Adolescent Health Policy Guidelines and Service Standards

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Preface

The Ministry of Health (MoH) is dedicated to ensuring that Adolescents and young people are given the information and services they need to remain healthy by all stakeholders at all levels.

Adolescents have special needs that must be met by the social service sector. These include amongst others, education, recreation, shelter, food and adequate income. The Health of the young people is affected by both personal and external conditions. The Lifestyles acquired during adolescence have direct impact on current and future health and it is important to ensure that timely interventions are put in place for adolescents to reduce health risks and that government promotes sensitive and relevant adolescent friendly health services.

We in health are very well positioned to participate in the growth and development of adolescents and give timely information and services in order to reduce their vulnerability directly through our service delivery points but also in collaboration with other partners. Ministry of health together with other stakeholders has developed this policy document which will facilitate stakeholders to design and implement appropriate services for this youthful generation.

The overall purpose of the Policy and Adolescent-Friendly Service standards is to guide Stakeholders, Program Officers and service providers on the criteria they will closely follow as they set up or scale up these services.

Ministry of Health encourages all stakeholders in adolescent health to use this guidance widely so as to improve programming, quality of care in both clinical and community settings including schools, which by virtue of taking care of adolescents, should have services addressing adolescents and young people’s health.

This document will also be beneficial to tertiary institutions of education of all categories and I believe that this is yet another landmark in the improvement of health and development of the young people in Uganda.

I have no doubt that this is a timely undertaking and encourage you all to use it.

Dr. Jane Ruth Aceng  
Director General, Health Services,  
Ministry of Health.

The Policy Guideline is targeting:
- Policy makers
- Youth peer support programs
- School Health programs
- Community-Based Organizations
- NGOs
- Development partners
- Service providers in the area of Adolescent Health at health service delivery points (including health facilities, schools, community outreaches, etc).

Outcomes expected from use of the standards will be:
- Improved use of the services by young people especially adolescents,
- Increased access by young people to services on adolescent care,
- Better quality of care provided to adolescents and young people by the service providers,
- Increased client satisfaction for services rendered to adolescents.
Acknowledgements

Ministry of Health extends special thanks to WHO through the Joint program on Population for the financial and technical inputs that enabled the Ministry of Health to finally come up with this Adolescent-Policy and Service Standards.

Successful development of these policy guidelines and standards was realized through the immense contribution of various stakeholders within and outside the public sector.

Gratitude also goes to all the various stakeholders who at various stages of development of this guideline, worked tirelessly to draft, research, contribute and edit contents of the guideline. Of particular note is the immense contribution of the following team. Their inputs helped to shape the policy and standards:

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Dr. Jennifer Wanyana
Assist. Commissioner, Reproductive Health,
Ministry of Health
# Acronyms Used

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADFHS</td>
<td>Adolescent Friendly Health Services</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immuno-Deficiency Syndrome</td>
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<tr>
<td>ANC</td>
<td>Ante-natal care</td>
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<tr>
<td>ARH</td>
<td>Adolescent Reproductive Health</td>
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<tr>
<td>DHT</td>
<td>District health team</td>
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<tr>
<td>EC</td>
<td>Emergency contraceptives</td>
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<tr>
<td>ECP</td>
<td>Emergency contraceptive pill</td>
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<tr>
<td>FGM</td>
<td>Female genital mutilation</td>
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<tr>
<td>FP</td>
<td>Family planning</td>
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<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
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<tr>
<td>HCT</td>
<td>HIV Counselling and Testing</td>
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<tr>
<td>HIV</td>
<td>Human Immuno-Deficiency Virus</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<tr>
<td>LC</td>
<td>Local Council</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>PAC</td>
<td>Post-Abortion Care</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>TV</td>
<td>Television</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Fund for Population Agency</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Chapter 1: Introduction

Who are adolescents/young people in Uganda and what are the issues affecting them

Uganda has a large young population; approximately 52.7% of the population is under 15 years of age. One in every four Ugandans (23.3%) is an adolescent and one in every three (37.4%) is a young person.

The family environment is the best place to address the basic needs and rights of adolescents, which include shelter, food, education, health care, social and economic support, spiritual development and overall well-being. All adolescents should be able to access promotive, preventive and curative health services relevant to their stage of maturation and life circumstances. We have a challenge to find a mode of service delivery which is responsive to the entire adolescent group and which makes the best use of available resources.

While it is easy for adolescents to seek services for common illnesses such as malaria, upper respiratory tract infections, they are less likely to use services for sexual and reproductive health complaints.

Factors that prevent adolescents from using these services are:
- long waiting time,
- long queues,
- and poor quality of services (e.g. lack of privacy, rude service providers, etc)

Non-use of services leads to poor health amongst adolescents with health problems. This is why Uganda is now defining the core elements of the health care package and the standards service providers need to follow under different settings and contexts.

Adolescents face many health challenges particularly reproductive health which include early/unwanted pregnancies, unsafe abortions, STIs/HIV/AIDS, female genital mutilation psychosocial problems such as substance abuse, delinquency, truancy, sexual abuse. As a result of the above problems, many adolescents drop out of schools.

Adolescents and young people need to be reached with Adolescent- Friendly Services (ADFHS) to mitigate the multiple health challenges and behavioral risks that they are faced with. This has to be done in a manner that ensures availability and
accessibility by all young people including those in conflict and hard to reach environments.

**Policy Goal and Objectives:**

The **goal** of the adolescent sexual and reproductive health policy is to mainstream adolescent health concerns in the national development process in order to improve their quality of life and standards of living.

**Objectives** are:

- To provide and increase availability and accessibility of appropriate, acceptable, affordable quality information and health services to adolescents;
- Influence positive behavioural change amongst adolescents;
- To provide policy makers and other key actors in the social and development fields, reference guidelines for addressing adolescent health concerns.
- To create an enabling legal and social-cultural environment that promotes provision of better health and information services for young people.
- To protect and promote the rights of adolescents to health, education, information and care.
- To train providers and reorient them on health system at all levels to better focus and meet special needs of adolescents.

**The Guiding Principles:**

This document has been developed on the basis of the following 8 principles. That:

1. Adolescents are a heterogenous group with different needs for health information, education and services
2. Reproductive health services are a basic human right for all people including adolescents.
3. The participation and involvement of adolescents in planning, implementation, monitoring and evaluation of programmes is of critical importance to ensure that their needs are fully addressed.
4. Community involvement and parental support are crucial for sustainable adolescent reproductive health programmes.
5. Adolescent reproductive health services should encompass promotive, preventive, curative and rehabilitative care.
6. Adolescent reproductive health services must promote gender equality and equity.
7. Effective and sustainable adolescent reproductive health services require human resource development, strategic leadership, knowledge management and dissemination of lessons and institutional capacity building.
8. Adolescent reproductive health needs are immense and to address them holistically, special mechanisms for networking and partnerships between various stakeholders are essential.
Why the Adolescent Health Policy Guidelines and Service Standards for Uganda?

These policy guidelines and service standards aim to rationalize the provision of adolescent-friendly health services to the beneficiaries and provide for a minimum package of services to be considered adolescent-friendly while at the same time ensuring national uniformity in their provision.

In order for the adolescents to achieve their full potential they need to be provided with opportunities to:

- Live in a safe and supportive environment
- Acquire accurate information and values about health and development needs
- Build the life skills they need to protect and safeguard their health
- Obtain counseling services
- Have access to a wide range of services addressing their health needs

Policy environment for Adolescent-Friendly Services

The Adolescent Health Policy Guidelines and Services Standards are tools that will operationalise the National Adolescent Health Strategy.

The National Policy Guidelines and Service Standards for Sexual Reproductive Health and Rights of 2011 recognize the relevance of providing adolescent-friendly health Services as a way of increasing service coverage for Reproductive Health (RH) amongst adolescents.

The Health Sector Strategic Plan II (2010/11-2014/15) highlights the need for increased RH service provision for young people through environments that are supportive and conducive.

Article 16 section c) of the African Youth Charter (2006) supports the provision of Youth Friendly reproductive health services including contraceptives, antenatal and post natal services.

The Continental Policy Framework for Sexual and Reproductive Health & Rights and Maputo Plan of Action 2007-2010 are all some of the regional policy frameworks that recognize the need to provide Youth friendly services in order to improve reproductive health for young people.
Chapter 2: Adolescent/Youth Friendly Services

Background:

Adolescents face many health challenges, especially those related to reproductive health which include early/ unwanted pregnancies, unsafe abortions, STI/HIV/AIDS, female genital mutilation, psychosocial problems such as substance abuse, delinquency, truancy, sexual abuse. As a result of the above problems, many adolescents drop out of schools or lead a compromised and vulnerable life as both adolescents and adults.

Adolescents and young people need to be reached with Adolescent- Friendly Health Services (ADFHS) to mitigate the multiple health challenges and behavioral risks that they are faced with. This has to be done in a manner that ensures availability and accessibility by all young people including those in conflict and hard to reach environments.

Young people and the community shall be sensitised on the existence of the adolescent health services to ensure sustainability and acceptability. Parents, communities and leaders should be able to appreciate to enable them support young people to access ADFHS services in the communities, schools and health facilities.

- All adolescents are eligible for health services. The services shall be provided in a friendly environment and manner that meets their needs regardless of gender, age religion, marital and education status.
- The adolescent friendly services shall be integrated within the existing health services at all levels of health service delivery and in the community.

Why Adolescent friendly services?

In the past, reproductive health services that had been offered to the adolescents and young people through the adolescent- friendly approach were fragmented, varied and incomplete.

For adolescents to achieve their full potential they need to be provided with opportunities to:

- Live in a safe and supportive environment.
- Acquire accurate information and values about health and development needs.
- Build life skills they need to protect and safeguard their health.
- Obtain counselling services.
- Have access to wide range of services addressing their health needs.
Characteristics of Adolescent/Youth Friendly Services

All service providers involved in the provision of ARH services shall be adequately trained and equipped to provide quality adolescent friendly reproductive health services. The training in the adolescent friendly RHS will be based on the curriculum approved by MoH. The training of service providers shall be conducted at two levels i.e. Pre service at recognized institutions and In service by recognized institutions and NGOs and by trainers approved by the MoH.

Provider Characteristics:
- Specifically trained staff available and accessible at all times.
- Respect for sexual and reproductive health rights of the young people.
- Adequate time for provider interaction
- Peer counsellor available.
- Should be with positive attitudes and keen serve young people.
- Should be non judgemental.
- Has quick effective mechanism of referring young people to specialised services as found appropriate.
- Is part of or actively participate in the school health program where possible.
- Where referral is not possible organise for specialised services to be provided as outreach to hard to reach young people.
- Respects the young people.
- Should poses interpersonal skills to provide good provider client communication

Health Facility Characteristics:
- Youth friendly services should be integrated in the existing service.
- Convenient location.
- Adequate space
- Promote Participation of Young People in service delivery
- Comfortable environment to offer both visual and auditory privacy, gender sensitive clean toilets and hand washing facilities.
- Daily integrated services.
- Contains information and education materials on the following:
  - Body changes (secondary sexual characteristics)
  - Personal care and hygiene
  - Nutrition
  - Alcohol and substance abuse
  - RH/STI/HIV/AIDS
  - Life planning skills
  - ABC strategy
- Contains posters that are relevant, appealing in size, language and colour to young people.
- Has case management guidelines
- Simple data recording system for referrals with anonymous data analysis.
- Availability of job aides for service providers
- Strong referral system (linkages with school, health facility)
- Presence of education materials like posters, brochures and pamphlets to give out to young people and where possible radios and TV shows with sexuality education

Has discussion room(s) attractive recreation materials such as football, netball, indoor games, music, dance and drama activities.
Adolescent friendly services shall be:

- Affordable, accessible, available, appropriate, attractive and welcoming to young people.
- Should observe the needs and rights of the young people.
- Offered in facilities which observe confidentiality and infection prevention.

