



Integrating Youth-Friendly Services within Existing Health Facilities in Ethiopia



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Pathfinder International believes that reproductive health is a basic human right. When parents can choose the timing of pregnancies and the size of their families, women's lives are improved and children grow up healthier.

For 50 years Pathfinder has promoted reproductive health and family planning services around the world. Projects promote maternal and child health, including providing care to women suffering from the complications of unsafe abortions. Efforts address the needs of adolescents and youth, providing them with the knowledge and tools necessary to make responsible reproductive health decisions. Others work to prevent HIV/AIDS and advocate for sound reproductive health policies in the US and abroad.

Pathfinder International in Ethiopia

Since 1993, Pathfinder has pioneered in introducing reproductive health and family planning to some of the poorest communities of Ethiopia. Our extensive network of nearly 50 nongovernmental organizations has trained and mobilized close to 10,000 Community-Based Reproductive Health Agents, who bring information and services into people's homes and introduce them to facility-based care. Through improvements to health care facilities and introduction of equipment and contraceptives, Pathfinder programs have reached more than 40 percent of the population of the country, including specific programs targeting adolescents and people vulnerable to HIV/AIDS. In program areas, Pathfinder has significantly influenced the increasing use of contraception.

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Background

The transition from youth to adulthood is a critical stage of human development during which young people leave childhood behind to take on new roles and responsibilities. It is a period of social, psychological, biological, and economic transitions and, for many young people, it poses demanding emotional challenges and the need to make important choices. To a large degree, the nature and quality of a young person's future depend on the successful negotiation of this critical period.

The challenges to making this critical transition are greater today than ever before. Yet in many developing countries, this stage of life has only recently begun to receive focused attention (MOH, AYRH Strategy, 2007). For many people, adolescence is a time of sexual exploration, but too often young people fail to recognize or accept the risks associated with that exploration and fail to engage in protective behaviors. Ignorance of their bodies, sexuality, and sexual and reproductive health contributes to their vulnerability. Youth and low socioeconomic status limit their ability to negotiate protective practices. In addition, young people are easily influenced by peer pressure and social norms, which increase their risk for unwanted pregnancy, sexually transmitted infections (STIs), and HIV/AIDS.

Traditionally, reproductive health programs have targeted married adult clients, and young people have had little access to the information and services necessary for positive and healthy development. Adults often do not engage young people in frank and open discussions about sex, HIV/AIDS, and protective behaviors, fearing such discussions will encourage young people to engage in sexual activity. Increasingly, however, the Government of Ethiopia (GOE) and development donors are recognizing that young people do have sexual and reproductive health needs, and that those needs are different from those of adults.

Recognizing these challenges and believing that investing in young people is an investment in the country's future, Pathfinder International has collaborated with the Ministry of Health (MOH), Ministry of Youth and Sports (MOY&S), Ministry of Education (MOE) and concerned local NGOs to integrate youth-friendly services (YFS) into existing public health institutions.

Definition of Youth-Friendly Services (YFS)

Why do young people need special attention?

- During adolescence, young people engage in learning, exploring, and decision-making that can affect the rest of their lives;
- Adolescence is often the time that young people begin to have sex and start childbearing;
- Biological, psychological, social needs specific to different developmental stages require tailored approaches. For example, adolescent behavior is affected by peer pressure and the surrounding environment as well as by hormonal changes. Successful programs and services need to demonstrate an understanding of how adolescent behavior differs from adult behavior;
- Given their low level of factual knowledge, adolescents are at high risk of Sexually Transmitted Infections (STIs), HIV, and unwanted pregnancy;
- Adolescence is an opportune age to teach healthy practices, as adolescents are amenable to education and counseling;
- Given their youth and lack of social power, adolescents are at a disproportionate risk of sexual abuse;
- Early childbearing contributes to high maternal morbidity and mortality among young women.

What are Youth-Friendly Services (YFS)?

YFS are specialized adolescent and youth sexual and reproductive health services that provide client-centered and comprehensive care. YFS should:

- Ensure confidentiality and privacy;
- Provide a comfortable and appropriate environment that makes youth less afraid and shy to seek services;
- Attract young people and meet their sexual and reproductive health needs;
- Succeed in retaining these young clients for continuing care;
- Respect and accommodate the unique psychological, social, cultural, and economic status of young people.

