Making Your Health Services Youth-Friendly

Ollivier Girard, 2011

A GUIDE FOR PROGRAM PLANNERS AND IMPLEMENTERS

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Acknowledgments

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Acronyms and Abbreviations

GBV	Gender-based Violence
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IPC	Interpersonal Communication
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Questionning
MSM	Men who have sex with men
PAC	Post Abortion Care
PEP	Post Exposure Prophylaxis
QA	Quality Assurance
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TRaC	Tracking Results Continuously
USAID	United States Agency for International Development
WHO	World Health Organization
YFHS	Youth-Friendly Health Services
YPLHIV	Young People Living with HIV

Youth-Friendly Services at a Glance

While the term "youth-friendly" does not have a single definition, it is widely understood that youth-friendly services generally share the following traits. How does your program measure up?

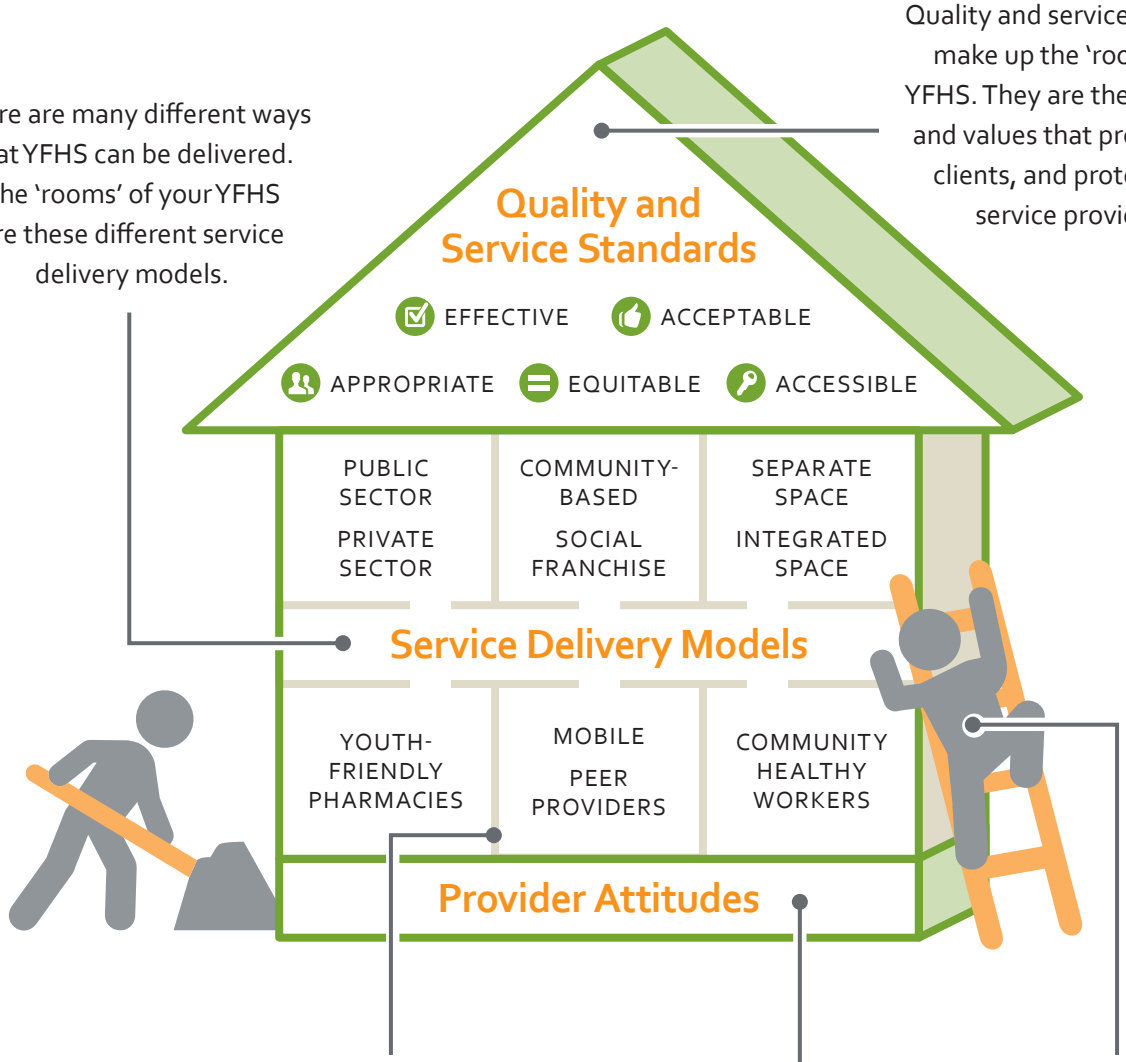
- Health care providers and other staff are trained in adolescent development and working with young people. Most importantly, this includes effective communication skills and better understanding of providers' *own* values regarding youth, sexually active youth and providing family planning services to youth.
- *All* members of staff communicate with youth in a respectful and nonjudgmental manner, regardless of age, gender, sexuality, sexual orientation, marital or health status.
- The service delivery site has confidentiality and privacy policies for all clients, with specific protocols for young people. This includes private counseling spaces, safe storage of files and non-disclosure of health information to parents or others without client permission.
- The service delivery site is open during convenient hours and located in an accessible area for young people, with accessibility for both young men and women considered.
- The service delivery site markets its services to young people in areas and through mechanisms that young people access (e.g., mass and social media, youth clubs and schools, etc.).
- Efforts are made to create a youth-friendly environment. This includes where youth wait for services, where consultations take place, having youth-appropriate information and communication materials available, etc.
- The fees are affordable for young people who may be in school, not working or earning little.
- Drop-in clients are welcome, and appointments are arranged rapidly.
- Youth participate in developing, implementing and evaluating/assessing services, policies and the overall environment (e.g., as members of an advisory board, peer educators, during program planning, as staff/volunteers, etc.).
- Community members and influential leaders (e.g., faith leaders, teachers, local politicians, parents, etc.) are aware of the health service needs of youth and support their provision.
- A minimum package of services, as defined by the World Health Organization (WHO), is provided on-site or through referrals to other youth-friendly services.
- A system for referring young people is in place for health and other social services.
- The service delivery site has copies of existing national youth policies and YFHS standards, tools and job aids.

Youth-Friendly Health Services (YFHS)

Regardless of your service delivery model, think of YFHS like a solid and sturdy house.

There are many different ways that YFHS can be delivered. The 'rooms' of your YFHS are these different service delivery models.

Quality and service standards make up the 'roof' of the YFHS. They are the standards and values that protect your clients, and protect us as service providers.



A strong and sturdy house is built with support beams that ensure the house will stay standing for a long time. The support beams of your YFHS is an enabling environment. This includes things like supportive policies, gender equitable norms, and a network of family members, peers and community members that support SRH services for young people.

All strong houses are a reflection of the strength of their builders. Critical to an effective YFHS is involving young people in the design, implementation and evaluation of your services.

Service provider attitudes make up the foundation of any YFHS. A respectful, non-judgmental and welcoming attitude must come first; without it, the entire operation will crumble.

How Youth-Friendly Services Fit within PSI

This page addresses how this guide will support PSI programs specifically. The links will not work if you are external to the PSI network.

You may be asking yourself, how does this guide fit with all of the other tools and resources that you are already using for sexual and reproductive health (SRH) services? The answer: many ways! The following core PSI tools and processes can be adapted, or used as-is, to strengthen your services for youth:

BUSINESS IN A BOX: The Social Franchise "Business-in-a-Box" provides global best practices on how to develop and maintain a high quality social franchise. Within the "box," you will find a number of tools and resources for social franchising that can be adapted to develop youth-friendly services. For instance, the evaluation tools, such as the Franchise Performance Assessment Tool (FPAT) and the Performance Improvement Plan (PIP) worksheet, can be used to evaluate your service delivery site's performance in providing YFHS. Other tools like the Interpersonal Communication (IPC) Toolkit and Provider Behavior Change tools can also be referenced when developing your IPC tools and evaluating providers for YFHS. **Look for the Business in a Box logo throughout the guide to help you align your YFHS with PSI's guidelines for social franchising.**

QUALITY ASSURANCE: All of PSI's SRH programs are designed within a quality assurance (QA) framework that helps to ensure our services meet global clinical standards and generate the most impact possible. When developing YFHS, it is important to remember that QA comes first. Make sure that your services meet all of PSI's QA standards before focusing on YFHS, and continue to refer to the QA manual as you design and implement YFHS. Refer to the Clinical Quality Assurance tools on Kix for more information and resources. Remember, if you are going to provide services for young people, particularly minors, you must abide by your country's laws for consent and assent. **Look for the QA symbol throughout the guide to help you align your YFHS with PSI's guidelines for quality assurance.**

DELTA: PSI's DELTA marketing planning process can be used when designing a new youth-friendly service, enhancing your current services to be more youth-friendly, and/or to design a behavior change communication campaign. DELTA will take you through a process for developing insights about young people in your target community, communication and marketing objectives for promoting YFHS, as well as for dissecting the four "Ps." **Look for the DELTA logo throughout the guide to help you align your YFHS planning with the DELTA marketing process.**

RESEARCH AND DATA COLLECTION: If you are considering developing YFHS and have an upcoming Tracking Results Continuously (TrAC) or FoQuS, talk to your research advisor about how to integrate questions about young people's access to health services and evaluating youth-friendliness. Sample assessment tools can be found at the back of this guide. If you are planning to conduct any research with young people, particularly minors, you must abide by your country's laws for consent and assent. Make sure to discuss your research plans with PSI's Research Ethics Board (REB) and appropriate in-country Institutional Review Boards (IRB) beforehand. Visit the Research and Metrics Kix page for more information on standard operating procedures and important ethical considerations.

For any questions about how to use this guide, how to develop youth-friendly services, or to request technical assistance with implementation, contact Rena Greifinger at rgreifinger@psi.org.

Overview of the Guide

Why work with young people?

Becoming a youth-friendly service provider not only ensures that young people get the care and support they need, but it means you will significantly increase your health impact. Consider the following:

- Nearly half the world's population is under age 30[1].
- 16 million girls (15–19) have babies annually, 95% of them in developing countries.[2]
- In developing countries, about 90% of births to adolescents occur within marriage.[3]
- Maternal mortality is 28% higher among 15–19 year olds than 20–24 year olds.[4]
- There are 2.2–4 million unsafe abortions each year among adolescent girls 10–19 in developing countries. Young women account for almost 50% of unsafe abortion-related deaths annually.[5]
- The majority of sexually active adolescents have unmet need for modern contraception.[6]
- Nearly half of all Human Immunodeficiency Virus (HIV) infections and 70% of new sexually transmitted infections (STIs) occur among 15–24 year olds.[7]
- HIV prevalence among young women ages 15–24 is more than four times higher than for young men of the same age in hyper-epidemic countries in southern Africa.[9]

Most importantly, young people are not only our future, they are our NOW! They have very present needs, concerns, and valuable contributions to offer us and society. Investing in their health not only improves public health, but improves countries' potential for stability, progress and prosperity.[2]

Who is this Guide for?

This guide is for anyone involved in the provision of sexual and reproductive health (SRH) services – health care providers, service administrators, program planners, researchers and implementers.

What's Inside the Guide?

The guide provides an overview of the global need for youth-friendly service provision and key recommendations for developing/strengthening SRH services so that providers are better able to engage and retain young people in care. All of the information found in the guide comes from evidence-based best practices in the field of adolescent and young adult sexual and reproductive health. The guide will help you assess your services, identify gaps, and develop action plans using tools that have been adapted from existing best practices. It also provides three youth-friendly services checklists, adapted from existing tools that have been deemed best practices. The checklists can help you evaluate a service at the service delivery site, assess the client-provider relationship and measure client satisfaction through talking to youth. Additional resources and links are provided at the back of the guide.