**Components of Adolescent Friendly Health services**

Services will include:

- Clinical Care for Sexual gender-based violence
- Prenatal care and maternity care for pregnant adolescents
- HPV immunization
- HIV counseling and testing
- Breast examination and information on cancer cervix
- Information and counselling on health especially growth and development
- Information on their rights and responsibilities.
- Referral and follow up

**Target and priority groups**

All adolescents are eligible for adolescent friendly services irrespective of their age or mental status. Every adolescent in need is to be targeted however the priority group will be:-

**Primary**

- Adolescents and their peers (10-24 years)

**Secondary**

- Parents and guardians
- Service providers
- School teachers
- Tutors/ Lecturers
- Sectoral extension workers
- Village health teams.
- Sexual workers

**Service providers shall:**

Provide complete and accurate information related to Adolescent reproductive health issues. The message should be clear, simple, gender and culturally sensitive and observe the rights of adolescents. They will be carried and disseminated through drama, a variety of media and formats e.g. print (posters, charts, booklets, brochures, and leaflets) radio, video and television.

**Target for IEC messages of ASRH**

IEC aims at increasing every one’s understanding of adolescent health issues so as to increase the utilization of adolescent friendly services.

**Service Delivery Points**

These will include **but not limited to:**

- Community outreach.
  - Youth desk for out of school young people.
  - Outreach posts for hard to reach young people.
Counselling
In order to promote effective use of ARH all adolescents shall be provided with adequate information about ARH services. The discussion between the adolescents and service providers shall be private and confidential to allow adolescents make informed decisions. Counselling will aim at promoting and encouraging continued use of ARH services.

Referral
In order to access complete package of ARH, appropriate referral / linkage to other services should be made for the following problems as in 6.8. Addiction of alcohol, drug and substance abuse.
Chapter 3: Psychosocial Services, Child Abuse, Drug Abuse and Substance Abuse

3.1: Psychosocial services

3.1.1: Definition: Psychosocial services are those services that impact on the thinking and behavior of an adolescent. Adolescence is a stage characterized by rapid growth and development. During this stage, adolescents face a lot of challenges thus the need to be helped to cope with these challenges.

3.1.2: Policy Goal and objectives:
- All adolescents with psychosocial needs will be provided with psychosocial support and services.

3.1.3: Service Standards:
All adolescents will be provided with:
- Information on Adolescent sexuality, contraception, unwanted pregnancies, care for infants, unsafe abortions, early marriages, GBV, Care during pregnancy, prevention, care and management of STIs, HIV/AIDS, harmful traditional practices, risky sexual behaviors, life skills, drug and substance abuse, proper nutrition and personal hygiene, special RH needs for adolescent with disabilities, socio-economic consequences of adolescent ill health, centres providing AFHS, and causes of infertility.
- Information on relationships with family, significant others (adults), authority and peers
- Counseling services regarding with the above topics
- Treatment of common adolescent psychosocial ailments.

Psychosocial information will be age specific. The information can be provider-initiated or adolescent.

3.2: Traditional practices:

3.2.1: Definition: Refers to traditions or otherwise practices that have an effect on the health, physical and psychological integrity of an individual.

3.2.2: Policy Goal and objective:
All adolescents will be provided with information and guidance on traditional practices, and their impact on their health.

3.2.3: Service Standards:
All adolescents will be provided with information on:
- Meaning of traditional practices
- Forms of tradition practices
- Good traditional practice
- Harmful traditional practices and their effects (e.g. Female genital mutilation)
- Unlawful traditional practices
Communities will be sensitized about their role in prevention of a harmful traditional practices and promotion of good ones

3.3. Child abuse:

3.3.1. Definition: Any harm inflicted on children.

3.3.2. Policies Goal and Objectives:
- All adolescents will be educated about the different forms of child abuse, impact and how to prevent it.
- All adolescents that have experienced abuse will be provided with appropriate/necessary services

3.3.3. Service Standards:
All adolescents will be provided with information on:
- Meaning of abuse
- Forms of abuse
- Causes of abuse
- Effects of abuse on individual and community
- How to prevent abuse
- Handling individuals who have been abused

Communities will be sensitized about their role in prevention of child abuse and how to deal with child abuse.
Routine assessment for possible abuse

3.4. Substance and drug abuse

3.4.1. Definition:
Drugs are substances extracted from plants or synthesized in the laboratories, which can be swallowed through the mouth, injected or inhaled to affect body functions. A drug changes the body’s natural processes

Substance abuse refers to substance use that result in the physical, mental, emotional or social impairment of the user. Substance abuse means the voluntary abuse of substances - i.e. where people choose to do so.
There is also substance abuse medically where by one takes substances without the doctor’s instructions. This may be due to the pain people are going through in their bodies due to incurable diseases.

Abuse: Abuse of substance refers to a pathological pattern of use causing impairment in social, physical or occupational use of an individual.

3.4.2. Policy Goal and Objectives:
All adolescents will be provided with information and guidance on substance and drug abuse and the impact on their health.
3.4.3. Service Standards
All adolescents will be provided with information on:

- meaning of drug and substance abuse
- various types of drugs, their effects on the user and community
- Available support for those already abusing drugs
- Other service points (referral)

Information and support will be given in a non-judgmental way to enable adolescents to appreciate the need to avoid abuse of drugs.
Chapter 4: School Health

4.1 Definition and Background

Health Education
Health is the social, mental, and physical wellbeing of an individual and not merely in the absence of disease or infirmity. 

Health Education is the teaching, learning, schooling, tutoring, instructing on social, mental and physical wellbeing of an individual and not merely in absence of disease or infirmity to individuals communities and institutions.

Sexuality Education
Sexuality is an expression of who we are as human beings. It is a total sensory experience that involves the mind and the body including all feelings, thoughts, and behaviors of being male or female, being attractive and in love as well as being in a relationship that involves intimacy and sexual activity.

Sexuality begins before birth and lasts through the course of life span. A person’s sexuality is shaped by his/ her values, attitudes, behaviors physical appearance, beliefs, emotions, personality likes and dislikes, the spiritual selves and all ways in which individuals express their sexuality are all influenced by, ethical, spirit cultural and moral values.

Physical Activities
These are activities done daily for the purpose of physical mental and social benefits. They are done both during adolescence and throughout life e.g. sports, physical exercises, jogging, walking, chores, swimming, running, cycling, basketball, dancing, gardening etc.

These are factors that promote the health and wellbeing of learner including those with disabilities, school staff, and the community around the school. These include:

- Health promotion and education including life skills.
- Water sanitation and hygiene.
- Access to medical and nutrition services
- Sexual and reproductive health
- School feeding and nutrition
- Guidance and counseling
- Protective policies
- Safety in schools
- Physical education and sports

4.2 Policy Goal and Objectives:

1- All primary schools and post primary institutions shall provide a conducive environment for provision of school health programmes.

2- The school health programmes shall consist of Health education, physical activities and reproductive health education education.
3- The school health programme shall provide specialized training personnel e.g. school counselors, senior women/men, matrons, and school nurse in adolescent friendly services.

4.3 Service Standards

Conducive environment must have:
- Trained personnel in adolescent health friendly services
- Water and sanitation (separate lockable toilets/ latrines for boys, girls and the disabled. And special wash rooms for girls, sanitary materials that are disposable and non-disposable)
- Hand washing facilities
- Facilities to cater for children with disabilities
- Playground for physical activities and time allocated for it.
- A waste disposal mechanism/system
- A talking compound
- Linkages with referral health services
- Relevant IEC materials
- Time for health Education
- Counseling room/ space/desk
- All stakeholders involved

SCHOOL HEALTH PROGRAMME

Vaccinations (Tetanus Toxoid and HPV Vaccines)
Monitoring growth and development.

SERVICE PROVIDERS

The counselor senior women/men teachers, matrons and science teachers shall be trained in:
- Human sexuality,
- Adolescent sexual and reproductive health rights
- Reproductive health including STI, HIV/AIDS, ABC, male circumcision
- Guidance and counseling in mental and psychosocial issues
- Nutrition and hygiene
- Life skills
- Sexual gender based violence
- Out of school and back to school after child birth
Chapter 5: STI/HIV/AIDS and adolescents

5.1 Background

5.2 Policy goal and objectives:
HIV COUNSELING AND TESTING is the entry point to HIV/AIDS services, thus all adolescents should be encouraged to take a test. For those with parents and guardians and would like to ensure their support, should go ahead to involve them in these processes and consultations.

5.3 Service Standards:
- The HIV testing will involve counselling of adolescents before (pre) and after (post) the test. Results shall be communicated to all those who have been tested. Privacy and confidentiality will be ensured for the adolescents.
- Adolescents shall have access to HIV prevention methods and technologies. These shall include (ABC) Abstinence, Being Faithful, correct and consistent use of Condoms, Medical male circumcision, treatment and any other approved by MOH. (If an institution is unable to offer any of the components, appropriate information and/or referrals shall be made, (e.g. institutions may not provide condoms but they SHALL refer).
- Adolescents will be given information and where necessary counselled on the approved prevention methods and technologies.
- Adolescents are encouraged to involve their parents if they choose to.

ADOLESCENTS LIVING WITH HIV/AIDS

No adolescent shall be discriminated basing on their HIV status.

Service Standards:

- Adolescents living with HIV shall not be mistreated at school, home and community. They should have equal participation opportunities in all issues that concern them. Efforts shall be made for adolescents living with HIV to access appropriate care and support, Treatment, PMTCT, Prophylaxis, appropriate referrals.
- Adolescents living with HIV shall be allowed flexible schedules at school, home and community to enable them access their treatment.
- All health facilities should offer adolescent friendly care and support services (peer support, privacy, confidentiality, non-judgemental, friendly service providers).
- Health facilities shall always refer appropriately for the services they cannot offer/Provide.
- Adolescents living with HIV/AIDS are entitled to know their HIV status provided;
  - Proper counseling and support is available
  - The consequences of disclosure are not detrimental to the adolescents.
• Trained adolescent counselors shall be available to offer counseling and support.
• All those offering in ADH services shall be given the following package:
  Positive prevention shall be particularly emphasized.
• Adolescents living with HIV shall be provided with accurate information and support on positive prevention.
• Peer support groups will be created and maintained at the health facilities.

To improve access to HIV services for adolescents living with HIV/AIDS:

• Sensitization and education about stigma and discrimination shall be provided to peers, school management, teachers, school matrons/patrons, parents/guardians and community members.
• Peers, school management, teachers, school matrons/patrons, parents/guardians and community members shall ensure that adolescents living with HIV/AIDS shall have equal participation opportunities in all activities.
• Peers, school management, teachers, school matrons/patrons, parents/guardians and community members shall ensure that adolescents living with HIV/AIDS shall have flexible schedules to allow them access care.
• Facilities offering adolescent HIV care should ensure appropriate referral for services that cannot be offered in their centres.
• Facilities including government, private for profit and Private not for profit will ensure the following services are provided to the adolescents; PMTCT, treatment, Prophylaxis, and on-going counseling and support.
• Trained and skilled providers in disclosure shall ensure that adolescents living with HIV are informed about their HIV status.
• Trained providers shall ensure on-going counseling and support on positive prevention is provided to adolescents living with HIV.
• Facilities shall support formation and maintenance of Peer support groups for adolescents living with HIV.
• Adolescents with HIV will be encouraged to have treatment buddies (friends/encouragers). Such people could be their parents or guardians or friends.
Chapter 6: Advocacy, Research, Monitoring and Evaluation

6.1 Advocacy

There shall be sustained advocacy for resource commitment for the health of adolescents in proportion to their numbers, gender, perceived needs and requirements at all levels. Advocacy will also be geared towards creating a conducive environment for adolescents to thrive.

Advocacy initiatives shall address all forms of barriers to utilisation of adolescent health services and the meaningful involvement of the youth in their programmes.