Approaches to YFS

YFS are clinic-based or non-static services that effectively attract young people, meet their varying needs comfortably and thoroughly, and succeed in retaining them for continuing care.

Non-static YFS are mostly provided by peer promoters, Community-Based Reproductive Health Agents (CBRHAs), and Health Extension Workers (HEWs), who are linked with health facilities.

- **Clinic-based** YFS services may be:
 - Free standing, usually located within or near youth centers:
 - Advantages: comfortable and accessible, separating youth from adult clients;
 - Disadvantages: Expensive, requiring dedicated medical staff (nurse, lab tech, etc.); Less sustainable due to cost, and may be outside of an existing public health care system/structure;
 - Integrated with an existing public or private health facility:
 - Advantages: Provides comprehensive service; cost-effective; sustainable;
 - Disadvantages: Young people may fear being seen at the clinic by adult community members; Young people may need to be mobilized and encouraged to use it; high turnover of trained staff.

Components of YFS:

- Provision of relevant health information, counseling and referrals on HIV, RH, sexual violence and abuse;
- Family planning services, including emergency contraception;
- Prevention of unwanted pregnancy and STI/HIV, with an emphasis on dual protection;
- STI diagnosis and management;
- Pregnancy testing.
- Antenatal, delivery, and postnatal care;
- Postabortion care;
- Referrals for VCT, prevention and treatment of opportunistic infections, ART, PMTCT and other HIV/AIDS care and support services;
- Referral linkages for further investigation and care.

Pathfinder Steps in Establishing YFS in Ethiopia

Step 1 - Rapid assessment/inventory of readiness to establish YFS

In late 2005 Pathfinder International-Ethiopia conducted a rapid assessment/inventory of the status of services for young people in 132 health facilities in Amhara, SNNPR, Oromia, and Tigray regions. The Adama, Debu and Mekele university clinics were included in the assessments, because they provide health services exclusively to young people. At the time of the survey, none of the facilities provided focused youth-friendly services and young people were served the same as the general population, without special attention to their privacy, confidentiality, and comfort needs.

Step 2 - Establish selection criteria for YFS facilities

Since establishing youth-friendly services demands time, resources, and technical input, the program was piloted on a small scale with the intention of eventually scaling up, based on lessons learned during the pilot phase. An initial 20 health facilities were selected from four Pathfinder target regions, using pre-established selection criteria.

Selection Criteria required that health facilities be:

- ◆ In Pathfinder's focus regions;
- ◆ Where there are CBRHA and health extension worker activities;
- ◆ Where there is a youth center;
- ◆ Where there is an in-school and/or out-of-school peer education program;
- ◆ Where there is high concentration of youth.

Step 3 - Selection of YFS pilot health facilities

Based on the agreed upon selection criteria, of the following 20 health facilities were selected:

- **Amhara Region:** Dabat Health Center, Bahir Dar Health Center, Debremarkos Health Center, Dessie Health Center;
- **Oromia Region:** Shashemene Health Center, Agaro Health Center, Enchine Health Center;
- **SNNP Region:** Awassa Health Center, Hossana Health Center, Dilla Hospital;
- **Tigray Region:** Shire Health Center, Wukro Health Center, Adigrat Health Center, Alamata Health Center, Mekele Health Center.
- **University student clinics:** Adama, Mekele (2 clinics - Adihaki campus and Endayesus campus), Hawassa (2 clinics - Main campus, Agriculture college campus).

Step 4 – Consensus-building workshop for stakeholders

Pathfinder held a two-day workshop for stakeholders concerned with youth (including the MOE, MOY&S, Women's Affairs Office, NGOs working with youth, health care providers, and youth association representatives). Presentations and discussions addressed the definition of adolescence, stages of development, vulnerabilities and risk-taking behaviors, factors affecting youth development, and the need for and definition of youth-friendly services. The roles and responsibilities of each partner during the implementation process were outlined. A total of 25-30 participants from each target region took part in these workshops, which helped participants understand the changes, risks, and vulnerabilities occurring during adolescence that require special attention. It also helped to build consensus among the implementing partners.

Step 5 - In-depth assessment of the selected YFS health facilities

The main purpose of this assessment was to:

- Identify existing opportunities and areas that needed improvement;
- Determine the extent to which existing RH services were youth-friendly;
- Help the facility determine and address barriers to service and barriers to care for youth.