World Health Organization Quality of Care Framework

This guide builds on the WHO Quality of Care Framework.[8] WHO defines youth-friendly services as:

EQUITABLE: All youth, not just certain groups, have equal access to the health services they need.

ACCESSIBLE: Youth are physically able to obtain the services that are provided (i.e., services are provided at times and in places that are accessible to all young people).

ACCEPTABLE: Health services are provided in ways that meet the expectations of young people.

APPROPRIATE: The health services provided are those that young people need and are appropriate for young people at their various stages of life (i.e., young adolescence, older adolescence and young adulthood).

EFFECTIVE: The right health services are provided in the right way and make a positive contribution to young people's health.[9]

GENDER EQUITABLE: Services are safe, affordable and accessible for young women and young men, within a context that promotes the rights of women and girls to make decisions and determine their life outcomes.

How Should the Guide Be Used?

Consider this guide as just that – *a guide*. It is not a road-map or protocol that needs to be followed step-by-step. This guide also does not replace the quality assurance protocols that every service delivery site abides by. Rather, it is a resource that will help you ask critical questions about your program, and help you identify strategies for improving SRH services for young people that align with the specific needs of your country or region, the specific groups of young people you would like to reach (e.g., in school/out of school, married/unmarried, etc.) and within the specific context that you work.

You will see both symbols (from PSI's processes and from the WHO Framework) throughout the guide to help you determine priority areas of focus. For instance, you might have a program objective to increase the gender equitability of your youth services. As you use the guide, therefore, you would pay special attention to the sections with the symbol for gender equity.

We hope that the guide is an effective tool for individual learning and group training purposes, in a variety of programs and settings. Programs may consider how to adapt the guide for different country contexts and service delivery models, i.e. public vs. private sector, static vs. mobile site, facility vs. community-based, etc. The checklists and assessment tools can be used for ongoing supportive supervision and QA visits, and can be helpful in developing YFHS certification tools. For PSI, this guide is accompanied by an intensive YFHS training for program teams and health providers and a certification process for health services within the PSI network.

Introduction

What do we mean by youth?

The term "youth" means different things to different people. Depending on what country you live in, whose policies you follow, or perhaps which donor funds your services, your definition of youth may be different from that of the country next door.

The most common age definitions are:

- **10–19 for adolescents**
- **15–24 for youth**
- **10–24 for young people**

Many countries, however, collect data for the age group 15–24 or 15–49, while others consider young people up to the age of 29. **What is most important is not whose definition is right, but rather, what age range is most appropriate for young people in your country and how you are going to ensure consistency of that definition across your programs, services, monitoring and evaluation.**

In this guide, we use the terms youth and young people interchangeably.

Programs should acknowledge the physical, psychological, and social differences between individuals at different stages of their youth (e.g., a 15 year old has different needs than a 24 year old), as well as the difference between biological and developmental age (e.g., a 15 year old may be married and sexually active, while a 20 year old may not be), and to modify definitions where necessary.

Remember your youth?

Do you remember what was happening to you when you were 16? Most likely a lot! This is a time period characterized by immense change – physical, emotional, social, sexual and physiological. During this period, young people experiment, take risks and rely more on their peers for influence than on adults. Research on the adolescent brain has demonstrated that the frontal lobe – that which is responsible for planning, working memory and impulse control – is not fully mature until people are in their 20s. Drawing on your own memories and experiences of growing up, as well as the science about adolescent development, will help you design services that meet the needs that young people have during this exciting, and yet tumultuous, period if their lives.*

* Johnson SB et al. (2009). Adolescent maturity and the brain: the promise and pitfalls of neuroscience research in adolescent health policy. *J Adolescent Health*, 45(3).

It is also important to recognize that "youth" are not a homogenous group. Youth are a very diverse group with different stories, different needs, different behaviors and ways of life. Many of the key populations that our program serve – female sex workers, men who have sex with men (MSM), homeless populations, injecting drug users, survivors of gender-based violence (GBV), displaced populations, girls, etc. – include young people. Recognizing some of the more vulnerable groups of young people, and the specific needs that they have on top of the everyday challenges of growing up, is essential for effective programming.

families are more likely to be violent, to rape and to use sexual coercion against women, including abusing their intimate partners.[15] In some instances, boys and young men are also the victims of rape and other forms of gender-based violence. This is particularly true for transgendered men, male sex workers and MSM.[16]

QA Programs that are providing SRH services are well equipped to integrate GBV screening, referrals, treatment and prevention. The critical elements for offering services to GBV survivors are the same as those for quality health care. This means that, at a minimum, health services should incorporate:

- **Institutional values and commitment** – senior management and staff support GBV services (e.g., screening, referrals, and/or care and treatment).
- **Alliances and referral networks** – referral services have been mapped and a directory developed so that GBV survivors can get the care and support they need.
- **Privacy and confidentiality** – women who have experienced GBV need privacy to disclose their experience and to be assured of confidentiality in regards to any information shared.
- **Understanding local and national policies** – providers need to know their obligations under the law for screening, treating and reporting GBV survivors.
- **Ongoing provider sensitization and training** – provider attitudes, knowledge, and skills about GBV can have a major impact on quality of care.
- **Protocols for caring for cases of violence** – protocols for screening, care, and referral are in place.
- **Emergency contraception, post-exposure prophylaxis and other supplies** – programs have an obligation to stock and/or make immediate referrals for emergency contraception and PEP, as well as to ensure that staff members know how to provide them.
- **Informational and educational materials** – displaying information on GBV signifies that survivors can get help at the clinic and informs survivors of their rights.
- **Medical records and information systems** – must be recorded and stored accurately and securely.
- **Monitoring and evaluation** – ensures that programs are responding to violence in acceptable and supportive ways.
- **On-going dialogue and support** – must occur between providers and managers to exchange feedback.[17]

For steps on developing a GBV referral directory and a draft interview guide, see pages 61–63 of IPPF's *Improving the Health Sector Response to Gender-based Violence* (full reference found in the GBV resources section of **ANNEX C: Helpful Resources**.)

For other GBV tools and resources, check out **ANNEX C: Gender and Gender-Based Violence Resources**, as well as GBV resources on Kix for PSI employees.

Jessica Sullivan, 2011

Getting Started

The starting point in providing youth-friendly services is to be able to answer five critical questions, some of which can be answered through a DELTA marketing planning process. Programs may want to begin by gathering the appropriate people for a strategy session that outlines where they are and where they want to go. Use these questions as a guide.

Q1: Situation Analysis. What health outcomes do we aim to achieve through our youth SRH work?

Q2: Audience Insight. Among which group (or groups) of youth are these health outcomes for?

Q3: Strategic Priorities. How do these aims align with our strategic priorities, any country-level youth or other applicable polices (e.g., gender policies) and donor priorities?

Q4: Product. What is the package of health services to be provided to achieve these health outcomes?

Q5: Place, Price, Promotion. Where (which type of service delivery site) and by whom (which type of health service provider) should these health services be provided?[18] How much should they cost? And how will you promote them?

Here are some examples of what to cover in a session covering these 5 key questions.

Q1: Situation Analysis. What health outcomes do we aim to achieve through our youth SRH work?

Conducting a situation analysis allows you to explore the context in which you are operating, in order to determine what your health priorities are. For instance, do you intend to reduce unintended pregnancies? STIs? HIV? To determine these health outcomes, use your own research, demographic health surveys and other sources to identify areas of need in the country. Review any national gender policies, including stand-alone policies that cover many areas, including YFHS, and health sector specific gender policies or strategies. Consider donor requirements, your government's priorities as well as your program's own strategic priorities. Remember to talk to young people themselves about their needs and concerns.

Q2: Audience Insight. Which group (or groups) of youth are these health outcomes being aimed at?

The answer to this question should be thoroughly discussed and is probably more complicated than just supplying an age range, sex or other demographic category. Formative research with and about young people

Tip!

The more specific you can be in defining youth, the better. This is particularly true when trying to reach marginalized youth. Ask yourself, how is this group marginalized? For instance, is the program trying to reach young female sex workers? How are they vulnerable? Is the program trying to serve girls/boys ages 13–19 within a one-mile radius of a bar?

Gender is a critical aspect of understanding vulnerability. Some youth programs, especially youth centers that offer other services besides health (e.g., games, sports, computers, etc.), make the mistake of not considering gender and find that their programs overwhelmingly attract boys. On the other hand, some health facilities are deemed "female spaces" where young men dare not go. Using the "gendered" qualitative tools found in **ANNEX B: Qualitative Tools** will provide key insights into who is vulnerable and in what ways. The answer to this question will help you determine the answer to Q5: *Where and by whom should services for your target group of young people be provided?*

in your country will help you develop audience insights about your target group. This means understanding what your target audience knows, believes and feels about the health services you want to provide. It helps you identify the opportunities, abilities and motivations they have to access your services, as well as the barriers that might preclude them from accessing your services.

Remember, your country program may already be serving youth but may just not thinking of them that way. For example, a program aiming to reduce unintended pregnancies may already be serving large numbers of married women between the ages of 15 and 24 but only think of them and lump them in with other "married women." It is also important to note here that all of the key populations we are trying to reach with SRH services – men who have sex with men (MSM), sex workers, people who inject drugs – are comprised of young people.

Q3: Strategic Priorities. How do these aims align with your strategic priorities and other youth-related policies?

Each country program will need to determine how much emphasis to place on making services youth-friendly given their own strategic priorities, and those of their country, if national-level youth policies exist. Adoption of youth policies often depend on the political will to address youth issues and the nature of the youth demographic. For instance, does the sheer size of the country's youth population demographic demand that youth be a focus of your strategy? Are youth a smaller proportion of those needing a given service, but carry a disproportionate health burden if they don't access the services? Does available data suggest high levels of unmet need for contraception among young people, high levels of early and unintended pregnancy, high rates of HIV infection, etc.? Consider whether the Ministry of Health has already established national YFHS standards and how to align those standards with your own. If they have not, consider engaging them in your process and helping them to establish a YFHS strategy. See the WHO YFHS Standards in the **ANNEX C: Helpful Resources** section for support with this process. Part of this process is to identify what services are already available in your country and where gaps exist. Below you will find more information about conducting mapping exercises to identify if and where YFHS are already being offered as well as where to locate opportunities to initiate and/or strengthen those services.

Remember!

Everyone, but particularly young people, benefits from a holistic package of services to achieve optimum SRH. This not only means clinical services, but psychosocial and instrumental support (e.g., education, economic empowerment). Consider the "multi-sectoral" needs of young people (e.g., health, education, leadership opportunities, economic empowerment, technology) and multi- or cross-sectoral approaches (including those that develop synergies across sectors) that you can use. Begin to consider what services within this holistic health package you can provide and which you cannot. For those you cannot, who can? Are there organizations in the area that you can partner with?

Remember!

Making your services youth-friendly can happen at many levels. You can do an entire overhaul of your services, or you can begin with small steps. For instance, you can begin by changing the opening hours of your service delivery site to be more accessible for young people. You can print IEC materials, such as brochures for youth to take away and posters for the wall of your clinic featuring young people and "speak to" young people in language and tones that will resonate with them. You can conduct training with your staff to ensure that any young person that walks through the door is treated with a welcoming, non-judgmental and respectful attitude.

Q4: Product. What package of health services will be provided?