Stakeholders under advocacy

- Policy makers.
- Development partners
- The youth/adolescents/young people
- Leaders (cultural, political and religious etc.)
- Parents
- Service providers (teachers, health workers and the young people)
- CSOs, NGOs

Service standards

- Increase resource commitment to adolescent health programmes by families, communities, local authorities, government ministries, private sector, development partners, charity organisations and celebrities/goodwill ambassadors
- Conduct evidence based advocacy.
- Promote the rights of adolescents to health information and services.
- Reduce gender stereotypes and inequalities involved in the upbringing of children and adolescents in the context of culture, and socio-economic opportunities
- Promote a legal and socio-cultural environment which is culturally acceptable.
- Highlight and deal with harmful traditional practices. These include among others female genital mutilation, widow inheritance, early marriages (below 18yrs), and male dominance.
- Promote intersectoral collaboration and coordination for advocacy initiatives.
- Enhance the scaling up of adolescent friendly programmes.
- Involve the young people in programming.
6.2 Research

MOH will play a leading role in defining the research agenda and coordination of various researches in the country including dissemination and utilisation of the results. Conducting research shall be promoted to enhance knowledge on adolescent health in line with the needs of the beneficiaries.

Target group
Government ministries, Universities/Academia, NGOs, research institutions and communities, development partners.

Service standards
- Disaggregate data according to age, rural urban, socio-economic status and sex.
- Promoting policy oriented and key operations research on adolescent health.
- Mainstream participatory research and promote the utilisation of data in programme design.
- Promote local research on critical issues identified in the research agenda.
- Promote dissemination and utilisation of evidence based practices on adolescents' health.
- Promote commissioned research

6.3 Resource mobilisation

Resources shall be mobilised and aligned from all stakeholders to address National adolescent health priorities for research.

Stakeholders:
Government, charitable organisations (Rotary, LION), service organisations, private sector, professional groups, development partners, NGOs and CSOs

Service standards
- Ensure government allocation of adequate funds in the annual budget of different sectors.
- Mobilise external resources to initiate and supplement innovative adolescents' health interventions.
- Promote the participation of both the adolescents and communities in adolescents programs.
- Enhance capacity of institutions to address adolescent health priorities.
- Promote integrated mobilisation and use of resources.

6.4 Monitoring and Evaluation

Adolescent health service delivery including related information, education and communication shall be monitored and evaluated in order to assess the extent, effects and impact of intervention.
MOH shall play a leading role in defining the M&E framework, coordinate and network with other stakeholders in the field of adolescent health.

**Key stakeholders**
MOH, Research institutions/academia, NGO’s, the young (adolescents), development partners.

**Service Standards**
- Establish a reliable health information system to generate credible information for advocacy purpose.
- Conduct purposeful monitoring and evaluation
- Ensure accurate data collection
- Ensure timely data
- Should reach the intended user
- Should reach the extent of use
- Should be open to public (displayed on charts)
- The central coordinating function should be done by MOH in conjunction with technical working groups

### 6.5 Supervision

Supervision of ADH services shall be carried out as an integral part of existing supervision models. In this regard, review and alignment of these existing supervisory tools shall be done.

**Target group**
Government ministries, Universities/Academia, NGOs, research institutions and communities, development partners.

**Service standards**
- Through the line technical working groups, the ministry of health shall develops supervisory schedules and supervisory areas.

### 6.4 Dissemination

All research carried out should be disseminated to the various categories of stakeholders timely.
**Chapter 7: Institutional Framework for Implementing the Policy**

**Ministry of Health:**

The Ministry of Health will spearhead and coordinate adolescent health programmes. The Ministry of Health shall establish and chair a multisectoral committee called National Steering Committee on Adolescent Health (NASCAH).

**Functions**

I. Advocate, promote, monitor and co-ordinate the implementation of the Adolescent Health Policy.

II. Review and recommend appropriate changes in the Adolescent Health policy in the country and advise the Government accordingly, taking into consideration the political, economic, socio-cultural and legal realities of Uganda.

III. Advise Government on resource mobilization, allocation and monitoring their utilization to support the implementation of the Adolescent Health Policy.

IV. Undertake any other relevant activities that will promote sustainable adolescent health programmes in order to improve the well-being of young people in Uganda.

**Membership**

The National Steering Committee on Adolescent Health shall be composed of Members with representation drawn from each of the following:

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<tbody>
<tr>
<td>Representative of RH, Inter-Agency co-ordination committee IACC (WHO,UNICEF, UNFPA, USAID)</td>
<td>1 representative</td>
</tr>
<tr>
<td>Local NGOs</td>
<td>2 representatives</td>
</tr>
<tr>
<td>Bilateral development partners</td>
<td>1 representative</td>
</tr>
<tr>
<td>National Youth Council for Children</td>
<td>1 representative</td>
</tr>
</tbody>
</table>
Membership shall be forwarded by the respective Ministries and Organisations. This committee submits annual reports to the director general Ministry of Health.

Meetings

The Steering Committee shall meet at least bi-annually. Quorum shall be constituted by simple majority of membership with at least three sectoral ministries represented.

The Technical Committee for Adolescent Health (TACAH)

The Steering Committee for Adolescent Health (NASCAH) shall have a technical and advisory committee to re-enforce the technical base required for its decisions. This committee shall be known as the Technical Advisory Committee on Adolescent Health.

The Chairperson shall be selected by members and the secretariat shall be in the Ministry of Health (Reproductive Health Division).

Functions

The functions of the Technical Advisory Committee for Adolescent (TACAH) shall be to:

i. Assist the Steering Committee and relevant Ministries to determine, appropriate programmes, tasks and working links among Ministries, districts, agencies, NGOs and institutions working in adolescent health and related fields in the country and also assist to sustain the links so established.

ii. Suggest, provide and review technical guidelines, which shall assist the Steering Committee and relevant Ministries, institutions and NGOs in carrying out their work efficiently in the field of Adolescent Health.

iii. Advise the Steering Committee on key and relevant technical matters relating to the implementation of adolescent health and development of related programmes in the country.

iv. Provide technical assistance to the steering committee towards the achievement of the objectives.

Membership

The Technical Committee on Adolescent Health shall be composed of 19 members with a representative drawn from each of the following Ministries:

| Parliamentory Committee on Social services | 1 representative |
| Chairperson Technical Advisory | 1 representative |
| Committee on Adolescent Health | 1 representative |
| National Youth Council | 2 representatives (male and female) |
| Faith Based/Inter-religious organizations | 1 representative |
| Private Sector | 1 representative |
Ministries:
- Health (Reproductive Health)
- Gender, Labour and Social Development
- Education (School Health)
- Planning (POPSEC - Family Health)
- Local Government (Urban & Rural Health)
- Justice (Law Reform commission)
- Agriculture (Food and nutrition)

United Nation Agencies:
- UNFPA
- UNICEF
- WHO

Youth serving NGOs
- 1 representative
International NGOs
- 1 representative
Research Institutions
- 1 representative
Bilateral donors
- 1 representative
Youth Network
- 1 representative
Professional medical Body
- 1 representative
Local Youth Servicing Organisation
- 1 representative

MEETINGS
The National Technical Committee shall meet at least quarterly and submits bi-annual report to the steering committee.

**District Committee on Adolescent Health (DICAH)**

Within the framework of the District Local Government under the decentralisation status, the District Technical Planning Committee shall have a subcommittee on Adolescent Health for the purpose of spearheading, facilitating and coordinating Adolescent Health activities at the district level.

**FUNCTIONS**

The functions of the District Committee on Adolescent Health (DICAH) shall include the following:

i. Promotion, co-ordination, monitoring and evaluation of adolescent programmes and activities in the districts

ii. Advocacy for greater appreciation and focus on adolescent health within the district

iii. Promote co-ordination

iv. Ensure integration of adolescent health issues in district development plans

v. Promote collaboration among departments and NGOs engaged in Adolescent Health Programmes and activities in the district

vi. Initiate and facilitate the formulation and review of district Adolescent Health plans of action.

vii. Advise the district Local Government on adequate resource mobilization and utilization for Adolescent health activities and monitor their utilization.

viii. Link district adolescent health activities with national level programmes.
ix. Compile bi-annual district situational reports on Adolescent health programmes, activities and submit to the national Technical Committee.

Composition:

The membership of the District Committee Adolescent Health (DICAH) shall comprise of up to 10 members drawn as follows:

i. The CAO in charge of health shall be the chairperson
ii. District Health Officer - Secretary
iii. Maximum of 5 Heads of department responsible for Gender issues, Education, Childcare and protection, population and, youth issues. Where any of the officers above is not a member of the Committee they shall be co-opted to the Adolescent Health and Development Committee
iv. Two members from relevant NGOs operating in the district in the field of adolescent health
v. Two youth representatives male and female of age less than 25 years.
vi. The committee should meet quarterly and submit quarterly/annual report to the National Technical Team.

ROLES OF VARIOUS MINISTRIES AND INSTITUTIONS IN POLICY IMPLEMENTATION

Roles of the ministry of health:

i. Provide guidelines and technical assistance for the design and implementation of adolescent health programmes that are sensitive to gender, age, culture and religion.
ii. Strengthen and expand the existing Adolescent Wealth programmes,
iii. Provide adolescent health services at all levels of health care delivery.
iv. In collaboration with relevant Ministries and Institutions, strengthen and expand training of all health care providers in the field of adolescent health.

v. Set standards and guidelines for provision of adolescent health services that are sensitive to gender age, culture and religion.
vi. Coordinate and monitor adolescent health programmes of all agencies in the country.

vii. Liaise with all agencies to integrate HIV / AIDS into Adolescent Health-programmes

viii. Expand and extend coverage and scope of adolescent health service delivery by increasing the numbers of health units with community based distribution and social marketing systems.

ix. Undertake operational research in adolescent health including methods of service delivery.

x. Liaise with Curricula Development Institutions/agencies to include Adolescent health issues in the training curricula of health workers.

xi. Promote and support operational research activities in adolescent health including alternative methods of service delivery.

xii. Integrate adolescent health into the Health Management Information system and sentinel surveillance.

xiii. Promote the scaling up of ASRH.
Roles of Ministry of Gender Labour and Social Development

i. Disseminate widely and implement adolescent health and development of related policies.

ii. Implement the national youth Policy that is responsive to Adolescent Health issues

iii. Promote awareness and integrate Adolescent Health concerns among the youth and the different departments within the Ministry.

iv. Advocate for the elimination of customs and practices that violate adolescents.

v. Create public awareness on adolescent rights, responsibilities and needs.

vi. Build capacity of extension workers for effective implementation of adolescent health programmes.

vii. Ensure that Gender is mainstreamed in all programmes on adolescent health and development.

viii. Advocate for increased resource allocation for Adolescent/youth programmes at all levels.

ix. Provide disaggregated relevant age/gender data to the technical committee on adolescent health.

x. Establish a management information system within the Ministry that will permit regular collection of data.

xi. Analysis and reporting of adolescent desegregated data concerning

xii. Employment.

xiii. Monitor the implementation of labour laws with reference to adolescents in various sectors of the economy and ensure elimination of child labour.

xiv. Create awareness on the humanitarian, economic, social and cultural implications of child labour and the development process.

xv. Mainstreaming programmes to support the development and integration of young people with disabilities.

xvi. Ensure increased access to livelihood programmes and recreational facilities.

