assessment of adolescent friendly services in primary healthcare facilities of Armenia

Hello, my name is ..... . I am working for the Avedisian Onanian Center for Health Services Research and Development of American University of Armenia. Currently our research center with the support of the UNFPA Armenia Country Office is conducting an assessment of adolescent friendly services in primary healthcare facilities of Armenia. The findings of the study will be used to give recommendations to improve the quality of health services provided to adolescents in polyclinics in Armenia.

In scope of this program our research team observes different sites in the facility and the medicines and supplies available. We plan to observe this facility only once. During the observation we will make notes in the checklist. The notes will not contain any personal information of any of the staff member. Do you agree if we observe the facility?

Thank you.

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### Պոլիկլինիկայում դիտարկման իրազեկ համաձայնագիր

#### Հետազոտության վերնագիրը. Առողջության առաջնային պահպանման օղակներում դեռահասներին տրամադրվող բարյացակամ բժշկական ծառայությունների որակի գնահատում

Բարև Ձեզ, իմ անունը ..... է: Ես աշխատում եմ Հայաստանի ամերիկյան համալսարանի առողջապահական ծառայությունների հետազոտման և զարգացման կենտրոնում: Մեր հետազոտական կենտրոնը, ՄԱԿ-ի բնակչության հիմնադրամի աջակցությամբ իրականացնում է ծրագիր, որի նպատակն է գնահատել պոլիկլինիկաներում դեռահասներին տրամադրվող բարյացակամ բժշկական ծառայությունների որակը: Այս հետազոտության արդյունքների հիման վրա կմշակվեն առաջարկություններ առողջության պահպանման առաջնային օղակում դեռահասների տրամադրվող ծառայությունների որակի շարունակական բարելավման համակարգ ներդնելու համար:

Այս ծրագրի շրջանակներում մեր հետազոտական թիմն իրականացնում է հարցազրույցներ, խմբային քննարկումներ պոլիկլինիկաների բժիշկների, տնօրենների հետ, վերանայում է հաստատության փաստաթղթերը և դիտարկում է հաստատության տարբեր հատվածները և դեղորայքի ու պաշարների առկայությունը: Մենք պլանավորում ենք դիտարկել այս պոլիկլինիկան մեկ անգամ՝ ընթացքում գրառումներ կատարելով: Գրառումները չեն պարունակի պոլիկլինիկայի վերաբերյալ, ինչպես նաև աշխատակազմի որևէ անդամին վերաբերող անձնական տվյալներ: Համաձայն ձեռք, որ մենք դիտարկում անցկացնենք այստեղ: Շնորհակալություն