Each country program will need to determine which youth services to offer based on the evidence of need and potential for the services to affect the desired health outcome in compliance with national laws. Programs will need to be mindful of any decisions that are based on beliefs about what services youth "should" have access to or what behaviors youth "should" or "should not" be doing. Ideally, consult with youth when developing a service delivery package. The WHO recommends the following minimum package of services for young people.

Q5: Place, Price, Promotion. Where (which type of service delivery site) and by whom (which type of health service provider) should these health services be provided?[19] How much should they cost? And how will you promote them?

It often makes the most sense and is more efficient to build on what already exists and focus on making existing service points friendly to youth. However, if a country program determines that it will serve particularly marginalized, vulnerable or stigmatized youth, the program will need to assess whether those youth can, in fact, use a service that is open to all ages even if it is made "youth-friendly." The tools for provider/site selection in this guide can be used in this scenario. A process like DELTA can help you determine what price point to place your services based on willingness and ability to pay research. Equally, it will be very important to tie in a marketing plan to your YFHS strategy to ensure that young people are aware of your services and know where and how to access them.

Recommendations for Minimum Package of Services (from WHO)

The WHO standards provide a lens through which to develop standard operating procedures for your YFHS. For PSI social franchises, these recommendations can be used when developing your franchise manual.

- Information and counseling on sexuality, safe sex and reproductive health
- Contraceptive method provision. Remember, young people can use any method!
- STI diagnosis and management
- HIV counseling (and testing or referral for testing and care)
- Pregnancy testing and antenatal and postnatal care, including contraception for birth spacing
- Screening and care for gender-based and sexual violence
- Counseling (and referrals if needed) for gender-based and sexual violence
- Postabortion care (PAC) counseling and contraception (family planning must be part of PAC)

If your service delivery site is unable to provide all of the services within this minimum package, that is okay. However, it is very important that you find other organizations and services within a close geographical area, and which also provide youth-friendly services to refer young people to for the services that you cannot provide.

Getting Started Checklist

A quick synopsis of what to do when getting started with YFHS:

- ✔ Determine health outcomes you want to achieve using research, program information, etc.
- ✔ Review available data, conduct formative research as needed and undergo strategic planning exercises to determine target audiences and audience insights.
- ✔ Identify sub-populations of youth you want to serve (e.g. married, girls, low-income, etc.) and their unique needs and abilities.
- ✔ Consider how gender plays a role in your program development.
- ✔ Research current country-level policies, strategic plans and programs and align your goals.
- ✔ Research health and other social services available to young people in your community and begin to create referral pathways to ensure optimum levels of care and support.
- ✔ Determine the minimum package of health services you can provide and those that you will refer to others providers (see WHO guidance on minimum package of services). Determine what you will need to successfully implement the minimum package, such as training, job aids, etc.

Kim Case Burns, 2012

PSI's Global Clinical Service Delivery Standards

Standards are essential to the quality provision of client-centered care and are intended to be applied across all PSI service-delivery programs, regardless of age, gender, or marital status. These standards are essential to all services, including YFHS. Make sure that these standards provide the foundation for your service delivery, before you begin to consider adaptations for young people specifically. PSI's global clinical service delivery standards are:

TECHNICAL COMPETENCY: All procedures are performed by licensed, registered and professionally trained personnel, and that those personnel have been vetted and approved by PSI.

CLIENT SAFETY: Providers follow all standards and procedures for service eligibility, infection prevention, equipment and the handling and reporting of adverse events.

INFORMED CHOICE: Clients receive appropriate counseling and comprehensible information about the benefits, risks and side effects of any chosen service or contraceptive method, that clients have a range of access to methods and information about those methods, that no incentives will be offered to individuals for accessing any service or method and that any incentive schemes that do exist for providers and recruiters are documented and submitted for approval to PSI.

PRIVACY AND CONFIDENTIALITY: All services are performed in a setting that offers client privacy and that client records are stored safely and confidentially.

CONTINUITY OF CARE: Clients are informed of follow-up care and information about what to do after the service has been provided. If the provider is not available or not qualified to provide appropriate follow-up care, the client must be informed of PSI-referral sites. The program must also have a mechanism to assess client satisfaction with services.

Selection Criteria, Processes and Tools

This section outlines a process for identifying service delivery sites and providers that can, or have the potential to deliver, youth-friendly SRH services.

1. Assess the situation
2. Identify service delivery sites
3. Assess site needs and capacity
4. Design an action plan
5. Select and train providers
6. Monitor and evaluate your program

ASSESS THE SITUATION. When you begin, it is important to first identify the factors that facilitate service use among young people and those that present barriers to service use. This will help you develop methods for building on existing opportunities, addressing barriers and identifying partners to collaborate with. This process will also reveal where improvements in access, quality and service delivery are needed. Your assessment may be in-depth or just "quick and dirty" to start with. However, the more preparation you do at this stage in the process, the more effective and high-quality your programs will be. This first step is just like the **Situation Analysis** stage of the DELTA marketing planning process.

The methodology that follows is the same you would use to assess your program for gender equality. An assessment process may include the following steps:

Review the literature: Collect and review current literature (e.g., peer-reviewed articles, government documents, policies and health strategies) from your country on young people's health needs and any inequalities in service uptake between males and females. This will help you understand which young people need SRH services, where they are, why they need them and how best to reach them. It will also help you develop a better understanding of your target audience in terms of what they know, do , feel and believe about SRH.

Review the data: Determine who the young people are in your community by looking at demographic and other surveys. Look at the breakdowns of young people by age, gender, income, where they live, school and education status, marital status, parity, HIV status and other important factors that will help you ensure that your programs are equitable in serving those young people most in need.

Map the area: Ask a group of youth, similar to the target group, to make a map of their community showing places where their peers gather and places where their peers do not go. Separate mapping exercises should be done with young men and young women. As part of the mapping, ask them to map safe and unsafe places in the community. Pairing the mapping exercise with the "Day in the Life" exercise answers both how and where a typical young man or young woman spends her/his time. See **ANNEX B: Qualitative Tools** for access to these tools.

For PSI employees, check out the Provider Mapping Tool to help evaluate whether your existing service delivery sites are going to be accessible for young people. For instance, are they near a school, bus terminal, market or other area where young people congregate?

Talk to people, especially young people: Talk to important stakeholders to identify local beliefs, attitudes and behaviors of young people. Assess adults' beliefs and attitudes about youth and youth sexuality by talking to community members, parents, government ministries, faith based organizations and non-governmental organizations that work on health, youth and gender.

Most importantly, talk to young people about their concerns and interests surrounding sexual and reproductive health, as well as how they feel adults perceive them when it comes to sexual health. Information that you will be collecting might include:

- What are local beliefs regarding what young people should know about SRH? Are those beliefs different for young women and men?
- What and where do young men and young women learn about sexuality, HIV and reproductive health? Is the knowledge, timing or place different for young men and women?
- What are local beliefs about adolescent sexual behavior? For instance, is it acceptable for boys to experiment with sex but not for girls?
- What are local beliefs regarding what kinds of SRH services young people should access? How do these beliefs differ for young men and women? For example, are perceptions of young men who use condoms different than for young women who use condoms?
- Are there ways to deliver health services that would better engage young men/women?
- Do young women participate in peer education programs? As peer leaders? As participants? Are male and female peer educators treated equally?
- Are there any legal barriers and/or facilitators to accessing youth-friendly services? Identify the age of consent and any duty to report suspected gender-based violence or child abuse.
- Is the legal framework different for boys than it is for girls?
- Can a young person decide on his/her own to go to the health facility? Is this the same for a young male and a young female? A married female? If not, who decides?
- Can a young unmarried woman decide to use a contraceptive method on her own? Does she have access to a range of methods, including hormonal contraceptives, LARCs, emergency contraception, etc.?

For more, see **ANNEX B: Qualitative Tools**.

Remember!

In many places, it is not customary or even appropriate for young people to discuss issues related to sex with adults; even within a clinic setting. It is important to understand whether or not this is a serious challenge in the country and context that you are working. One tip is to train and engage young people themselves to conduct these types of dialogue with their peers so that they may solicit more honest and genuine feedback.

Identify partners: At this point, it's important to know your community and what other organizations and services are available for young people. Think about other health related services and others, such as education, livelihoods, recreation, vocational training, religious group, etc. Map your area to include these programs, and then reach out to them to build a relationship. Part of building a youth-friendly service is being able to easily refer young people to other services in the community and to know that those services will be referring young people to you. Check **ANNEX G: Ensuring Community Support** for a list of questions you can use when building community partners.

Kim Case Burns, 2012

IDENTIFY SERVICE DELIVERY SITES. Using the insights collected from your assessments, identify which service delivery sites (these could be static facilities or mobile sites) are already offering, or have the potential to offer youth-friendly services, and what those services are. Use the Provider Mapping Tool from the Business-in-a-Box for support.

It is very important at this stage to develop a referral network with linkage systems and protocols in place, to ensure that young people have access to a holistic package of services.

When identifying service delivery sites, make sure that you are able to answer these questions:

- Have the clinic owners/managers expressed interest in offering YFHS?
- Is the site operating legally?
- Does the clinic/provider conduct itself in accordance with existing national service delivery protocols and standards of care, especially pertaining to young people?
- Can the service delivery site offer the appropriate constellation of services for young people, and/or strong linkages to care that it cannot provide directly?
- Do young people have geographic access to the potential service site?
- How does access to the site differ for young women and men?
- Do young people have the resources needed to access the service site (e.g., money for transportation and services)?
- Can young women access the potential service site safely and without stigma?

Answers to these questions will help you determine a) whether the site is appropriate for YFHS, and b) what you need to do to strengthen accessibility for young people. This might mean getting creative – such as marketing services differently to girls to ensure they feel safe in coming to the clinic; exploring opportunities to provide travel vouchers for those living far away; opening services during times when it is safe and easy for young people to access, including girls traveling alone.

Quick tips for setting up a referral network

There are many things to consider when setting up a referral network that will vary from setting to setting. Here are some simple tips to get you started:

- **Communicate:** Once you have identified other youth-friendly services in your area, get in touch with them and set up a meeting. If you don't know each other well, use this as an opportunity to become familiar with each other's services. If you have worked together in the past, review your referral processes and decide whether those processes could be strengthened.
- **Document:** Develop a simple guide or booklet with basic information about each of the YFHS that you have identified. Make sure that every clinician and counselor that may be making referrals has access to the list. Provide information about the services provided by each organization along with their contact details and a contact name. Where possible, put this directory online so that it can be updated easily and accessed by anyone.
- **Strategize**: Develop a simple strategy that will help streamline referrals to these organizations into your overall service provision.
- **Monitor**: Develop a system to track referrals to other organizations. Think about other ways you have tracked referrals, such as through referral cards or unique identifier codes.

For PSI employees, make sure to check out the Site Selection Tool in the QA manual for a comprehensive checklist you can use to ensure your facility and providers can offer the highest quality services possible to young people.

Remember, your service delivery site may not be able to offer the entire minimum package of services, or the other important services that young people require. It is crucial that you take the time to set up a strong referral network between your services and others in the community, to ensure that young people have a seamless constellation of care and do not "slip through the net." Setting up and maintaining a referral network will not only ensure that you have a place to send young people for services that you cannot provide but that also will provide a gateway back to your services from other youth-based local organizations. This will help increase your client flow and build your reputation as a YFHS provider in the community.

ASSESS SITE NEEDS AND CAPACITY. Once you have identified service delivery sites to roll out YFHS, there are a number of steps you can take to determine how to get going. Below are suggestions to help guide you.