Ministry responsible for Education and Sports

i. Integrate adolescent health responsive issues in the school education system sensitive to age and gender

ii. Advocate for resource allocation and mobilisation in school Adolescent health programmes including nutrition and safe environment.

iii. Co-ordinate, facilitate and monitor with other collaborators activities of schools to ensure effective and efficient resource allocation and use in conformity with Adolescent health policy and strategies.

iv. Advocate, coordinate and monitor implementation of programmes for re-admission of adolescent mothers into school systems.
Roles of Ministry of Finance, Planning and Economic Development

i. Mobilise and allocate adequate resources for the implementation of adolescent health programmes.

ii. Promote and provide technical assistance to private, public and civil society agencies in the integration of adolescent health and demographic variables in development planning process.

iii. Provide technical assistance to develop tools, collect and analyse desegregated data (especially during census and surveys) with special emphasis on adolescent health issues.

iv. Participate in the co-ordination, evaluation and monitoring of adolescent related programmes in collaboration with sectoral ministries, academic and research institutions.

v. Determine patterns and trends in adolescent specific activity rates, through labour force sample surveys, in both rural and urban areas in collaboration with appropriate academic and research institutes and the Ministry concerned for labour and occupational health.

vi. Analyse, interpret and disseminate age and gender desegregated adolescent specific data of censuses and surveys.

x. Analyse, interpret and disseminate adolescent user friendly age and gender district desegregated statistical data.

Roles of Ministry of Justice and Constitutional Affairs

i. Revise and enact all the laws to protect adolescent health development, rights and needs.

ii. Amend existing laws and formulate legislative measures designed to be instrumental in: Eradicating all harmful customary practices such as those relating to female genital mutilation/cutting, Removing restrictions of adolescent development against enjoyment of civil rights such as access to information, education, employment, health services etc.

iii. Ratify, incorporate, and submit international and regional, instruments relevant to adolescent health into domestic law as well as disseminate reports on implementation.

iv. Ensure the protection of the rights of adolescents under the constitution as well as disseminate reports on the progress of the implementation of the respective laws.

Ministry of Agriculture, Food and Nutrition.

i. Integrate adolescent health and development needs/concerns into ministerial programmes.

ii. Advocate and provide program technical assistance for the implementation of adolescent health programmes and policies for all adolescents with special consideration to vulnerable children and adolescents.
iii. Co-ordinate, monitor and evaluate child and adolescent nutrition programmes in collaboration with other sector ministries and civil organisations.

iv. Promote and support adolescent focused intervention to improve the agro-based livelihood skills.

**LOCAL GOVERNMENT**

i. Design and ensure implementation of adolescent health programmes that are sensitive to gender, age, culture and religion.

ii. Expand /extend networks or coverage and scope of adolescent health service delivery by increasing the numbers of health units with community based distribution and social marking system offering adolescent services.

iii. Ensure recruitment, deployment and retention of skilled personnel for adolescent

iv. Health programmes.

v. Provide effective, committed and accountable leadership responsive to adolescent

vi. Health programmes.

vii. Coordinate, Monitor and evaluate adolescent health programmes.

viii. Ensure adequate age and gender proportionate resource mobilisation and allocation.

ix. Provide technical and logistical support to the line ministries, public and private institutions and civil society organisations implementing adolescent health programmes and activities.

x. Co-ordinate development partner technical and logistical support for implementing adolescent health services

xi. Develop indicators and monitoring systems for evaluating efficiency and

xii. Effectiveness of development partner support to adolescent health.

xiii. Monitor and evaluate impact of development partner support on

xiv. Adolescent health.

xv. Advocate for adolescent health development at national and international.

xvi. Provide support and technical assistance to document, disseminate and implement best practices relevant to adolescent health in the public, private and civil society organisations.

**Civil Society Organisations**

i. Establish a national network coalition for promoting Adolescent Health and development.

ii. Integrate Adolescent Health concerns within the framework of other ongoing activities.
iii. Complement the role of sectoral ministries in the implementation of Adolescent Health priority programmes.
iv. Collaborate with the Technical Committee on Adolescent Health.
vi. Undertake operational research and disseminate information on Adolescent Health to stakeholders.
vi. Advocate for adolescent health development issues at national and international levels.

Research Institutions
i. Carry out essential operational research in adolescent health and disseminate user-friendly findings.
ii. Provide technical assistance/tools for the monitoring and evaluation on Programmes related to adolescent health.
iii. Assist in capacity building for research among institutions and with programmes of adolescent health.

MONITORING AND EVALUATION

Monitoring and evaluation is an important component for effective implementation of the Adolescent Health Policy, in order to ensure accomplishment of the objectives.

Monitoring and evaluation shall be the responsibility of the Ministry of Health, exercised through the National Steering Committee for Adolescent Health (NASCAH). The Technical Advisory Committee on Adolescent Health (TACAH) will develop guidelines for regular reporting of activities by implementing line ministries, districts, institutions and civil society organisations.

NASCAH shall prepare an annual report on policy implementation and undertake a comprehensive review of the policy after every five years. NASCAM shall also arrange special impact assessment and any other relevant studies from time to time.

Sharing of experiences with other countries is an important way of gauging progress of national programme. NASCAH shall avail itself to such opportunities through regional and international meetings, and for publications.

The monitoring and evaluation framework will be developed with multi-sectoral participatory approach.

COMMITMENT TO PROMOTING ADOLESCENT HEALTH

IN PERSUANCE of the goal to promote adolescent health within the context of national development;

GUIDED by the principles deriving from the constitution of Uganda, National Population Policy, The National Gender Policy, and Local Government Act, National Health Policy, the National Youth Policy and international conventions and declarations like: The Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, the International Conference on Social Development in the Fourth World Conference on the women
of Action to the Youth to the year 2000 and beyond and other relevant statements of commitment to the health of young people.

ACKNOWLEDGING the interest of both local and international agencies in the promotion of the health and development of young persons in furtherance of the above commitments, and appreciating that the various programmes and projects planned or currently being implemented require to be co-ordinated, in accordance with the principles, priorities and strategies indicated in this policy.

CONFERRING upon the Ministry of Health, MOGLSD, MOFPED and Local Governments the mandate to mobilize the necessary resources from the health and other sectors to effect the re-orientation of existing and planned services, at all levels, to address the health and related needs of adolescents.

RECOGNISING the need for a specific policy framework to facilitate effective response, in terms of rearranging the nation’s priorities to better address the needs of young people.

CONVINCED that optimal health of the adolescent population of Uganda will increase their productive capacity to contribute to the national development, the GOVERNMENT OF UGANDA hereby adopts this document as the NATIONAL ADOLESCENT HEALTH POLICY FOR UGANDA.
## ADOLESCENT HEALTH SERVICE STANDARDS

1. All adolescents are able to obtain sexual and reproductive health information and advice relevant to their needs, circumstances and stage of development.
2. All adolescents are able to obtain sexual and reproductive health services that include preventive, promotive, rehabilitative and curative services that are appropriate to their needs.
3. All adolescents are informed of their rights on sexual and reproductive health information and services whereby these rights are observed by all service providers and significant others.
4. Service providers in all delivery points have the required knowledge, skills and positive attitudes to provide sexual and reproductive health services to adolescents effectively and in a friendly manner.
5. Policies and management systems are in place in all service delivery points in order to support the provision of adolescent friendly sexual and reproductive health services.
6. All service delivery points are organized for the provision of adolescent friendly reproductive health services as perceived by adolescents themselves and where Adolescents are encouraged to participate in ,monitor and evaluate delivery of ADFHS
7. Mechanisms to enhance community and parental support are in place to ensure adolescents have access to sexual and reproductive health services.

### STANDARD 1:

**All adolescents are able to obtain sexual and reproductive health information and advice relevant to their needs, circumstances and stage of development.**

### Explanation Of Key Words:

- **Information:** A package of messages or ideas that can influence behaviour or actions.
- **Advice:** Information given so as to influence action. In this document advice will focus on promoting adolescent actions for positive behaviour change.
- **Circumstance:** A state/situation that someone finds himself/herself in and which can influence adolescent behaviour.
- **Development:** A process for positive change during which adolescents undergo physiological psychological maturity that influence their behaviour.

### Rationale for the Standard:

- Most of the adolescents obtain on SRH from unreliable sources and hence make risky choices.
- Most of the adolescents do not have access to appropriate information to prepare them to cope with changes that take place in their bodies.
- Adolescents who are not sexually active do not get proper information to prepare them cope with changes that take place in their bodies.
- Adolescents who are not sexually active do not get proper information to delay sexual debut.
- Sexually active adolescents are not well informed on the importance of seeking health care and protecting themselves.
- Service providers are not well oriented on the provision of adolescent SRH information/counselling.
Most of the service delivery points do not IEC/BBC materials that are specific for adolescent SRH issues and needs.

**Service Delivery Points:**
- Dispensary
- Health Centre
- Pharmacy, Hospital
- Community outlets

**STANDARD 2:**
All adolescents are able to obtain sexual and reproductive health services that include preventive, promotive, curative and rehabilitative services that are appropriate to their needs.

**Explanation Of Key Words:**

**Appropriate:** Relevant services provided as per specific needs and circumstances of adolescents based on age, sex, marital status and socio-economic situation.

- **Promotive health services:** All actions that will enable and empower individuals to maintain good health.
- **Preventive health services:** All measures that are undertaken to attain good health and inhibit occurrence of diseases.
- **Curative health services:** Measures that are undertaken to correct in order to restore better health.

**Rationale For The Standard:**
- Adolescents engage in risky behaviours that negatively affect their health
- Risky behaviours of adolescents often result into SRH problems, disease and even death.
- Investing in improving the ASRH status reduces public health problems and the burden of disease in later life.
- Existing SRH services are not accessible, acceptable, and appropriate to adolescents
- Adolescent health services need to be tailored according to local needs.
- The systems of referral and networking between service providers are weak. Consequently adolescents requiring services that are not provided at one service delivery point will not receive the necessary services at all.

**Service Delivery Points:**
- Dispensary
- Health centre
- Pharmacy
- Hospital
- Community outlets.
### CRITERIA AND MEANS OF VERIFICATION:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Verifiable Indicators</th>
<th>Means of Verification</th>
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<tbody>
<tr>
<td>1. Skilled health workers are deployed to the SDP as per the stipulated staffing levels.</td>
<td>Number of staff deployed by cadre by SDP</td>
<td>CHMT reports, Interview with SDP managers, Observation of SDP, Health facility records</td>
</tr>
<tr>
<td>2. Job aids/protocols and guidelines that address ASRH are in place.</td>
<td>Number of job aids/protocols and guidelines available, Type of job aids/protocols and guidelines available as per service</td>
<td>Observation, Inventory report, Interview with service providers</td>
</tr>
<tr>
<td>3. Service providers are trained and retrained</td>
<td>Number of service providers trained by type of service, Number of service providers retrained by type of service.</td>
<td>Interview with Service Providers, Interview with SDP managers, CHMT reports, Activity reports</td>
</tr>
<tr>
<td>4. Equipment, supplies and medicines are constantly available.</td>
<td>Number and type of equipment, supplies and medicines available.</td>
<td>Observation of SDP, Interview with service providers, Interview with SDP manager, DHMT report, Clinic records</td>
</tr>
<tr>
<td>5. Linkages with other SDPs in the area are established and functional.</td>
<td>Number of clients referred by type of service, Number of SDPs with referral and networking mechanisms, Number of linkage meetings conducted.</td>
<td>Interview with service provider, Interview with SDP manager, Clinic records, Interview with Service Providers in other SDPs.</td>
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### Process:

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<tr>
<th>Process:</th>
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<tbody>
<tr>
<td>1. Adolescents obtain a range of services according to their needs.</td>
<td>Type of services available for adolescents, Number of adolescents receiving services by age and type of service.</td>
</tr>
<tr>
<td>2. Safety measures are undertaken to protect clients and service providers from</td>
<td>Type of safety measures available to avoid infections.</td>
</tr>
</tbody>
</table>
1. **Adolescents receive accurate diagnosis and treatment as specified in the job aids.**
   - Number and type of job aids available.
   - Number of clients satisfied with the services
   - Clinic records
   - Observation of Provider – Adolescent client interaction
   - Interview with Service Providers
   - Mystery Client Exit interviews

2. **Adolescents are referred to other SDPs when necessary.**
   - Number, age and type of referral (in/out) made per service.
   - Clinic Records
   - Interview with Service Providers
   - Interview with SDP manager
   - Interview with Service providers in other SDPs.

3. **Mechanisms for self assessment, peer assessment, supervisor assessment and supportive supervision are operating as laid out**
   - Type of assessments conducted
   - Number of supervisory visits made.
   - Interview with Service Providers
   - Interview with SDP manager
   - Clinic records
   - Supervisory reports.

**Outcome:**

1. **Adolescents are satisfied that their needs are being met at the SDP.**
   - Increasing number of adolescents utilising the available services
   - Exit interview with adolescent clients
   - Focus Group Discussions (FGDs) with adolescents in the community
   - Service statistics.

2. **Health Facility staff are motivated in rendering services to adolescents.**
   - Amount of time spent with an adolescent per day.
   - Proportion of Service Providers working in this are of expertise.
   - Interview with Service Providers
   - Observation of SDP
   - Interview with SDP manager.
STANDARD 3:
All adolescents are informed of their sexual and reproductive health rights and services whereby these rights are observed by all service providers and significant others.

Explanation of Key Words:
- **Rights:** Something that an individual or a population deserves, which they can legally and justly claim.
- **Rights on Sexual and Reproductive Health:** These are rights specific to personal decision making and behavior on reproduction including: access to reproductive Health Information, Privacy, Guidance from trained personnel and obtaining Reproductive Health services free of discrimination, coercion or violence in their sexual life.
- **Rights are observed:** This is when the service providers and significant others conform to the rights of adolescents to get information, services or both in relation to reproductive health.
- **Significant others:** Refers to critically important groups of people or individuals who directly or indirectly influence decision making of adolescents to access or not have access to reproductive health services. These include: parents, government bureaucrats, politicians, supervisors, managers, community leaders, religious leaders, teachers and other influential people in the communities.

Rationale For The Standard:
Most people including adolescents are not aware of their reproductive rights, rights to information and services as stipulated in various international conventions, specifically those relating to the Cairo and Beijing conferences, which Tanzania has endorsed. Factors contributing to this include:

1. The prevailing socio-cultural environmental perception of adolescent sexuality is an impediment to the rights of adolescents.
2. The rights have not been interpreted nationally to be implemented at service delivery points.

In this regard, there is a need for adolescents themselves, service providers and significant others to be informed and oriented to these rights in order to better meet adolescents’ sexual and reproductive health needs.

It is expected that once these rights are known, adolescents will seek and demand for services, providers will render the services effectively, and significant others will support and facilitate the availability and access to these services.

Service Delivery Points:
- Dispensary
- Health centre
- Pharmacy
- Hospital
- Community outlets
### CRITERIA AND MEANS OF VERIFICATION

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<th>Criteria</th>
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<tbody>
<tr>
<td><strong>Structure:</strong></td>
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<tr>
<td>1. Adolescents, all health care facility staff and significant others are informed and oriented on adolescent sexual and reproductive rights.</td>
<td>- Number of Service Providers and support staff oriented on ASRH rights</td>
<td>- SDP reports</td>
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<td></td>
<td>- Number of Adolescents reached with information on SRH rights</td>
<td>- Exit Interview with Adolescent clients</td>
</tr>
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<td></td>
<td>- Number of significant others aware of ASRH rights</td>
<td>- FGD with adolescents in the community</td>
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<td></td>
<td>- Number of SDPs with at least one type of IEC materials on ASRH rights</td>
<td>- In-depth interview with Service Providers, manager/service in-charges.</td>
</tr>
<tr>
<td></td>
<td>- Observation</td>
<td>- FGD with significant others</td>
</tr>
<tr>
<td></td>
<td>- Interview with SDP manager</td>
<td>- Observation</td>
</tr>
<tr>
<td></td>
<td>- Observation</td>
<td>- Interview with Service Providers</td>
</tr>
<tr>
<td><strong>Process:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Adolescents are able to obtain services without any restriction, regardless of their status (i.e. age, sex, education, marital, economic, etc.)</td>
<td>- Number of adolescents receiving services by age and type of service.</td>
<td>- Service delivery statistics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Observation of client-provider interaction</td>
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<tr>
<td></td>
<td></td>
<td>- Exit interview with adolescent clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mystery Adolescent Client Exit interview</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Survey reports.</td>
</tr>
<tr>
<td>2. Providers guarantee privacy, confidentiality and respect while providing services to adolescents.</td>
<td>- Number of SDPs with secluded waiting and counseling rooms for adolescents.</td>
<td>- Observation of client/provider interaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Observation of SDP clients’ record keeping</td>
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<tr>
<td></td>
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<td>- Exit interview with adolescent clients</td>
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<td></td>
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<td>- Mystery Adolescent Client exit interview.</td>
</tr>
<tr>
<td><strong>Outcome:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Adolescents have adequate knowledge about their rights</td>
<td>- Number of adolescents with correct Knowledge, Attitude and Practices (KAP) on SRH rights.</td>
<td>- Exit interview with adolescent clients</td>
</tr>
<tr>
<td>2. Adolescents are able to obtain services of their choice that are appropriate for their individual needs</td>
<td>- Number of adolescents receiving ASRH information and services according to their needs.</td>
<td>- FGD with adolescents in the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- HMIS/SDP service statistics</td>
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<tr>
<td></td>
<td></td>
<td>- KAP survey report</td>
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</table>
**STANDARD 4:**
Service providers in all delivery points have the required knowledge, skills and positive attitudes to effectively provide adolescent friendly sexual and reproductive health services.

Explanation of Key Words:
- **Required knowledge and skills:** Both theoretical and practical technical aspects of promotive, preventive, curative and rehabilitative health that relate to adolescents. This includes interpersonal communication skills.
- **Required positive attitudes:** Correct perception towards provision of sexual and reproductive health information and services to an individual, empathy for the situation s/he is in, and not being judgmental about the words and actions of the adolescent.

Rationale for the Standard:
- Health service providers are not making adequate contributions as they are supposed to, in:
  - Promoting healthy development among adolescents
  - Preventing adolescent sexual and reproductive health problems
  - Responding to adolescent sexual and reproductive health problems and needs
- Factors contributing to this include: inadequate knowledge and skills that service providers need to serve/work with adolescents effectively in a respective and sensitive manner.
- Many studies point to the fact that adolescents are reluctant to use available health services because, among other issues, of the judgmental and disrespectful attitudes and behavior of service providers.

Service Delivery Points:
- Dispensary
- Health Centre
- Pharmacy
- Hospital
- Community outlets.
### CRITERIA AND MEANS OF VERIFICATION

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Verifiable Indicators</th>
<th>Means of Verification</th>
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</thead>
<tbody>
<tr>
<td><strong>Structure:</strong></td>
<td></td>
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</tr>
<tr>
<td>1. Service Providers have undergone orientation and training in adolescent friendly sexual and reproductive health.</td>
<td>• Number of Service Providers trained per SDP.</td>
<td>• CHMT reports</td>
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<tr>
<td></td>
<td>• Number of Service Providers oriented per SDP</td>
<td>• SDP reports</td>
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<tr>
<td></td>
<td>• CHMT reports</td>
<td>• Interview with SDP in-charge</td>
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<td>• SDP reports</td>
<td>• Interview with Service Providers</td>
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<td>• Interview with Service Providers</td>
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<td>• Interview with Service Providers</td>
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<tr>
<td>2. Service Providers to have job aids to manage conditions appropriately and to refer clients to next level according to need.</td>
<td>• Number of job aids available at the SDP by type.</td>
<td>• Observation at the SDP</td>
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<tr>
<td></td>
<td>• Number of job aids for use by providers at the SDP by type.</td>
<td>• Interview with Service Providers</td>
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<td>• Observation at the SDP</td>
<td>• Inventory records</td>
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<tr>
<td>3. Service Providers have standard operating procedures to guide their action at the SDP</td>
<td>• Number of standard documents available at the SDP by type.</td>
<td>• Observation at the SDP</td>
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<tr>
<td></td>
<td>• Number of standard documents accessible for use by Service Providers by Type.</td>
<td>• Interview with Service Providers</td>
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<td>• Observation at the SDP</td>
<td>• Inventory records</td>
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<td></td>
<td>• Interview with Service Providers</td>
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<td></td>
<td>• Inventory records</td>
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<tr>
<td></td>
<td>• Number of adolescents attended by sex and age</td>
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<td></td>
<td>• Number of adolescents referred by sex and age</td>
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<tr>
<td></td>
<td>• Number of adolescent referrals received by sex and age</td>
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<tr>
<td></td>
<td>• Service delivery statistics</td>
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<td></td>
<td>• Interview with Service Providers</td>
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<td></td>
<td>• Attendance records</td>
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<td></td>
<td>• FGDs with adolescents in the community</td>
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<td></td>
<td>• Provider skills observation</td>
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<td></td>
<td>• Mystery adolescent client exit interviews</td>
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<td></td>
<td>• FGDs with adolescents in the community</td>
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<tr>
<td><strong>Outcome:</strong></td>
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</tr>
<tr>
<td>1. Service Providers have attained required competences in adolescent SRH</td>
<td>• Proportion of adolescents who indicate to be satisfied with the ASRH services provided.</td>
<td>• Community survey</td>
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<tr>
<td></td>
<td>• Community survey</td>
<td>• Client exit interviews</td>
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<tr>
<td>2. Adolescents are satisfied with the services provided</td>
<td>• Number of Service Providers able to respond to adolescents’ needs and problems.</td>
<td>• Provider skills observation</td>
</tr>
<tr>
<td></td>
<td>• Number of Service Providers able to respond to adolescents’ needs and problems.</td>
<td>• Mystery adolescent client exit interviews</td>
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<tr>
<td></td>
<td>• FGDs with adolescents in the community</td>
<td>• FGDs with adolescents in the community</td>
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</table>
STANDARD 5:
*Policies and management systems are in place in all service delivery points in order to support the provision of adolescent friendly sexual and reproductive health services.*

Explanation of Key Words:
- **Policies:** Guiding principles on how an organization should operate by focusing on its vision and mission.
- **Management:** Is a science and art, which uses various methods and tools to improve the performance of a system.
- **System:** Consists of sets or units organized in such a way that, they work together effectively and efficiently to perform a specific function or functions.
- **Management System:** Is the organization of a set of units to perform a specific function (or functions) effectively and efficiently to achieve a desired outcome.
- **Support the Provision:** Be able to assist service providers in provision of adolescent sexual reproductive health services by giving guidance, advice, financial, materials and human support that they need.

Rationale for the Standards:
- The current health management system does not adequately address management issues (in order to meet their reproductive health needs).
- Existing protocols do not clearly stipulate how adolescent rights, confidentiality and privacy should be ensured.
- The Health Information System, record and reporting mechanisms at all levels do not have adequate provision for gathering age and sex disaggregated data hence it is impossible to track users of services who are above five years in particular adolescents.
- The supervision mechanism at all levels is weak; service provision to adolescents is one of the areas that are not addressed.
- Existing monitoring systems are mainly project or programme oriented with no national coverage.
- Referral mechanisms from one level to another level or service provision for adolescent reproductive health services are weak and networking between institutions are poor and uncoordinated.

A key factor contributing to these weaknesses is that adolescent reproductive health was not a priority issue during the design of the current health information and supervisory system. Improvements in the health management system will benefit adolescents as well as other groups in the population.