Look at your data. Through your situation analysis, you will have identified young people's health concerns, barriers to YFHS, opportunities that exist for building YFHS and referral pathways, different options for the services you want to offer and to whom, and potential partners to work with. You also should have information about what other gaps remain such as staff capacity-building and advocacy needs. This will be important information when assessing whether your service delivery site is able, at present, to serve your target population, and will help you identify strategies to strengthen the site so that it is.

Use a tool: The *Youth-friendly Services Supervision Checklist* in **ANNEX A: Assessment Tools** and the Qualitative Tools in **ANNEX B: Qualitative Tools** provide support for site assessments, the client-provider consultation and young people's opinions. Conduct these assessments at the beginning of your process to determine needs, and then follow up with the same assessments every six months to measure your progress.

Ask questions: Ask young people what they like about the clinic and what needs improvement. Interview those that have dropped out of care about why they decided not to come back and what could be done to help re-engage them. Ask parents, teachers, influential community members, non-users of services and colleagues for their input. Consider any inter-generational social dynamics when thinking about talking to young people. Will they speak openly and honestly with you? Is that appropriate? Would it be more appropriate for other young people to initiate those discussions and feedback the responses back to you? Who on your staff is young? Who are the best communicators with youth?

Use the *Youth-friendly Services Checklist* in **ANNEX A: Assessment Tools** as a question guide and as a baseline for future assessments.

Visit other programs: If there are other service providers in the local area that have been successful at engaging youth, visit them to learn what has contributed to their success.

Assess the physical environment: Consider when and where, in the context of a young person's typical day, health care service delivery could take place. For instance, most YFHS are open during the afternoons, evenings and on weekends to accommodate young people in school or who work during the weekday. They are located in places close to where young people congregate. Use audience insights from your formative research to look at how to make it easy and convenient for young people to use services.

Consider gender: Gender norms affect how young women and men spend their time (e.g.,. between school, chores, work or play), how much time they may have available for other activities (like health services) and what they will be doing with their time. Gender norms also influence where young people work and

socialize. Conduct a "day in the life" exercise or other mapping exercise to determine how young people spend their time and how it differs for young women and men. (Both exercises are found in **ANNEX B: Qualitative Tools**.)

Determine confidentiality and privacy: Confirm that young people can access services with privacy and confidentiality.

Make services affordable: Services should be affordable for young people or provided at low cost or on a sliding scale. When possible, provide support such as travel vouchers or food/drinks to support youth accessing services.

Ensure an appropriate constellation of services is provided through the site or referrals.

This means:

- The required health care package is provided to fulfill the needs of all young people either at the point of health service delivery, in the community or through referral linkages.
- When possible, youth can access all of their health care appointments on the same day.
- Some health services and health-related supplies may be provided to young people in the community by selected community members, outreach workers and/or by young people themselves.

Checklist for a Youth-Friendly Environment

This checklist is similar to the Customer Experience Standard in the Social Franchise manual.

- ✔ Site offers informational and educational materials that are appropriate for young people in the waiting room. For instance, posters and brochures feature photos of young people that resemble the client population that are written in youth-appropriate language at the general reading level of most young people.
- ✔ Whenever possible, site waiting area has a section set aside for young people that they can make their own.
- ✔ Service provider engages young people in designing this area or in the entire site to make it more youth-friendly. Simply adding colors and posters can make a big difference.
- ✔ When possible, youth-led IPC sessions take place in the waiting area for young people (see *Education and Support Groups for Youth* in **ANNEX E: Educational and Support Groups – Best Practices for Youth Learning and Engagement**.) Ideally, these are led by young people.
- ✔ When possible, computers, Internet and/or phone charging services are available.
- ✔ An appointment system is in place, including tracking systems for clients who miss appointments.
- ✔ There are signs and/or literature that remind young people of confidentiality practices.

Key to this process is outlining a minimum package of services that the service delivery site will provide to young people. If the site cannot provide all of these, it is important to have referral processes in place to ensure that young people can access all of these services within a short distance of where they reside. **No matter what, privacy and confidentiality must be part of your minimum package even if that is all you can guarantee!**

- Clinic/provider conducts itself in accordance with any existing national service delivery protocols and standards of care for YFHS.
- Site has no policies or procedures that might restrict the provision of health services to any youth.
- Ensure all staff members are respectful, non-judgmental and welcoming to young people and that they will keep young people's confidentiality.
- Ensure sites meet quality assurance standards. See QA manual for full list of standards and protocols.

DESIGN AN ACTION PLAN. Using the answers to the five key questions listed at the beginning of this guide and the information gathered through mapping and assessing clinic needs, develop a plan for implementing YFHS. Remember, you do not need to implement a comprehensive plan right away. You may want to develop a full action plan, but only attempt to address priorities one and two in your first year. This can be an incremental process, but having a big picture vision of what you would like to achieve overall will help you effectively address each step along the way. Consider the following:

- Begin with outlining performance objectives and ensure that they are SMART (specific, measurable, attainable, relevant and time-bound).

Remember!

All health care environments are different, so it is important to explore what is feasible for your organization, given your space and resources. In some instances, a "one-stop-shop" model, in which youth come to the same clinic for all of their health care needs works best. For others, particularly in rural areas or when targeting hard-to-reach youth, going out into the community with outreach workers and peer educators will have more of an impact.

Remember!

All providers should already have the appropriate knowledge and skills to deliver these services to any patient. What is important here is that providers working with young people: 1) have an understanding of adolescent development and adolescent reproductive health; 2) can provide appropriate linkages to youth-friendly services within and outside the facility; and 3) treat young people with respect and without judgment, regardless of their age, gender, cultural background, sexuality and marital or health status.

- Once you clarify your objectives, you will be able to develop activities that meet those objectives. Make sure to list the most important activities first.
- Each activity should also include a timeline and the person responsible for carrying it out.
- If funds are needed to implement an activity, identify where those funds can come from. It is important that your action plan be realistic within the framework of your resources.

QA Make sure you are working within the organization's normal quality assurance protocols. For PSI employees, refer to the Service Delivery Standards and Protocols for Providers in the Quality Assurance Manual.

- Once the action plan is ready, present it to stakeholders, such as others in management, to ensure that the needed support exists to implement the recommended changes.
- The action plan should be revisited periodically and may need to be revised several times to incorporate the management suggestions and to ensure their support.
- Once approved, present the plan to the health workers and youth that will be involved in the program.

SELECT AND TRAIN PROVIDERS. Use the following criteria when considering which providers are best suited to deliver YFHS. For service delivery sites that have a large staff team and the ability to assign providers to specific client populations, these criteria can serve as a guide. For sites with very few providers without the ability to segment by client population, these criteria can be used to support provider training so that at least a baseline of youth-friendly services is in place. PSI and other partners have some great training tools and guides that you can adapt for your country program. See the YFHS resources in **ANNEX C: Helpful Resources** for these and other great tools.

QA Make sure you are following all regular quality assurance procedures when selecting providers and sites for YFHS. The Quality Assurance Manual has a number of resources that can help you select, train, and evaluate health care providers.

- Provider has the appropriate attitude, skills, experience and qualifications to deliver the minimum package of services to youth (based on determinations by the country team).
- Provider has a good track record and reputation in the community.
- Provider is willing and able to accommodate young people and a possible increase in client flow.
- Provider has the support of his/her managers to offer YFHS.
- The attitudes of all staff that come into contact with young people must be equally caring, respectful, supportive, non-judgmental, and considerate. (See the *Youth-friendly Services Supervision Checklist* in **ANNEX A: Assessment Tools**.)
- All staff, including providers, clinic and office staff treat young people with care and respect, regardless of age, gender, cultural background, sexuality, marital or health status.

Remember!

It is vitally important that ALL staff who may come into contact with youth are trained and comfortable working with youth – ALL YOUTH. This includes front desk staff, pharmacists, security guards, etc. These staff should not only be trained to work with youth, but given particular training on working with marginalized or vulnerable youth. Being treated equally will have a positive effect on young people, encouraging them to return for care and to recommend the facility to their peers.

- Providers and staff are willing to follow all confidentiality policies and procedures under all circumstances.
- Provider is willing and able to ensure that consultations occur with a short waiting time, with or without an appointment and (when necessary) make swift referrals.
- Provider is willing to dedicate sufficient time to clients.
- Provider is willing to give young people opportunities to give feedback on their satisfaction with services, and is receptive to suggested changes to make services more responsive. (See *Client Satisfaction Tool* in **ANNEX A: Assessment Tools**.)
- Providers and staff are willing to be available on days and during hours that are convenient for young people, such as before/after school and on weekends.
- Provider is willing to establish links with the community to provide health services close to where young people are located and to make the clinic more accessible. Depending on the situation, outreach workers, selected community members (e.g., sports coaches, teachers, faith leaders, etc.) and youth themselves may be involved in this effort.

If your assessment reveals that young people prefer a provider of the same sex, you will want to keep this in mind when choosing providers. However, if providers have already been selected or no providers of that sex are available, it is important to understand why the young people prefer a same sex provider. For example, if the young person is concerned about a member of the opposite sex seeing them naked, then providers need to ensure that issues of privacy, such as keeping the door closed and using a gown or drape and uncovering the body only when necessary, are strictly followed. When possible, ensure that a same sex provider is present (e.g., a female nurse with a male doctor).

Olivier Girard, 2011

Characteristics of Effective and Ineffective Health Providers

EFFECTIVE HEALTH PROVIDERS:

- ✔ Are genuine and reliable sources of information
- ✔ Create an atmosphere of privacy, respect and trust
- ✔ Communicate well through open discussion and dialogue
- ✔ Are nonjudgmental, offer choices and do not criticize their clients' decisions
- ✔ Are empathic
- ✔ Are comfortable with sexuality
- ✔ Speak clearly and simply so that clients can understand what they are saying
- ✔ Ask clients questions to ensure that they understand
- ✔ Demonstrate patience, especially if clients struggle to express themselves
- ✔ Identify and remove obstacles

INEFFECTIVE HEALTH PROVIDERS:

- ✔ Interrupt conversations or don't give clients their full attention
- ✔ Are judgmental or make decisions for the client
- ✔ Do not make clients comfortable or ensure their privacy (e.g., providing counseling in front of other people)
- ✔ Do not communicate well, including non-verbal communication (e.g., do not make eye contact)
- ✔ Lack knowledge on reproductive health issues
- ✔ Are uncomfortable with sexuality
- ✔ Speak too fast, too loud or unclearly
- ✔ Do not ask clients questions or do not wait for clients to respond to their questions
- ✔ Are impatient
- ✔ Are not empathic

Adopting a "Sex-Positive" Approach

A sex-positive approach means recognizing that young people have the right to express their thoughts, opinions, needs and desires related to sexuality without judgment, fear, blame or limitations. It means understanding that sex is both a source of fun and pleasure, and of anxiety and pain for young people, and being able to communicate with young people openly about how to have positive sexual experiences and manage negative ones. This can be difficult for many providers who are not used to discussing sex and sexuality with young people. Here are some quick tips for overcoming those obstacles.

You feel uncomfortable discussing sex and sexuality with young people.

It's important to first understand your own values, experiences and expertise with sex and sexuality before being able to communicate about sex with anyone, particularly young people. Many tools and trainings are available to help you explore your own values and practice communication skills. See the Reference section for more details.

You don't believe young people want to talk about sex in a clinical setting.

Young people always have questions about sex. What is important is building a rapport with your clients so that they feel comfortable asking you questions. Start the conversation with simple questions like, "Are you in a relationship? Are you happy with your relationship? Is it sexual? Do you ever feel pressured to have sex? Do you have any questions or concerns you would like to discuss?" Remind the young person that the conversation is confidential and that you are open to answer anything.

You were taught to only focus on the negative aspects of sex and telling young people what not to do.

Health professionals sometimes forget that young people experience love, intimacy and satisfaction from sex. It is not always about risks, disease and abuse. Discuss the positive aspects of sex such as how people experience pleasure in different ways, how to improve sexual pleasure safely and recognize that safe sex does not only include protected sex but also feeling safe and at ease with your partner.

You don't believe young people should be sexually active.

Every young person is different and develops at a different pace. Some engage in sex and some do not. Some practice sex regularly, others only occasionally. It is your job to question your assumptions about young people's behavior, such as "young people have sex all the time," "young people take risks," "young people don't want to discuss sex with adults" and understand that each young person is an individual with individual needs.

You believe that sex is always voluntary and that young people are just being irresponsible.

Young people may be in abusive or coercive sexual relationships but don't know how to discuss it with you. Talking about sex in a non-judgmental way will help them open up. Remind them that they can say no to sex anytime and that they should never feel pressured or obligated to have sex. *Ever.*

Adapted from IPPF's *Keys to Youth-Friendly Services, 2011*

MONITOR AND EVALUATE YOUR PROGRAM. Monitoring and evaluation (M&E) of your program is a multi-faceted process that starts at the beginning of the program design phase and is integrated throughout implementation. It is important to engage your M&E and research teams when designing YFHS, to ensure that you develop measurement indicators and processes that align with the programs that you plan to deliver. Many new programs begin with a logical framework (logframe) or other tool used for the design, monitoring and evaluation of a project. The logframe is used to identify the project goal, purpose-level indicators, project outputs and activities.

Develop indicators. At the beginning of your project or program, work with your M&E team to develop a set of indicators that you will use to measure the effectiveness of your YFHS. Your indicators could measure everything from young people's knowledge, perceptions and behaviors, to the effectiveness and quality of your services. Here are a few sample indicators from the Measure Evaluation Family Planning and Reproductive Health Indicators Database. The database also provides a definition, data requirements, data sources, purpose and issues for each indicator.

- Existence of supportive adolescent and youth SRH policies
- Adolescents are/were involved in the design of materials and activities and in the implementation of the program
- Number of young people trained as peer educators
- Number/percent of health workers trained to provide adolescent and youth-friendly services
- Percent of adults in the community who have a favorable view of the program
- Percent of adolescents aware of the program
- Number/percent of adolescents reached by the program
- Percent of youth who believe they could seek SRH information and services if they needed them
- Percent of adolescents who were ever diagnosed and treated for an STI
- HIV prevalence among young people

Check out a sample logframe from PSI's Reproductive Health Framework below.

Disaggregate data. One of the biggest problems with measurement in youth programming is that many programs do not collect age-segmented data. They may collect data for under 15 years old and over 15 years old; or just starting at age 20. The World Health Organization recommends the collection and reporting of data in the following age segments:

- 10 – 14 years old
- 15 – 19 years old
- 20 – 24 years old

It is equally important to remember to disaggregate your data by sex so that you can measure your impact on young men and women separately.

Use tools. There are many tools that you can use to help you develop your indicators, monitor and evaluate your program. Check out the Assessment tools in **ANNEX C: Helpful Resources** to help you measure the quality of your services and client satisfaction. Use the Certification Tool, found in **ANNEX A: Assessment Tools** if you wish to develop a certification system for your health provider network.

Sample Logframe

NARRATIVE	INDICATOR	METHOD OF CALCULATION	METHOD OF VERIFICATION	ISSUES AND IMPLICATIONS
PURPOSE LEVEL				
To increase the use of modern contraception among youth 15–24.	Youth-specific contraceptive prevalence rate (CPR)	(# of sexually active 15–24 year old females currently using modern family planning methods) / (total # of sexually active 15–24 year old females surveyed)	DHS Household survey	The DHS and RHS are currently the main sources for obtaining national level estimates of contraceptive prevalence. When using smaller household surveys, make sure to use probability sampling methods to obtain scientifically sound estimates.
	Proportion of young men using condom at last sex	(# of sexually active 15–24 year old males who used a condom at their last sex act)/ (total # of sexually active 15–24 year old males surveyed)	DHS Household survey Survey of program participants	Condom use at last intercourse approximates the current condom prevalence rate among young people (assuming last sex was in the recent past). Tabulate this indicator separately for married and unmarried youth.
OUTPUT-LEVEL				
To increase coverage of YFHS	Number of facilities offering YFHS	Count of facilities certified as YFHS by PSI or other entity (e.g. MOH)	Certification tool	This indicator can measure youth-friendliness of facilities or services that were not specifically designed for young people, as well as those that were.
To improve quality of care for YFHS	Number of service providers given additional training in delivering YFHS	Count of service providers given additional training in YFHS	MIS Program personnel files/records	This indicator only measures staff exposure to training; it does not measure quality of the training or staff competence in working with young people as a result of the training.
	Proportion of service providers meeting YFHS minimum standards	(# of providers that meet YFHS minimum standards)/(total number of providers in network)	Internal quality audit Certification tool	

ANNEX A: Assessment Tools

Population Services International
Youth-Friendly Services Supervision Checklist*

*Adapted from Pathfinder International's *Clinic Assessment of Youth Friendly Services, 2002*

Name of Service Delivery Site: _____ **Date of visit:** _____

Supervisor Name: _____ **Date of previous visit:** _____

Supervisor Title: _____ **Date of next visit:** _____

ADVANCE PREPARATIONS

Contact site to be visited (ensure the site has already passed the general site selection criteria) and arrange for observation of services and counseling and review of service delivery records. Read baseline facility assessment, previous program and any supervisory reports, and any action plan.

YFHS SITE VISIT

Meeting with staff

Explain objectives of this visit, and write them in the space below:

Mention highlights from any previous program/supervision report, and note these below:

Ask staff about progress on making services more youth-friendly. Note specific accomplishments below. If YFHS work has not commenced, list the priorities for YFHS outlined by program staff:

Ask staff about any barriers or challenges they have encountered in providing YFHS. Also ask them about what has been effective. Note problems and effective solutions in the space below, and briefly describe any technical assistance or additional funding needed to address problems.

If needed, revise the YFHS action plan to reflect any new changes. Attach new action plan.

Client Interaction and Provision of Services

For this section of the supervision checklist, it is best to directly observe client-provider sessions to verify provider practices. Ideally, observe two sessions (one male client, one female client) to find out how services are being provided to both sexes. Please fill in one checklist for each session observed. ***Before observing any client sessions, be sure to ask permission from both the client and provider and explain that you will keep all information confidential.*** The client should be told that s/he has the right to refuse being observed or interviewed. Discussions among the supervisor and providers or team members about specific client-provider observations should always take place in private areas and should be conducted without reference to the client's name.

If it is not possible to observe client-provider sessions, you can ask the providers about different scenarios to allow you to answer the questions about what happens during sessions (e.g., If an unmarried 16 year old young woman comes in asking for contraception, how would you respond?). Please make a note in the Comments column that you were unable to directly observe any sessions.

Please note any explanations or feedback in the Comments column.

FINDINGS

When you have completed the checklist, share your findings with relevant staff. **Done** _____

Overall conclusions from visit:

Recommended actions to be taken:

Site Observation Tool

	YES / NO / NA	COMMENTS
This guide can be used to assess the site's needs and capacity for youth-friendly services. Information can be collected through a combination of observations and individual interviews with service providers. The questions are designed to align with WHO's YFHS Quality of Care Standards.		
PRIMARY QUESTIONS – *These questions should be answered first, before moving onto the secondary questions below.*		
EQUITABLE		
Are procedures in place to ensure that no young people are excluded from services?		
ACCESSIBLE		
Is information and referrals provided about where young people can access other youth-friendly health or social services in the community?		
Are services available during hours that are convenient to young people in the community?		
Are services located in an area that is accessible to youth and safe for them to travel to?		
Are services free of cost or affordable for young people?		
APPROPRIATE		
Does the site have posters, brochures and other IEC materials that target young people, including information about their rights?		
Are youth involved in program design, delivery and evaluation?		
Are the services advertised to young people in places where they congregate (e.g., schools, youth clubs, recreation centers, etc.)?		
ACCEPTABLE		
Are young people greeted warmly upon entering?		
In the reception and waiting areas, is it possible to hear conversations between receptionist and clients?		
Are youth able to be seen without parental or spousal consent?		
Are sessions conducted in an area that provides privacy so that nobody can see or hear the conversations taking place?		
Is there a confidentiality policy and non-disclosure policy in place?		

	YES / NO / NA	COMMENTS
SECONDARY QUESTIONS – *If you can ask the following questions in addition to the primary questions, please do. They will add much value to your assessment.*		
ACCESSIBLE		
Are youth able to access all of their health services in one visit?		
Do clients have to wait long before seeing providers? If so, are there items to help pass the time (e.g., TV, IEC materials, magazines, health education, etc.)?		
Is transportation support available?		
Does the facility welcome drop-in clients?		
Are there separate clinic hours or waiting areas just for young people?		
APPROPRIATE		
Is peer support or mentoring available?		
Are educational activities youth-friendly and address topics of interest to youth? (e.g., role plays, theater, games, etc.)		
ACCEPTABLE		
Is there a confidential mechanism for youth to provide feedback?		
EFFECTIVE		
Are youth referred to specific providers with appropriate background/training?		
Are condoms available to young people on-site? Are other methods available? (Please list)		
Has the site been certified as youth-friendly?		
Does the site have a youth-friendly strategy or action plan in place?		
OTHER		

Provider Observation Tool

	YES/NO/NA	COMMENTS
This guide can be used to assess the client-provider consultation. Information can be collected by observing a client visit.		
PRIMARY QUESTIONS – *These questions should be answered first, before moving onto the secondary questions below.*		
Does the provider give his/her full attention to the client?		
Does the provider use non-technical language that the client can understand?		
Does the provider demonstrate respect and a non-judgmental attitude toward the client?		
Does the provider perform physical exams with the client's dignity, modesty and comfort in mind (e.g., using drapes to cover the body, curtains, etc.)?		
Does the provider tell the client that s/he can change his/her mind before receiving a service?		
Is the client counseled on physical and emotional issues related to puberty?		
Is the client counseled on sexuality?		
Is the client counseled on HIV/AIDS?		
Is the client counseled on sexual and gender-based violence?		
Is the client counseled on drug and alcohol use?		
Is the client counseled on relationships?		
Does the provider counsel on pregnancy, abortion and care during and after childbirth?		
Does the provider communicate what he/she is doing (e.g., tests, results, treatment, etc.)		
Does the provider use youth-friendly visual aids such as job aids, pamphlets and posters during the consultation?		
Is the provider able to answer the client's questions?		
SECONDARY QUESTIONS – *If you can ask the following questions in addition to the primary questions please do. They will add much value to your assessment.*		
Are there any non-essential interruptions during the consultation?		
Does the provider discuss all of the contraceptive options available?		
Does the provider verify that the client understands the information provided?		