**Service delivery points:**
- Dispensary
- Health centre
- Pharmacy
- Hospital
- Community outlets.
## CRITERIA AND MEANS OF VERIFICATION:

<table>
<thead>
<tr>
<th>Criteria</th>
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<tbody>
<tr>
<td><strong>Structure:</strong></td>
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</tr>
<tr>
<td>1. The SDP has clear policies and management procedures for serving adolescents.</td>
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<tr>
<td>• Number and type of documents with policies, guidelines and management procedures available.</td>
<td>• Interview with SDP manager • Interview with Service Providers • Observation • Clinic policies and procedures • Client interviews</td>
<td></td>
</tr>
<tr>
<td>• Type of documents with policies and guidelines displayed.</td>
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<tr>
<td>2. Service providers receive supportive supervision on a regular basis using a checklist with ASRH indicators.</td>
<td>• Number of supervisory visits.</td>
<td>• Interview with SDP manager • Interview with Service Providers • Supervision reports</td>
</tr>
<tr>
<td>3. A data collection and management mechanism is established to capture key demographic and SRH indicators of adolescent clients.</td>
<td>• Number and type of data collecting tools available. • Type of packages used for data analysis.</td>
<td>• Interview with SDP manager • Interview with service providers • SDP records • CHMT reports</td>
</tr>
<tr>
<td>4. Demographic and ASRH data sharing and utilisation system in place.</td>
<td>• Type of channels used for disseminating information • Number of SDPs and partners utilising data</td>
<td>• CHMT reports • SDP reports</td>
</tr>
<tr>
<td>5. A system for follow up and referral of adolescent clients in place</td>
<td>• Number of re-attendance to the SDP • Number of referrals (in/out) made</td>
<td>• Interview with SDP manager • Interview with Service Providers • Record review</td>
</tr>
<tr>
<td><strong>Process:</strong></td>
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</tr>
<tr>
<td>1. CHMT provides technical guidance, financial, material and human support for the efficient function of the SDP</td>
<td>• Number of supportive supervision visits. • Number, type and size of essential equipment and supplies</td>
<td>• Record review • Interviews with Service Providers • Interview with SDP manager • Supervision reports • Inventory registers</td>
</tr>
<tr>
<td>2. CHMT ensures that appropriate policies and management procedures are in place in all SDPs.</td>
<td>• Type of management procedures in place • Number of referral (in/out) made</td>
<td>• Observation • Interview with Service Providers • Interview with SDP manager</td>
</tr>
</tbody>
</table>
**Outcome:**

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</table>
| 1. Service Providers and management of SDP acknowledge receiving the support they need to provide adolescent friendly SRH services | • Number of supportive supervision visits conducted.  
• Number of ASRH training conducted  
• Number of ASRH refresher training conducted  
• Availability of a copy of HMIS with adolescent data |
| 2. National HMIS strengthened to include adolescent SRH related data and indicators | • Interviews with Service Providers  
• Interview with SDP manager  
• Observation |

**STANDARD 6:**

1. All service delivery points are organized for the provision of adolescent friendly reproductive health services as perceived by adolescents themselves and where Adolescents are encouraged to participate in, monitor and evaluate delivery of ADFHS.

**Explanation of Key Words:**
- **Organised:** Put things in order
- **Perceived:** As felt by the respective adolescent or individual

**Rationale for the Standard:**
- Most service delivery points currently providing sexual and reproductive health services are not organized to meet the needs of adolescents.
- Services are limited in terms of accessibility and acceptability.
- Frequent shortages of required equipment and supplies.
- Adolescents need more time than adults to open up and reveal their personal concerns. They usually come to a health facility with considerable anxiety and often with worries about body image and development, relationships and sex. Hence facilities need to be re-organised in such a way that adolescents will be able to come for services they need.

In collaboration with significant others and adolescents, service providers can make SDP welcoming and friendly.

**Service Delivery Points:**
- Dispensary
- Health centre
- Hospital
- Community outlets
- Pharmacy
STANDARD 7:  
Mechanisms to involve adolescents themselves, parents and the community are in place to ensure that adolescents have access to SRH services.

Explanation of Key Words:

- **Adolescent involvement**: A situation where adolescents themselves are involved at all levels of decision on their health issues.
- **Community Support**: A situation whereby people living together in a given locality take part in/contribute to actions aimed at facilitating adolescents to obtain sexual and reproductive health services.
- **Parental Support**: Assistance given by fathers, mothers, guardians or other household members to enable adolescents have access to appropriate SRH services.
- **Gatekeepers in the community**: Political and administrative leaders, religious leaders, youth association leaders, women leaders, teachers, social workers and any others specific in that community.

Rationale for the Standard:

- Parents and communities are not adequately equipped to prepare their children for adult living; due to changes in traditional systems of socializing young people for adulthood.
- Communities and parents have limited access to information on new and emerging sexual and reproductive health issues concerning adolescents.
- Inadequate adult/child communication on sexual and reproductive health
- Adolescents are not usually involved in decision making on their health issues

Service Delivery Points:

- Dispensary
- Health centre
- Hospital
- Community outlets
- Pharmacy

CRITERIA AND MEANS OF VERIFICATION

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Verifiable Indicators</th>
<th>Means of Verification</th>
</tr>
</thead>
</table>
| 1. The SDP has established a link with community groups/members including parents. | • Number and frequency of meetings between SDPs and community members.  
• Number of community groups linking with the SDP Community surveys. | • Interview with SDP manager  
• SDP reports  
• Interview with Service Providers. |
2. **Community members including parents have formed support groups (e.g. Para-professional counsellors, Peer educators) for sexual and reproductive health service provisions to adolescents in the community.**

    - Number and types of support groups formed.
    - Number of members participating/attending group sessions.
    - Percentage of community members and parent that supports the provision of ASRH services.

    - Interview with SDP manager
    - SDP reports
    - Interview with support group members
    - Type of support provided.

3. **Service Providers offer guidance to support groups and community based health workers in the provision of sexual and reproductive health services to adolescents in the community.**

    - Number and frequency of supportive supervision sessions held by Service Providers to community-based health workers and support groups.

    - Interview with SDP manager
    - SDP reports
    - Interview with Service Providers
    - FGD with community members or support groups.

4. **Young people’s organisations are mobilised on the main health issues**

    - Number of in-school young people’s organisation involved.

**Process:**

1. **Community members including parents are networking with the SDP in the provision of sexual and reproductive health services to adolescents.**

    - Number and frequency of meetings between Service Providers and community members.
    - Number of adolescents referred to SDP from community.

    - Interview with SDP manager
    - SDP reports
    - Interview with Service Providers.

2. **Community members have formed/engaged support groups that are providing sexual and reproductive health services to adolescents.**

    - Number of support groups formed
    - Type of support groups in place.

    - SDP reports
    - Discussion with members of support groups.

**Outcome:**

1. **Adolescents acknowledge that they can obtain sexual and reproductive health services from the SDP, support**

    - Number of adolescents seeking services by type.

    - FGD with adolescents in the community
    - Service statistics
    - SDP reports
    - Exit interviews
Implications for Action at National and District Level

This section provides a brief insight of the required actions that should take place to ensure that the stated standards are satisfactorily implemented at the various operational levels. Taking into consideration the Health Sector reforms and on-going decentralisation processes, only two levels are described in some detail: the national and district levels.

National Level:
Actions to improve quality at the national level have been placed in four categories. These actions relate to the issues raised in the sections in the proceeding matrices in section two of this document. The assumption made is that there is both the capacity and the motivation to carry out these tasks. The Regional Health Management Teams will play their strategic roles as per existing administrative and operational guidelines. The key roles are orienting, disseminating, monitoring and supervising the Council Health Management Teams (SHMTs) to perform their roles of providing AFRSH services effectively and efficiently. The four category areas are:

1. **Providing direction:**
   Standards and guideline stipulate a clear policy on provision of ASRH information and services and disseminate this information to all levels. In addition, a national logo will be developed to identify facilities, institutions and individuals who provide and promote the concepts of adolescent friendly reproductive health services.

2. **Capacity Building:**
   At national level a number of capacity building efforts will be undertaken. Documents will have to be developed, disseminated and regularly distributed to the districts for effective implementation of ASRH. These efforts will include:
   - Orientation/training materials including job aids
   - Training of Trainer Curriculum and Manuals
   - Standard Operating Procedures
   - Management procedures
   - Tools and methods for supportive supervision
   - Revised data collection tools
   - Educational materials (for adolescents)
   - Training of trainers
   - Deployment of staff
   - Procure and make available equipment, supplies and medicines as needed
3. **Coordination, Monitoring and Evaluation**
   Multi-disciplinary coordinating board for adolescent friendly sexual and reproductive health services will be established to support implementation at all levels. The standardised tool for monitoring and evaluation will be disseminated and used at all levels.

4. **Sharing information and best practices**
   Gather, synthesise and disseminate experiences on AFSRH services in different fora.

**DISTRICT LEVEL:**
Actions to improve quality at the district level have also been placed in four categories as follows:

1. **Acting as bridge between the national level and the communities:**
   - Liaise with relevant bodies in deploying service providers as per stipulated staffing levels in terms of qualification and numbers.
   - Request and receive materials from the national level and deliver them to the service delivery points.
   - Provide feedback on implementation of AFSRH services to lower and higher levels.

2. **Playing a facilitating role within the district:**
   - Establish the district referral framework for ASRH services
   - Facilitate linkages and referral within the district and beyond.
   - Co-ordinate AFSRH activities in the district.
   - Documentation and sharing of information.

3. **Support service delivery points:**
   - Conduct orientation/training programmes and dissemination
   - Provide regular supportive supervision
   - Ensure that data is collected as per the new requirements and support compilation for use at the SDP levels and reporting to the national level.
   - Provide financial and technical support for actions at SDP.
   - Develop a comprehensive district health plan that includes AFSRH.

4. **Supporting community action:**
   - Assist communities in the formation of support groups.
   - Distribute commodities and supplies to support groups.
   - Provide financial and technical support for actions in the communities.
### SUMMARY OF STANDARDS FOR ADOLESCENT HEALTH

<table>
<thead>
<tr>
<th>Standards</th>
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<tbody>
<tr>
<td>1. Maintain a regular schedule for Adolescent Health services clinic (e.g. daily Monday – Friday)</td>
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<tr>
<td>2. Protocols, guidelines and IEC materials on Adolescent Health issues are available at the service delivery point</td>
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<tr>
<td>3. Adolescent Health service delivery point environment is appropriate for adolescents (adolescent-friendly), i.e.</td>
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<tr>
<td>- Service providers:</td>
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<tr>
<td>o Technical competence: Specially trained skilled service providers (on peer education and counseling, Life Planning skills and values to adolescents)</td>
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<td>o Positive attitude towards provision of services to portray welcoming services</td>
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<tr>
<td>o Have a positive attitude and keen to serve young people.</td>
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<tr>
<td>o Be non-judgmental</td>
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<tr>
<td>o Observe confidentiality in whatever is discussed or offered to the young person’s needs.</td>
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<tr>
<td>o Have a quick and effective mechanism of referring young people to specialized services as found appropriate.</td>
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<tr>
<td>o Interact with the adolescent cordially</td>
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<tr>
<td>- Service Delivery Point:</td>
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<tr>
<td>o Clean comfortable environment</td>
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<tr>
<td>o Privacy and confidentiality honored.</td>
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<td>o Access to services: Convenient hours</td>
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<td>o Access to services: Affordable services/fees or free services</td>
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<td>o Addresses Client needs</td>
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<td>o Has a suggestion box</td>
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<td>o Encourage participation of young people in the delivery of services</td>
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<td>o Adequate space and sufficient privacy</td>
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<td>o Facilities to keep adolescent interested/entertained</td>
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<tr>
<td>o Supplies &amp; equipment are adequate &amp; appropriate</td>
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<tr>
<td>o Sufficient &amp; appropriate IEC materials are available</td>
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<tr>
<td>o Alternative ways to access information, counseling and services</td>
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<tr>
<td>o Display of services and hours of service available</td>
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<td>o Publicity that inform and reassure youth</td>
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<tr>
<td>o Display of guidelines and standards, including rights</td>
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<tr>
<td>o No overcrowding</td>
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<tr>
<td>o Short waiting time for patients/ clients</td>
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<tr>
<td>o Wide range of services available</td>
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<td>o Functional referral system/mechanism available</td>
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<td>o Follow-up mechanisms in place</td>
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<tr>
<td>- Program Implementation level:</td>
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<tr>
<td>o Encourage youth involvement in design, implementation and continuing feedback</td>
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<tr>
<td>o Involvement of peer service providers</td>
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<tr>
<td>o Parent/family/community support</td>
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<tr>
<td>o Publicity that inform and reassure youth</td>
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<tr>
<td>4. Adolescents are provided with appropriate education on given aspects of Adolescent Health</td>
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<tr>
<td>5. There are relevant adolescent educational materials posted in the service delivery point</td>
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<tr>
<td>6. Adolescent education materials available in the local language or pictorial form</td>
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</tbody>
</table>
7. Information materials are available on issues of Adolescent Health, for example:
   - Growth and Development
   - Nutrition
   - Hygiene
   - Sexually Transmitted Diseases including HIV
   - Family Planning
   - Pregnancy