	YES/NO/NA	COMMENTS
Does the provider make sure the client knows how to put on a condom by demonstrating and allowing the young person to practice?		
Does the provider screen for and discuss non-clinical support services such as psychosocial or economic support?		
Is sufficient time spent with the client? (e.g., the interaction is not rushed, the client is able to ask questions, the provider responds thoroughly to questions, etc.)		
Are youth-appropriate IEC materials available to the client to take home and read?		
Does the provider address communication skills with the client, such as how to talk to a partner or a parent about contraceptive use?		
Does the provider tell the client when to follow up or return if needed?		
OTHER		

Youth Client Satisfaction Tool

	YES/NO/NA	COMMENTS
Was it easy for you to get to this health care site today?		
Were the services that you came for affordable?		
Did you find the waiting time acceptable?		
Did anyone interrupt your discussion with the health care provider?		
Did the health provider tell you that everything you discuss would remain confidential?		
Was anybody else in the room during your visit? If so, did the provider explain who they were?		
Do you believe that others could hear your discussions with the health care provider when you were in the treatment/ consultation room?		
Did the health care provider give you his/her full attention?		
Did the health care provider seem interested in what you had to say?		
Did the health care provider respect your opinion and decisions even if they were different from his/hers?		
Did you find the environment at the health service site welcoming?		
Did you feel comfortable talking to all of the people working at the health facility?		
Did you feel that you could talk about everything that you wanted to and ask all of the questions that you wanted to with your provider?		
Did the health care provider explain everything that he or she was doing and about any services being provided?		
Did you understand everything that the provider told you?		
Did the health care provider refer you to any services that are not provided here?		
Would you recommend this health site to a friend who needed similar help?		
Is there a staff member who you feel works especially well with you? (*Describe what that person did to make you feel comfortable.*)		

	YES/NO/NA	COMMENTS
Based on your experience, what kinds of things would make you want to come back to this service site?		
What kinds of things would discourage you from coming back?		
OTHER		

PSI Youth-Friendly Services Certification Tool

Adapted from Pathfinder International's *Certification Tool for Youth Friendly Services, 2004*

What is this tool?

This certification tool provides a way to assess your health facility against PSI's global standards for youth-friendliness and to achieve certification from PSI as a youth-friendly health services (YFHS) provider. The tool is designed to accompany the *Making Your Health Services Youth-Friendly Guide*. If your government has its own certification process for youth-friendly services and you wish to adapt this tool to align with that process, please work with PSI Washington to ensure that the adapted standards meet the quality standards criteria for the organization as a whole.

Why is YFHS certification important?

The certification status can help you in a number of ways. It can help you:

- Generate new and lasting business among young people who will see your service delivery site as one that provides something that other health care facilities do not.
- Be recognized by other health professionals as youth-friendly so that when referring young people to SRH services, they will refer to yours.
- Gain a means to publicize the nature and quality of your services and to help assure young people of the quality of care they will receive at your health service site.
- Establish clearly defined benchmarks to work towards, and when you achieve them, a way to recognize and acknowledge your site as one that has attained a standard of youth-friendliness.

How should this tool be implemented?

This tool should only be implemented after:

- A service delivery site has been assessed against, and is able to meet, PSI's quality assurance standards
- The PSI platform and providers have undergone youth-friendly services training

The tool contains two parts. The first is for **Essential Elements** that every site must have in order to qualify as a youth-friendly health service. All of these elements must be met. Of the **Supportive Elements**, sites must be able to meet at least three, in addition to all of the essential elements, in order to be certified as youth-friendly. Beneath each element are recommendations for what tools or procedures can be used to ensure that standard is met.

Who should conduct the certification exercise?

The certification exercise may look different from country to country. Since these are not clinical guidelines, the program team can be responsible for certification, as can the quality assurance team. If you have a designated youth-friendly services point of contact, that person can be responsible for the assessment. Once certification is granted, an annual external audit can be used for verification purposes.

CHECKLIST FOR CERTIFICATION OF YFHS SITE

In order for a site to be assessed for youth-friendly services certification, it must first be able to meet all of the quality assurance standards laid out in the QA manual. Certification for YFHS therefore already includes the QA standards, with the added elements found below.

Essential Elements

Service delivery site must be able to meet ALL of the following criteria. Consider the suggested tool or activity below each criteria as a way to determine whether the criteria have been met.

- **Respect for youth:** All members of staff (including guards, receptionists, counselors and providers) are able to communicate well with young people and treat them with respect, non-judgmental attitudes and a welcoming manner, regardless of age, gender, sexuality, sexual orientation, marital or health status.
  - Youth Client Satisfaction Tool
- **Equitable services:** All young people are provided with the services they need, regardless of age, gender, sexuality, sexual orientation, marital status or health status.
  - Youth Client Satisfaction Tool
  - Establishment of a non-discrimination policy
- **Accessible services:** In addition to being open during the day, services are available at least 6 additional hours during the late afternoon (2 – 5 pm), evenings (5–7 pm) and/or weekends per week.
  - Site Observation Tool
- **Youth-friendly referrals available:** A system for referring clients is in place, including referrals to youth-friendly services addressing sexual abuse/violence treatment, PAC (treatment of complications), VCT.
  - Site Observation Tool
  - Check-in with clinic manager
- **Emphasis on dual protection/condoms:** Protection against pregnancy and STI/HIV is mentioned with each client regardless of presenting conditions, and condoms are easily obtained.
  - Site Observation Tool (if reviewing IEC materials)
  - Provider Observation Tool

Supportive Elements

Clinics must be able to meet at least three of the following elements:

- **Waiting time not excessive:** Young people can be seen within one hour of arrival or one-half hour of appointment time and internal referrals are done in an expedited manner.
  - Youth Client Satisfaction Tool
- **Affordable fees:** The cost of services does not create a barrier to access.
  - Site Observation Tool
  - Youth Client Satisfaction Tool
- **Separate space and/or hours:** Waiting areas and consultation rooms are separated from those of the other clients, or YFHS are provided at special hours, affording greater confidentiality.
  - Site Observation Tool
- **Youth input:** Youth are/were included in designing YFHS components and/or a mechanism is provided and used for obtaining youth feedback on improving YFHS quality.
  - Check-in with clinic manager
- **Publicity for YFHS:** Site effectively makes its YFHS known to the youth population in the community via outreach, media, signboard and other channels.
  - Check-in with clinic manager
- **Comfortable setting:** The site environment includes items to make youth feel at ease and comfortable, such as youth-oriented posters and an environment that is not overly medicalized.
  - Site Observation Tool
- **Peer educators/counselors available:** Peer educators or counselors are available to talk with young people and/or conduct outreach activities either on-site or in communities with referrals.
  - Site Observation Tool
  - Check-in with clinic manager
- **Appropriate educational materials available:** Brochures and pamphlets on key topics (protection methods, signs of STIs, condom negotiation), that feature young people and/or are written in youth-friendly language, are available both to use on-site and to take away.
  - Site Observation Tool
  - Provider Observation Tool
- **Provision of additional educational opportunities:** Clinics provide additional activities and opportunities for educating/counseling youth on SRH such as group discussions, special events, etc.
  - Site Observation Tool
- **Outreach services available:** Services are available by means outside of the site itself, such as through peer educators and community-based health workers, or through community-based sites, such as recreational and social venues that are linked and able to refer to the clinic.
  - Check-in with clinic manager

ANNEX B: Qualitative Tools

Mapping

A mapping exercise[20] is one way for young people to tell you about their lives without having to actually say anything. The best way to map is to use a large piece of paper (or multiple pieces taped together), colored pens and colored sticking dots. But you can also draw a map in the dirt using pebbles, sticks and other materials to mark important landmarks on the young people's map. If you use this "low-tech" version of mapping, then it is important to be able to capture the map in some way – in a photograph or a sketch – so that the data is not lost.

Much useful information can be gathered in a mapping exercise (and augmented by other qualitative methods such as focus group discussions or a "Day in the Life," which are also discussed below). Mapped information – such as where young people spend their time or where they feel safe – can be used to:

- Identify the best place to situate new youth-friendly services in a given community. This is ideal if the plan offers services to only young people or if young people are expected to comprise a significant proportion of overall clients. It allows you to take the services to places where young people already are located.
- Identify potential barriers to offering youth-friendly services in an existing location. Most providers are not in a position to only offer services to young people or are already offering services in a given location and cannot move. In this instance, a mapping can tell you what some of the potential barriers might be to attracting young people to your current location.
- Identify potential reasons why the target group is not using youth-friendly services already in place. You may already be offering youth-friendly services at your location but find that young people are still not accessing your services.

Some tips before you begin:

- You will first need to establish your geographic community. This may be as simple as a specific small town or a certain neighborhood in a city. It may require doing some interviews first to learn how boundaries of neighborhoods are viewed by the inhabitants themselves.
- In the community or area you will be mapping, identify the young people in the target group that you hope to serve. Are there organizations in the community where these young people already participate? If so, you can collaborate with them to access the appropriate young people. You may have to be creative to access your target group, but the quality of your mapping data depends on it.
- Mapping exercises should be done separately with boys and girls. Social norms often dictate that boys and girls spend their time doing different things in different places. You won't know this if you don't separate boys from girls. Additionally, in-school and out-of-school young people often spend their time in very different places so you will want to do separate mapping exercises if both are in your target group.

GET STARTED

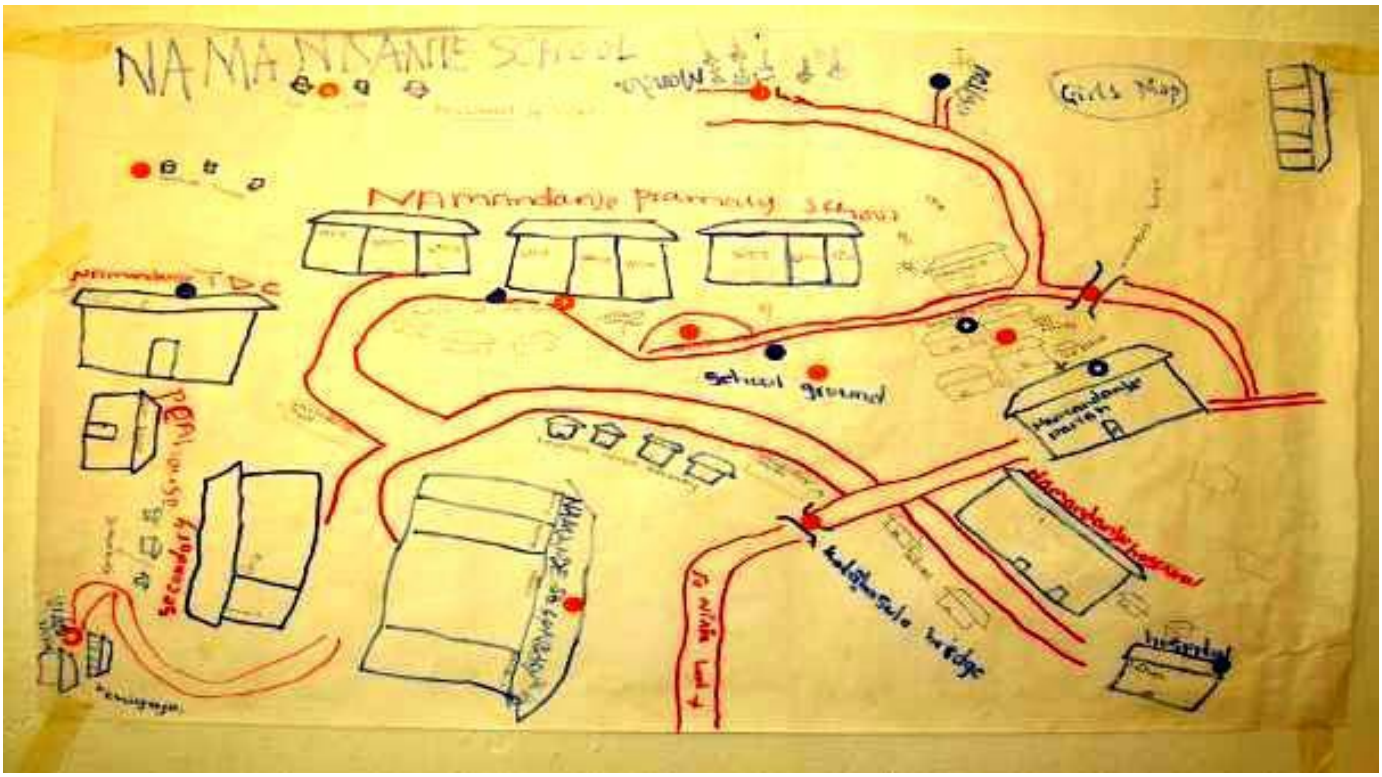
1. Once you have set up a group of young men or young women, you can start by telling them the purpose of the mapping exercise. Explain that the purpose of the activity is to help you understand where young people like them spend their time.