8. Counseling services are available on:
   - Nutrition
   - Sexuality
   - Mental Health
   - Values, attitudes and behavior
   - Peer pressure
   - Emotions and Anger management
   - Relationships and Friendship formation
   - Sexual Gender-Based Violence
   - Male medical circumcision
   - HIV

9. Service delivery point provides efficient services during the assessment of an adolescent with a health problem:
   - Establish rapport with the adolescent health patient/client
   - Take history of the presenting problem or concern
   - Do a thorough physical examination
   - Do all the required laboratory investigations
   - Communicate the diagnosis, explain its implications, discuss treatment options
   - Provide the required treatment according to guidelines
   - Obtain and Record all relevant information (including risk factors) from the adolescent
   - Educate and Counsel the adolescent as need arises
   - Deal with laws and policies that affect your work with the adolescent patient
   - Conduct a follow-up visit of the adolescent to check for progress of the condition

10. Adolescent's rights are posted in the service delivery point

11. There are adequate infection prevention equipment and supplies in the service delivery point

12. Routine screening services are accessible to Adolescents, e.g.
   - HIV Counseling and Testing
   - Pregnancy Tests
   - Sexually Transmitted Infection testing

13. Adolescents are provided with appropriate treatment services

14. Adolescents with identified complications or conditions are properly referred
1.1.1 Provider/ staff characteristics, service delivery qualities and community support elements required for Adolescent-friendly services

The essential package differs by level of health facility and this is mainly based on the availability of expertise and skills. The following matrix describes the provider or staff characteristics, service facility qualities and community support elements that make each service delivery point adolescent-friendly (or Youth-friendly service models/ category):

<table>
<thead>
<tr>
<th>Adolescents Friendly service model/ Category</th>
<th>Provider and staff characteristics</th>
<th>Service Facility characteristics</th>
<th>Community support elements</th>
</tr>
</thead>
</table>
| TARGETED APPROACH - NON CLINICAL SERVICES   | > At least 2 personnel (1 Male and 1 Female)  
> Trained in provision of Adolescent Health counseling, peer education, Life Planning skills and values.  
> Receptive, with a positive attitude and keen to serve young people.  
> Non-judgmental  
> Observes confidentiality in whatever is discussed or offered to the young person’s needs.  
> Has a quick and effective mechanism of referring young people to specialized services as found appropriate.  
> Is part of or actively participate in the school health program where possible. | > Place where privacy is assured for young person with no interruption  
> Located in a clean and comfortable environment  
> Contains information and educational materials on the following: body changes, personal care and hygiene, nutrition, alcohol and substance abuse, reproductive health, STI, Life Planning skills, A&BC strategy)  
> Contains posters that are relevant to the subject and are appealing in size, language, colour to young people.  
> Has case management guidelines (on malaria, injuries, first aid)  
> Provides free services  
> Simple data recording system for tracking referrals with anonymous data analysis | > Young people and the community should be sensitized on the existence of the adolescent health services in the school  
> Services should be supported by the Board of Directors and Parent-Teachers’ Association to ensure sustainability and acceptability  
> Services can be extended to the parents |

Essential package of interventions:

- Monitoring growth and development
- Assessment and detection of behavioural problems
- Assessment for personal (body and clothes) hygiene and environmental sanitation
- Information provision and counseling on issues such as body changes, personal care and hygiene, nutrition, alcohol and substance abuse, reproductive health, Sexually Transmitted Infection (STI), Life Planning skills
- Vaccination according to national guidelines
- Deworming according to national guidelines
- Management and treatment of uncomplicated general conditions, e.g. malaria, injuries
- Referral of problems that cannot be managed (e.g. Mental health, dental problems, eye problems, STI, pregnancy, alcohol and substance abuse, behavioural problems, Sexual Gender-Based Violence, complicated medical conditions including complicated malaria, pneumonia, etc.)
- Provide information and services on Life Planning skills and values, general growth and development, nutrition, personal hygiene, behavior
<table>
<thead>
<tr>
<th>Adolescents Friendly service model/ Category</th>
<th>Provider and staff characteristics</th>
<th>Service Facility characteristics</th>
<th>Community support elements</th>
</tr>
</thead>
</table>
| **YOUTH DESK FOR OUT OF SCHOOL YOUNG PEOPLE** | > Shall have at least 2 personnel (1 Male and 1 Female)  
> Trained in the full course of peer education service provision  
> Providers should:  
  - Be responsible  
  - Be acceptable to young people in the area of operation  
  - Be able to keep confidentiality in whatever is discussed or offered to the young person’s needs.  
  - Be a good listener  
  - Have parental permission  
  - Be knowledgeable and confident  
  - Demonstrate leadership abilities  
  - Have an interest and desire to help other people  
  - Resemble the race, gender, social, and cultural heritage of the young people they serve  
  - Be open to expanding self-awareness and willing to take risks  
  - Be empathetic  
> Receptive, with a positive attitude and keen to serve | > Free services  
> Site caters for client privacy  
> Availability of appropriate job aids for service provider,  
> Presence of educational materials like posters, brochures and pamphlets to give out to young people, and where possible, radios and TV shows with sexuality educational programs  
> Simple data recording system for tracking referrals.  
> Accessible to clients in terms of location. This ideally should be determined by the intended beneficiaries.  
> Strong referral system to health facilities  
> Attractive recreational facilities e.g. football, netball, indoor games, drama  
> Where possible access to a means of communication (telephone)  
**Essential services include:**  
  - Provide information to peers on body changes, personal care and hygiene, nutrition, alcohol and substance abuse, reproductive health, STI, Life Planning skills, ABC strategy  
  - Provide family planning services to peers (pills and condoms)  
  - Refer young people for reproductive health services, HIV counseling and testing, STI management, behavioural problems  
  - Shall contain all materials defined in the information standards (body changes, personal care and hygiene, nutrition, alcohol and substance abuse, reproductive health, STI, Life Planning skills)  
  - Shall contain posters that are relevant to the subject and are appealing in size, language, colour to young people.  
  - Availability of useful educational materials for reading. | > Catering for all young people particularly looking out for vulnerable young people (orphans, disabled, child mothers, child parents, adolescent heads of households, adolescent prostitutes, street children, homeless, etc.)  
> Young people and their parents /guardians should be sensitized on the existence of this service  
> Parents/guardians should be supportive of this peer provider activity  
> Services can be extended to the parents |
<table>
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<tr>
<th>Adolescents</th>
<th>Provider and staff characteristics</th>
<th>Service Facility characteristics</th>
<th>Community support elements</th>
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<tr>
<td>Friendly</td>
<td>young people.</td>
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<td>service</td>
<td>&gt; Provider should be non-</td>
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<td>Category</td>
<td>&gt; Provider should have a</td>
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<td>quick and effective</td>
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<td>mechanism of referring young</td>
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<td>people to specialized services</td>
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<td>as found appropriate.</td>
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<td>&gt; Respectful towards young</td>
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<td>people regardless of social</td>
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<td>status.</td>
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<td>&gt; Provider should be linked to</td>
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<td>the nearest health facility</td>
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<td>in the catchment area for</td>
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<td>the Village Health Team</td>
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<td>OUTPOSTS</td>
<td>&gt; Shall have at least 2 personnel</td>
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<td>FOR HARD-</td>
<td>(1 Male and 1 Female)</td>
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<td>TO-REACH</td>
<td>&gt; Trained in provision of</td>
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<td>YOUNG</td>
<td>Adolescent Health</td>
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<td>PEOPLE</td>
<td>counseling, peer education, Life</td>
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<td>Planning skills and values</td>
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<td>confidentiality in whatever is</td>
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<td>person’s needs.</td>
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<td>&gt; Should provide free services</td>
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<td>&gt; The site should cater for client</td>
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<td>&gt; Availability of useful user-</td>
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<td>friendly (language understood</td>
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<td>locally, gender-sensitive,</td>
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<td>culturally acceptable) educational</td>
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<td>materials like posters, brochures</td>
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<td>and at least radios with</td>
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<td>sexuality educational programs</td>
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<td>&gt; Simple data recording system</td>
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<td>must exist especially for tracking</td>
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<td>intended beneficiaries.</td>
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<td>&gt; Strong referral system to health</td>
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<td>facilities must exist.</td>
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<td>&gt; Essential services include:</td>
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<td>- Shall carry information</td>
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<td>- Should have case management</td>
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<td>guidelines (on Reproductive Health</td>
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<td>, and other relevant medical</td>
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<td>community should be aware of</td>
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<td>&gt; Parents and community should be</td>
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<td>supportive of young people’s</td>
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<td>access to the outpost exist.</td>
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<td>&gt; Catering for vulnerable young</td>
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<td>people</td>
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<td>Adolescents Friendly service model/ Category</td>
<td>Provider and staff characteristics</td>
<td>Service Facility characteristics</td>
<td>Community support elements</td>
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<tr>
<td>&gt; Provider should have a quick and effective mechanism of referring young people to specialized services as found appropriate.</td>
<td>&gt; Availability of useful educational materials for reading for the young people. &gt; Provider will provide family planning services, ANC, Postnatal care, STI management, HIV counseling and testing, management of injuries, identification of mental conditions including alcohol and substance abuse, nutritional problems, growth and development abnormalities &gt; Refer young people for reproductive health services, behavioural problems, and medical conditions that the provider cannot manage</td>
<td>&gt; Respectful towards young people regardless of social status.</td>
<td>&gt; Parent, communities and leaders should be appreciative and supportive of young people’s access to services particularly Reproductive Health.</td>
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<td>&gt; Where referral is not possible, organize for special services to be provided as outreach to the hard-to-reach young people</td>
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<td>&gt; Community outreach programs to</td>
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<td>&gt; Provider should be attached to a health facility.</td>
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<td>&gt; Respectful towards young people regardless of social status.</td>
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**INTEGRATED APPROACH – CLINICAL AND NON CLINICAL SERVICES**