2. Then you can explain the activity, the amount of time required and assess their interest in participating.

3. Start the mapping exercise by asking the young people to create a map of their community. Be sure to include:
   - All important landmarks (e.g., school, church or mosque, market, government building, etc.)
   - If the mapping is being done for an existing health center, then ask them to place the center on the map.
   - Places where young people spend their time for fun
   - Places where young people work – whether paid, unpaid labor or household chores.
   - Transportation spots
   - Any place that young people think is important culturally, historically or personally.

4. Make sure that as the mapping progresses, all of the young people get involved. Give them plenty of time and space. Do not hurry the process. They will need to discuss what they are doing among themselves.

5. After the young people have finished their initial mapping, you can move to the next step of "safety mapping," in which the young people go back to their maps and label sites as "safe" or "unsafe." This can be done either by writing on the map or by using color coded dots such as blue for "Safe" and red dots for "Unsafe," as in the example below. This map shows safe and unsafe sites in and around a school in Malawi.



Girls' Map from Namandanje School, Machinga District, Malawi. Blue dots signify places where girls felt safe, red dots signify places where girls felt unsafe.

This part of the mapping exercise may prompt a discussion about what "safe" and "unsafe" mean in the context of reproductive health services for young people. Safety encompass physical safety and all aspects of gender-based violence whether physical, sexual or psychological (verbal sexual harassment or intimidation), but for young people a place may also be labeled as "unsafe" in terms of accessing reproductive health services if they cannot maintain their privacy and confidentiality. This is why the questions discussed below are important.

6. Once the young people have finished labeling their map, you can ask clarifying questions. If you have an existing health services site, you will want to focus your conversation on that site. In general, you want to understand the map and how it is marked by asking:
   - I see you've labeled X as being safe. What makes this particular place or site safe?
   - I see you've labeled X as being unsafe. What makes this particular place or site unsafe?
   - What would make this particular place or site safer?

   Next, focus on the health clinic and ask the same questions above and below.
   - Are there safe routes to take to get to the health clinic?
   - Are there certain times of the day when a place is safe and other times when the same place becomes unsafe? When? Why?
   - Are there certain times of the week/seasons/year when a place is safe and other times when the same place becomes unsafe? When? Why?
7. Ensure that all of the information from the questions above and the map itself are captured.
8. Thank the young people for their participation.

Kim Case Burns, 2012

A Day in the Life of a Young Woman or Man

Another quick activity that can be helpful when combined with the mapping exercise is called "A Day in the Life." This tool is used in PSI's DELTA Marketing Planning Process. After the mapping is complete, tell the group of young women or men that you would like to know more about how a typical young man or young women spends her/his time.

1. Ask the group to close their eyes and imagine a young woman or man who is just like they are. What does he/she look like? Can they give him/her a name?

2. After the group has agreed on a name for their imaginary friend, tell them that we are going to spend a day in the life of our new friend.

3. Put a large piece of paper or several smaller pieces of paper taped together on the wall or on the floor. At the top of the page to the right draw a sunrise, further down the page on the right put a full sun, further still put a sunset and towards the bottom of the page a moon. This is our timeline for your new friend's day.

4. Ask the young people, when does our friend wake in the morning? Before or after dawn? What does our friend do first thing in her typical day? Write the answer or draw a symbol for it at the top of the page.

5. Ask, what does he/she do next? Continue asking this until the page is full. All 24 hours in the day need to be accounted for. The young people will need to discuss and debate and include only those things someone like them does on a typical day. They should consider:
   - What kind of work does he/she do? Outside the home, inside the home?
   - When does he/she eat? Where? What?
   - Does he/she go to school?
   - Does he/she have any free time? What does he/she do with it? What does he/she like to do?
   - For each activity on the paper, the young people should determine how much time their friend spends doing this activity.

6. Once all of the time is accounted for, you may want to ask the participants to reflect on the timeline, and consider when during this friend's busy day he/she might have time to access health services.

Gareth Bentley, 2010

ANNEX C: Helpful Resources

Youth-Friendly Services Resources

Engender Health: Youth-Friendly Services: A manual for service providers *(2002)*
This manual includes training activities that can be conducted with various levels of staff who provide reproductive health services for adolescents and young people. The activities can be adapted and tailored to address participants' specific needs. Additional activities can be created to enhance this basic foundation for training. The manual also includes COPE© Self-Assessment Guides. Free download.

Engender Health: Youth-friendly services for married youth: A curriculum for trainers *(2008)*
This curriculum seeks to enhance health care providers' understanding of young married men and women's reproductive health needs and enables them to provide appropriate information, support and services. The manual looks much like the Youth-Friendly Services manual but is tailored to working with married youth. It also includes COPE© Self-Assessment Guides. Free download.

Family Health International: Youth Participation Guide: Assessment, Planning, and Implementation (2005)
The guide seeks to increase the level of meaningful youth participation in reproductive health and HIV/AIDS programming at an institutional and programmatic level. The target audience includes senior and middle management, program managers, staff involved in implementing activities and youth who may be engaged in all levels of an organization's work. Free download.

ICAP: Adolescent HIV Care and Treatment, Module 2: The Nature of Adolescence and the Provision of Youth-Friendly Services (2011)
While this guide was written for adolescents living with HIV, this training session could easily be broadened to youth-friendly services more generally. The guide provides step-by-step instructions for leading a group dialogue about how to assess and develop youth-friendly services. The checklist in the appendix is particularly helpful. Free download.

IPPF: Keys to youth-friendly services (2011)
These briefs explore key elements to unlocking access to SRH services for young people. They include adopting a sex positive approach, ensuring confidentiality, celebrating diversity, developing autonomy and decision-making and obtaining informed consent. Practical tips, case studies and sexual rights literature are offered to support health providers. Free download.

Interagency Youth Working Group: This comprehensive website is hosted by the Knowledge for Health (K4H) Project, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs with content managed by Family Health International. The IYWG was formed in 2007 as a network of nongovernmental agencies, donors and cooperating agencies with an interest in improving the sexual and reproductive health of young people. It provides global technical leadership to advance the reproductive health and HIV/AIDS outcomes of young people ages 10–24 in developing countries.

Pathfinder International: *Reproductive Health Services for Adolescents (2004)*
This training curriculum is used to train physicians, nurses, counselors, and midwives in providing quality reproductive health services to adolescents. The modules are designed to involve participants actively in the learning process including simulation skills practice, discussions, case studies, role plays and using objective knowledge, attitude and skills checklists. Free download.

Pathfinder International: *Cue Cards for Counseling Adolescents on Contraception (2013)*
This set of contraceptive counseling cue cards was developed to support a range of providers in counseling young people in contraceptive options. They provide information particularly relevant for 10–19 year olds but can be used with young people over the age of 19. Free download.

Population Council: Girl-Centered Program Design: A Toolkit to Develop, Strengthen & Expand Adolescent Girls Programs (2010)
This toolkit is meant for those interested in working with adolescent girls ages 10–24. It can be used to design, run, or strengthen a program or to write a proposal to work with girls. The toolkit has three main sections: structure, content and monitoring and evaluation. Each chapter contains an introduction to the topic, examples from existing programs for girls and practical, user-friendly tools. Free download.

World Health Organization: Adolescent Job Aid (2010)
The Adolescent Job Aid is a useful desk reference that provides health care workers with recommendations for working with adolescent clients. The job aid focuses on the clinical interaction between client and provider with suggestions for: a) greeting an adolescent client; b) taking a history of the presenting problem; c) going beyond the presenting problem; d) doing a physical exam; e) communicating about treatment options and f) dealing with laws and policies that affect young people. Free download.

World Health Organization: *Quality Assessment Guidebook: A guide to assessing health services for adolescent clients (2009)*
This guidebook provides instructions for assessing adolescent health services. The youth-friendly characteristics and definitions at the beginning of the guide are helpful for organizations and providers that are less familiar with youth-friendly service provision. Free download.

World Health Organization: Making health services adolescent friendly: developing national quality standards for adolescent-friendly health services *(2012)*
This guide provides step-by-step guidance for developing health service provision standards for adolescents. The book is intended for national health program managers. While it is not directed toward individual clinics and services, it presents core values and guidelines that clinics can use in their own assessments and service development. It also provides valuable background information on youth-friendly service provision. Free download.

World Health Organization: Orientation Programme on Adolescent Health for Health-Care Providers, *(2006)*
This comprehensive training program consists of handouts for participants and a facilitator's guide for the overall course and individual modules. It provides detailed guidance on how to run each module. In addition, it contains tips for the trainers, lecturing aids such as overhead slides in electronic form with accompanying talking points and study materials. Free download.

Gender and Gender-Based Violence Resources

FHI 360: Gender Based Violence Communication Skills Manual *(2007)*
The manual includes a training outline, a list of materials needed, an in-depth training curriculum and all transparencies, handouts and activity sheets necessary to conduct a training. The training is designed to be completed in five days, beginning with an overview of GBV and then covering engagement strategies for work with GBV survivors, methods to support the service provider, service provider responsibilities and community referrals facilitation skills overview, training review and evaluation. Free download.

Interagency Gender Working Group: The IGWG is a network of NGOs, cooperating agencies, the Bureau for Global Health and USAID. The website features gender

news, tools, events, publications and a listserv with regular updates. The IGWG has identified four priority technical areas for its work in addressing gender equity issues and needs as they arise in the reproductive health field. Free download.

IGWG: A Manual for Integrating Gender Into Reproductive Health and HIV Programs: From Commitment to Action, 2nd Edition *(2009)*
This is an updated and revised version of the 2003 reference manual prepared by IGWG's Gender Manual Task Force. It provides organizations with a current resource on how to integrate a gender-equity approach into the design and implementation of reproductive health programs and includes case studies and worksheets. Available in English. Free download.

IGWG: A Manual for Integrating Gender Into Reproductive Health and HIV Programs: From Commitment to Action *(2003)*
This reference manual focuses on the "how" of gender integration by helping program managers and designers integrate gender into program design, implementation and evaluation. Available in English, Spanish and French. Free download.

IGWG: Lessons from PROCOSI: Reference Guides for Health Care Organizations Seeking Accreditation for Gender-Sensitive Reproductive Health Services *(2009)*
This gender accreditation manual includes four reference documents: a procedures guide, a self-training guide, an assessment guide and a costing guide, as well as a variety of interactive appendices for practical learning and use. Free download.

IPPF: Improving the Health Sector Response to Gender-based Violence *(2010)*
This manual provides tools and guidelines that health care managers in developing countries can use to improve responses to gender-based violence. Free download.

RHRC Consortium: Training Manual for Multisectoral and Interagency Prevention and Response to Gender-based Violence *(2007)*
The interactive and flexible curriculum in this training manual covers basic information about gender, gender-based violence and recommended standards for prevention and response to GBV in populations affected by armed conflict. It includes individual training modules with step-by-step guidance and instructions for facilitators/trainers. Free download.

USAID: Addressing Gender-Based Violence Through USAID's Health Programs *(2008)*
The guide is intended to help USAID program officers integrate gender-based violence activities into their health sector portfolio during project design, implementation and evaluation. The guide focuses on what the health sector can do, keeping in mind that preventing and responding to gender-based violence requires a multisectoral approach. For each type of health program – from community mobilization to health policy – the guide explores reasons for why these programs should address gender-based violence and explains how to support GBV activities based on promising approaches from literature reviews, the opinions of leading experts and feedback from USAID staff. Free download.

USAID: The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence *(2013)*
This guide can help medical providers better address and respond to the unique needs and rights of children who have experienced sexual violence and exploitation. It focuses on delivery of clinical post-rape care services and includes information on establishing services tailored to children's needs. Free download.

World Health Organization: Gender Analysis in Health: a review of selected tools *(2002)*
This document examines the content of 17 widely used gender tools and their usefulness for gender analysis in health. Available in English. Free download.

World Health Organization: Guidelines for medico-legal care for victims of sexual violence *(2003)* Recognizing that "health workers who come into contact with victims of sexual violence are pivotal to the recognition of, and response to, individual cases of sexual assault," these guidelines aim to improve professional health services for all individuals (women, men and children) who have been victims of sexual violence. Available in English. Free download.

Assessment and Research Resources

InterAction: The Gender Audit Handbook: A Tool for Organizational Self Assessment and Transformation (2010)
This tool helps identify staff perceptions on how gender issues are addressed in programming, internal organizational systems and activities. It can be used to create ongoing gender action planning and to identify challenges and opportunities for increasing gender sensitivity skills and organizational equality. Available in English. Free download.

Intrahealth: Gender Sensitivity Assessment Tool for RH Service Providers and Managers *(2003)*
This tool is designed to help program and training managers, curriculum designers and trainers facilitate gender sensitivity during pre- and in-service training of service providers. Available in English. Free download.

Pathfinder International: Clinic Assessment of Youth Friendly Services *(2002)*
This is a user-friendly tool for assessing and improving reproductive health services for youth. The tool is designed to help assessment teams, project managers, trainers, supervisors and others collect detailed information on the range and quality of services provided to adolescents at a given facility or within a program in order to make those services more youth-friendly. Free download.

Pathfinder International: Certification Tool for Youth Friendly Services *(2004)*
This tool accompanies Pathfinder's Rapid Assessment of Youth Friendly Reproductive Health Services and is meant to quantify the status of youth friendly health services in a facility setting in order to issue a certification. The Checklist for Certification of YFS Sites is particularly helpful. Free download.

Pathfinder International: Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents.*(1999)*
This guide will equip fieldworkers with the necessary techniques to carry out a participatory appraisal with adolescents and young people on sexual and reproductive health. All of Pathfinder's FOCUS Tools can be found on the Pathfinder website. Free download.

Pathfinder International: Conducting In-depth Interviews: A guide for designing and conducting in-depth interviews for evaluation input (2006).
This guide helps researchers design and implement in-depth interviews. It includes interview question tips, development of instruments, training data collectors, collecting data, analyzing data and presenting data. Free download.

ANNEX D: Adaptation Process

This generic guide was developed for adaptation at the country, state/regional or facility-level. The recommendations are based primarily on those from global organizations such as the WHO and renowned international organizations that PSI often partners with in program implementation. All of the tools should be reviewed and adapted locally to ensure they meet local needs and have the support of key stakeholders and health workers. The technical content requires review in light of national guidelines and policy. When available, these generic tools should be replaced or supplemented by locally developed and tested tools.

In order to adapt the guide, you may want to:

- Convene a technical working group with multi-disciplinary experience and expertise in the range of services needed by young people
- Have the working group review the guide to ensure that content reflects national policy and appropriateness in terms of language and recommendations (this may be done as a whole or by breaking the guide up into smaller sub-groups)
- Revise the content based on the recommendations of the working group
- Pilot test the new guide and revise as needed[21]

Ollivier Girard, 2011

ANNEX E: Educational and Support Groups – Best Practices for Youth Learning and Engagement

Below are some creative techniques to drive discussion and learning, particularly when it comes to complex topics.

ACTIVITY TYPE	BEST USE	EXAMPLE OF HOW IT IS USED
Each of these activities should be accompanied by an introduction and energizer, followed by discussion questions* and a closing piece that gets the group to reflect on what they have learned.*		
Role play (also called a skit or a drama)	Role play is best for situations in which you want participants to practice a certain behavior— e.g., disclosing HIV status, condom negotiation, being assertive with an employer, talking to elders about reproductive health options. Role plays can be done in a group or in pairs.	Break the group up into pairs and give them 20 minutes to come up with a role play in which an older man is trying to coerce a younger girl at the market to have sex with him. Think about the ways that he may try to pressure her. What would he say? Why would she consider having sex with him? What can she say to him to resist? What else can she do to handle this situation? After 20 minutes, the pairs perform their role-plays for the rest of the group.
Pair interviews	Interviews are great for helping participants learn to communicate and to share their feelings and opinions. For instance, helping women learn to talk to their husbands about family planning. Interviews can take place within the group, or if appropriate, outside in the community or school.	In pairs, interview one another using a set of questions that the facilitator reads aloud. Questions: • What are your hopes and dreams for your family? • What do you know about family planning? • What would you like to know about family planning? • What are the ways in which you communicate well with your partner? OR In small groups, go out into the community and find five people who believe women can have the same jobs as men. When you find them, ask them why they think this way. Come back and share what you learned on your journeys.
Agree/Disagree	These exercises are good for helping participants think through their values, attitudes and behaviors. Good topics for agree/disagree include family planning, sexual decision-making, gender-based violence and parenting.	Separate the room in half with one side called "agree" and the other "disagree." Facilitator reads aloud a series of statements about gender-based violence. Participants choose whether they agree or disagree by moving to that side of the room. For instance: • It is a husband's right to beat his wife. • Husbands can force sex on their wives whenever they want. • Hitting a woman is okay as long as it is not in the face.
Trivia	This is best used when trying to impart a lot of knowledge at once, particularly about topics that may have a lot of myths attached to them, such as HIV or contraception.	Separate the group into 2 teams. The facilitator reads a question. The teams are allowed to discuss the answer. If they get the answer right, they win a point. The facilitator reads out the correct answer plus any explanation that is provided. Then move onto the next question.

ACTIVITY TYPE	BEST USE	EXAMPLE OF HOW IT IS USED
Advice giving	This is great for generating discussion about decision-making and behavior – e.g., alcohol and drug use, having sex, relationships.	Facilitator reads a story or a letter to an uncle from his nephew about how to handle the peer pressure to drink alcohol that he is getting from his friends. After reading the letter, a series of questions follow that gets the group to provide advice to this boy. The alternative is to have a letter with advice already written, and the group discusses whether they agree or disagree.
Storyboard	This is good for getting participants to think critically about a real life situation – e.g., HIV disclosure; bullying, gender based violence.	Facilitator reads a story out loud to the group followed by a series of discussion questions to generate discussion about the characters.
Songwriting	Music is a huge part of most cultures. Writing songs can be a way for people to express themselves when words cannot.	In small groups, participants will write songs about a topic – e.g., breaking down HIV stigma. Then come back together as a big group and perform your songs for one another. If there is interest, perform the songs for others in the community or plan to have a stage night.

*TIPS FOR DEVELOPING GOOD DISCUSSION QUESTIONS

- Steer clear of close-ended or yes/no questions. Keep questions open. For instance:
  - Don't ask, "Do you believe family planning is safe?"
  - Do ask, "How do you feel about the safety of family planning methods?"
- Ask questions that get participants thinking about their lives. For instance:
  - "How do you think your peers and family members feel about men hitting women?"
- Make sure questions include a commitment or call to action.
  - "Who in your community can you talk to this week about preventing HIV and STIs?"

** CLOSING YOUR GROUP SESSION

At the end of a group session, it is important to bring the group back together after the activities and discussions to have some kind of closure. This can take many forms, such as:

- Commitment/Call to Action: Have everyone, as individuals or in a group, make a commitment to doing something active in the near future based on what they learned. For example:
  - Talk to a health worker about family planning options
  - Perform a community drama about ending gender-based violence
  - Launch a Facebook page dedicated to HIV prevention
- Developing Top Five Lists: Get the group to develop a top five list based on what they learned that day. For instance, top five ways to stay healthy, top five things to know before you disclose your HIV status, etc. If they know they are going to do this at the end, they will stay engaged and can generate good evaluative data for your program.

ANNEX F: DOs and DON'Ts of Effective Listening

The following are the DOs and DON'Ts of effective listening when working with young people.

DOS	DON'TS
Believe the young person.	Don't ask accusing questions.
Create a rapport with the young person.	Don't be overly formal.
Listen objectively.	Don't be judgmental.
Be reliable.	Don't miss appointments.
Be committed.	Don't offer assistance unless you are able to follow through.
Explain circumstances as they are likely to happen.	Don't assure the young person about matters over which you have no control.
Ensure privacy is obtained to enable the young person to talk in confidence.	Don't speak to the young person where there are likely to be interruptions and eavesdroppers.
Assure the young person of a reasonable level of confidentiality.	Don't give information about the young person unless professionally required.
Agree at the outset on the amount of time you will take.	Don't appear to be in a hurry.
Maintain an appropriate physical distance.	Don't touch the young person, especially if you are of the opposite sex.
Assure the young person that he or she can always come back.	Don't feel frustrated if the young person does not open up immediately.
Be in control of your emotions.	Don't get overwhelmed by your emotions about the situation.
Be patient.	Don't pressure or rush the young person to speak.
Allow the young person to tell his or her story.	Don't interrupt.
Be aware of your own feelings.	Don't project your personal experience onto the situation.
Know your limits.	Don't try to handle a problem that is beyond your training.
Be available immediately to a distraught or suicidal young person.	Don't delay helping a young person with suicidal thoughts.
Refer victims to appropriate professionals or services in situations that are beyond your level of expertise.	Don't make referrals without the consent of the person counseled (or guardian if appropriate).

ANNEX G: Ensuring Community Support

Community involvement is comprised of dialogue and collective action. Communities can be organized by geography (tied to location) or they can be organized socially (people who share the same interests, language, customs, etc.) In many countries, young people make up a significant part of their communities, but are often defined as a homogenous group. The Community Pathways for Improved Adolescent Reproductive Health[22] resources provides a conceptual framework to help implementers: 1) examine community capacity around adolescent and youth sexual and reproductive health issues, 2) find catalysts to spur community involvement, 3) effect social, structural and individual-level change and finally, 4) improve health outcomes.

Here is a list of useful questions that you can ask in small focus group discussions, questionnaires and interviews with different community groups to gather information and raise awareness:

- Is the community aware of how sexual and reproductive health (and ill health) affects young people?
- Can the issue be raised as a priority?
- Who are the individuals and organizations concerned about sexual and reproductive health for youth?
- What resources and efforts are currently available and can be built on? Could additional, new or existing resources be channeled into youth-friendly service provision?
- How can the community mobilize its resources?
- How much "buy-in" exists from key stakeholders to develop and implement a strategic plan of action?
- What are the potential barriers to advancing an adolescent sexual and reproductive health strategy?
- How can common ground be developed so that the plan of action reflects the best research in the field and also incorporates the diverse viewpoints found in the community?
- How can community organizations work with researchers, policy makers and the media to create a new social norm about positive approaches to adolescent sexuality?

Adapted from IPPF's *Keys to Youth-Friendly Services, 2011*

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