**YOUTH CORNER IN HOSPITALS (PUBLIC, PNFP AND PRIVATE)**

<p>| &gt; Shall have at least 2 (1 Male and 1 Female ) personnel qualified in adolescent education communication and counseling | &gt; All services offered in Hospitals should be youth friendly and offered with privacy. Where possible, youth corners should be provided and located in a place where privacy is assured with no interruption. | &gt; Parent, communities and leaders should be appreciative and supportive of young people’s access to services particularly Reproductive Health. |
| &gt; Trained and skilled in provision of Adolescent Health including counseling &amp; peer education. | &gt; Shall provide all materials defined in the information standards | | |
| &gt; Receptive, with a positive attitude and keen to serve young people. | &gt; Convenient time for provision of the services. | | |
| &gt; Should have enough time with young people and | &gt; It’s recommended that Hospital facilities provide services 24 hours, 7 days a week. | | |
| | &gt; The facility should cater for young people’s privacy | | |
| | &gt; Integrated data entry systems must be in place and should be anonymous in regard to details of adolescents | | |
| | &gt; Availability of range of health services and adequate medical supplies. | | |
| | &gt; Availability of useful educational materials for reading. | | |
| | &gt; Organize proper patient flow to minimize overcrowding and long waiting time. | | |
| | &gt; Facility should have comfortable surroundings to make young people feel free. Such can include ; indoor games, television and radio sets, magazines, colorful wall pin ups like posters, discussion rooms/spaces etc. | | |
| The Youth corner shall provide the following essential package: | The Youth corner shall provide the following essential package: | | |</p>
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<tr>
<th>Adolescents Friendly service model/ Category</th>
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<th>Service Facility characteristics</th>
<th>Community support elements</th>
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</thead>
</table>
| | attend to all their reported and probed issues.  
| > Should be non-judgmental and empathetic.  
| > Provider should be confidential in regards to young people’s needs.  
| > Respectful towards young people.  
| > Should possess interpersonal skills to promote good provider client communication | • Monitoring growth and development  
| • Assessment, detection and management of behavioural problems  
| • Information provision and counseling on issues such as body changes, personal care and hygiene, nutrition, alcohol and substance abuse, reproductive health, STI, Life Planning skills, ABC strategy, Sexual Gender-Based Violence  
| • Vaccination according to national guidelines  
| • De-worming according to national guidelines  
| • Management and treatment of general conditions, e.g. malaria, injuries, dental care, eye care  
| • Counseling, management and rehabilitation for mental conditions including alcohol and substance abuse  
| • For selected adolescents, should screen those for those with high risk to develop hyper-lipidaemia, coronary heart disease, diabetes, sickle cell, following protocols developed by experts in these areas  
| • Provision of HIV Counseling and Testing (HCT)  
| • Assessment and provision of care to HIV positive adolescents and comprehensive care for AIDS  
| • Management of Sexual Gender-Based Violence  
| • Linking the SGBV survivors to the protection and legal system  
| • Reproductive Health (pregnancy testing and counseling, Antenatal care, Maternity, Newborn care to babies born to adolescents, Post-natal care, contraceptive counseling and provision of methods (including condoms), post-abortion care and management, STI diagnosis and management, screening for breast cancer and disease, screening and treatment of obstetrical fistula)  
| • HPV screening and testing  
| • Counseling and rehabilitation of sexual dysfunctions and deviations  
| • Referral of problems that cannot be managed for specialized services  
| • Counseling of sexual dysfunctions and deviations | offer adolescent friendly services should be supported by both community and Hospital administration. |
| YOUTH CORNER IN HEALTH CENTRE IV | > Trained and skilled in provision of Adolescent Health medical services including counseling.  
| > Receptive, with a positive attitude and keen to serve young people. | > All services offered at HCIV should be youth friendly and offered with privacy. Where possible, youth corners should be provided and located in a place where privacy is assured with no interruption.  
| > Shall provide all materials defined in the information standards  
| > Convenient time for provision of the services.  
| It’s recommended that HCIV facilities provide services 24 hours, 7 days a week.  
| ➢ A good referral system must exist to the next higher level facility with the resources to | > Recreational facilities and activities for young people where possible.  
| > Mobilization of young people |
Adolescent Friendly service model/Category

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<tr>
<th>Provider and staff characteristics</th>
<th>Service Facility characteristics</th>
<th>Community support elements</th>
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</table>
| > Should have enough time with clients and attend to all their reported and probed issues.  > Should be non-judgmental and empathetic.  > Provider should be confidential in regards to client’s needs.  > Respectful towards young people.  > Should possess interpersonal skills to promote good provider client communication | address conditions or cases that cannot be handled at this level.  > Youth corner where available at HCIV must be strategically located within the premises of the health centre and should take into consideration of comfort for the adolescents and practicability of the providers  > Corner should have comfortable surroundings to make young people feel free. Such can include ; indoor games, television and radio sets, magazines, colorful wall pin ups like posters, discussion rooms/spaces e.t.c.  • Monitoring growth and development  • Assessment, detection and management of behavioural problems  • Information provision and counseling on issues such as body changes, personal care and hygiene, nutrition, alcohol and substance abuse, reproductive health, STI, Life Planning skills, ABC strategy, Sexual Gender-Based Violence  • Immunization according to national guidelines  • De-worming according to national guidelines  • Management and treatment of general conditions, e.g. malaria, injuries, dental care  • Counseling and management for mental conditions including alcohol and substance abuse  • Provision of HIV Counseling and Testing (HCT)  • Assessment and provision of care to HIV positive adolescents and comprehensive care for AIDS  • Management of Sexual Gender-Based Violence  • Linking the SGBV survivors to the protection and legal system  • Reproductive Health (pregnancy testing and counseling, Antenatal care, Maternity, Newborn care to babies born to adolescents, Post-natal care, contraceptive counseling and provision of methods (including condoms), post-abortion care and management, STI diagnosis and management, screening for breast cancer and disease, screening and referral of obstetrical fistula)  • Counseling of sexual dysfunctions and deviations  • Referral of problems that cannot be managed for specialized services (e.g. rehabilitation of for mental conditions including alcohol and substance abuse) | to seek the services  > Support training of skilled Community educators and peer providers.  > Support Educational activities including behavioral building  > Involve young people in planning and providing services  > Mass media programmes promoting use of adolescent friendly health services provided at the facility.  > Youth development programmes should exist to empower youth and develop their economic potential.  > Young people
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<th>Adolescents Friendly service model/ Category</th>
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<th>Community support support elements</th>
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<tr>
<td>YOUTH CORNER IN HEALTH CENTRE III</td>
<td>Shall have at least 2 (1 Male and 1 Female ) personnel qualified in adolescent education communication and counseling</td>
<td>A good referral system must exist to the next higher level facility with the resources to address conditions or cases that cannot be handled at this level.</td>
<td>and the community should be sensitized on the existence of the adolescent health services in the school</td>
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<td>Trained and skilled in provision of Adolescent Health including counseling &amp; peer education.</td>
<td>Youth corner must be strategically located within the premises of the health centre and in consideration of comfort for the adolescents and practicability of the providers</td>
<td>&gt; Services can be extended to the parents</td>
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<td></td>
<td>Receptive, with a positive attitude and keen to serve young people.</td>
<td>Corner should have comfortable surroundings to make young people feel free. Such can include ; indoor games, television and radio sets, magazines, colorful wall pin ups like posters, discussion rooms/spaces etc.</td>
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<td>Should have enough time with clients and attend to all their reported and probed issues.</td>
<td>Monitoring growth and development</td>
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<td>Should be non-judgmental and empathetic.</td>
<td>Assessment, detection and management of behavioural problems</td>
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<td>Provider should be confidential in regards to client’s needs.</td>
<td>Information provision and counseling on issues such as body changes, personal care and hygiene, nutrition, alcohol and substance abuse, reproductive health, STI, Life Planning skills, Sexual Gender-Based Violence, ABC strategy.</td>
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<td>Immunization according to national guidelines</td>
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<td>De-worming according to national guidelines</td>
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<td>Management and treatment of general conditions, e.g. malaria, injuries</td>
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<td>Assessment and referral of dental conditions</td>
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<td>Assessment, detection and referral of mental conditions including alcohol and substance abuse</td>
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<td>Provision of HIV Counseling and Testing (HCT)</td>
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<td>Referral of HIV positive adolescents for provision of care to HIV positive adolescents and comprehensive care for AIDS</td>
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<td></td>
<td>Counsel, assess, manage and where possible refer survivors of Sexual Gender-Based</td>
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Adolescent Health Policy Guidelines and Service Standards
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<th><strong>Adolescents Friendly service model/Category</strong></th>
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<tbody>
<tr>
<td>&gt; Respectful towards young people.</td>
<td>Violence</td>
<td>Linking the SGBV survivors to the protection and legal system as required by the survivor</td>
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<tr>
<td>&gt; Should possess interpersonal skills to promote good provider client communication</td>
<td>&gt; Reproductive Health (pregnancy testing and counseling, Antenatal care, Maternity, Newborn care to babies born to adolescents, Post-natal care, contraceptive counseling and provision of methods (including condoms), post-abortion care and management, STI diagnosis and management, screening for breast cancer and disease, screening and referral of obstetrical fistula)</td>
<td>&gt; Counseling of sexual dysfunctions and deviations</td>
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<tr>
<td>&gt; Should possess interpersonal skills to promote good provider client communication</td>
<td>&gt; Referral of problems that cannot be managed for specialized</td>
<td>&gt; Referral of problems that cannot be managed for specialized</td>
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<tr>
<td><strong>YOUTH CORNER IN HEALTH CENTRE II</strong></td>
<td>&gt; Shall have at least 2,(1 Male and 1 Female ) personnel qualified in adolescent education</td>
<td>&gt; Monitoring growth and development</td>
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<tr>
<td>&gt; Shall have at least 2,(1 Male and 1 Female ) personnel qualified in adolescent education</td>
<td>&gt; Assessment, detection and management of behavioural problems</td>
<td>&gt; Monitoring growth and development</td>
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<tr>
<td>&gt; Shall have at least 2,(1 Male and 1 Female ) personnel qualified in adolescent education</td>
<td>&gt; Information provision and counseling on issues such as body changes, personal care and hygiene, nutrition, alcohol and substance abuse, reproductive health, STI, Life planning and providing services</td>
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<tr>
<td>&gt; Shall have at least 2,(1 Male and 1 Female ) personnel qualified in adolescent education</td>
<td>&gt; Counseling of sexual dysfunctions and deviations</td>
<td>&gt; Mass media programmes promoting use of adolescent friendly health services provided at the facility.</td>
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<tr>
<td>&gt; Shall have at least 2,(1 Male and 1 Female ) personnel qualified in adolescent education</td>
<td>&gt; Referral of problems that cannot be managed for specialized</td>
<td>&gt; Youth development programmes should exist to empower youth and develop their economic potential.</td>
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<td>&gt; Shall have at least 2,(1 Male and 1 Female ) personnel qualified in adolescent education</td>
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<td>&gt; Young people and the community should be sensitized on the existence of the adolescent health services in the school</td>
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<td>&gt; Shall have at least 2,(1 Male and 1 Female ) personnel qualified in adolescent education</td>
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<td>&gt; Services can be extended to the parents</td>
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<td><strong>Adolescents Friendly service model/ Category</strong></td>
<td><strong>Provider and staff characteristics</strong></td>
<td><strong>Service Facility characteristics</strong></td>
<td><strong>Community support elements</strong></td>
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| communication and counseling                  | Planning skills, Sexual Gender-Based Violence | • Immunization according to national guidelines  
• De-worming according to national guidelines  
• Management and treatment of general conditions, e.g. malaria, injuries  
• Assessment and referral of dental conditions  
• Assessment, detection and referral of mental conditions including alcohol and substance abuse  
• Provision of HIV Counseling and refer for HIV Testing  
• Counsel refer for assessment and management of survivors of Sexual Gender-Based Violence  
• Linking the SGBV survivors to the protection and legal system as required by the survivor  
• Reproductive Health (pregnancy testing – where possible, Antenatal care, Maternity, Newborn care to babies born to adolescents, Post-natal care, contraceptive counseling and provision of methods (including condoms), syndromic approach to management of STI  
• Counseling of sexual dysfunctions and deviations  
• Referral of problems that cannot be managed for specialized care  | |
| > Trained and skilled in provision of Adolescent Health including counseling & peer education.  
> Receptive, with a positive attitude and keen to serve young people.  
> Should have enough time with young people and attend to all their reported and probed issues.  
> Should be non-judgmental and empathetic.  
> Provider should be confidential in regards to young people’s needs.  
> Respectful towards young people.  
> Should possess interpersonal skills to promote good provider client communication | | |
| **Targeted approach – Clinical and non-clinical services:** The provider characteristics, site characteristics are the same as those under integrated service provision. | | |