An assessment team for each woreda was composed of relevant staff from the YFS health facilities and staff of the respective area, including the woreda health office, MOE, MOY&S, Women's Affairs Office, and youth representatives. The teams collected detailed information on the scope and quality of services provided to adolescent and youth clients using Pathfinder's YFS Facility Assessment Tool, which had been used previously in several other African countries.

Potential opportunities and existing gaps were identified using primary and secondary data. Primary sources included client exit interviews, observation of client-provider interactions, interviews with health care providers and the manager, and visual examination of the layout and environment. Secondary sources included review of records, clinic policies, and procedures.

Before data collection, the assessment teams were oriented on the process through presentations on the tool, role plays, and group discussions. During preparation for data collection, the teams learned how to schedule a date and time for the assessment with input from the manager or lead staff member, and how to obtain information, materials, and other resources needed from health facility staff. Finally, the team members clarified duties and responsibilities, fixed the date and time of the assessment and the date to return for reporting. The teams returned to their respective woredas to gather information from the facility manager/lead staff member, service providers, young male and female clients, peer educators/providers (if any), and community outreach workers (if any). The teams also reviewed policies, guidelines, and service records, and observed client-provider interaction during consultation and the facility environment. Teams shared summaries of assessment results (potential and gaps) with key stakeholders.

Step 6 - Develop action plan to address gaps in service provision and capitalize on opportunities

Assessment teams, in collaboration with a facilitator, listed resources potentially available to them, such as motivated human resources, the ability of the health system to absorb the new program with little restructuring, existing youth policies and strategies (e.g., AYRH strategy, rural youth package), and existing space in health facilities. Shortcomings and challenges were also presented, such as unavailability of space, limited resources to make required changes, and biases or negative attitudes of health care providers and the community. The assessment team, including facility staff, then devised an action plan based on existing opportunities and deficits. Roles and responsibilities were shared among the partners to ensure that identified issues were addressed. Based on its international YFS experience, Pathfinder International recognized the need to provide both financial and technical support to ensure that a range of quality improvements were undertaken to better address the needs of young clients.

Step 7 - Upgrading/renovation of health facilities

To increase privacy for young clients, separate waiting and consultation rooms for YFS were established. In some cases, existing space was utilized for this purpose with minor upgrades, while in other cases, renovations created additional space. The design, renovations, and upgrades were undertaken in collaboration with the woreda health offices, health center heads, IPOs, and Pathfinder regional offices. Nineteen of the 20 YFS health facilities were upgraded/renovated, with expenses ranging from 18,000-98,000 ETB.

Step 8 - Furnish, equip and provide the facilities with supplies.

Based on assessment findings, every facility was outfitted with necessary equipment and furniture. (See the annex 1, 2 for a list of equipment and furniture). With Pathfinder support, needed medical equipment was procured for use across the service areas and disseminated to the regions. YFS sites were then able to requisition equipment as needed from their regional health bureaus.

Step 9 - Develop the skills and capacity of providers and community, including:

- **Training of health care providers:** Bias and misconceptions among healthcare providers towards youth and the need for YFS were major findings of the assessment. To build their skills, a six-day YFS training was organized and conducted for healthcare providers using Pathfinder's curriculum, which was officially adopted by the MOH. As of September 2007, 91 healthcare providers had been trained. To combat the impact of anticipated trained staff turnover, three healthcare providers from each health facility and a representative from the woreda health office able to serve as a supervisor participated in the training. One YFS-trained healthcare provider from each facility was given standard training on STI syndromic management. A total of 21 YFS healthcare providers participated in the training;

- **Training of health staff and supervisors** - A one day sensitization workshop was organized by trained nurses and woreda health office supervisors for all technical and supportive staff working in the facilities. The objectives of the sensitization workshop were to familiarize participants with the newly established YFS and orient them on protocol for interacting with young clients. The orientation focused on improving the interaction of all staff with youth clients and facilitating intra-organizational referral linkages among existing programs;

- **Sensitization of community members and parents** - Between 60 and 70 community members, leaders, and parents in the selected towns were engaged in sensitization activities on the need for YFS and to build community support for the newly established service;

- **Training peer educators** - According to *The RH Rights of Adolescents and Youth*, (WHO, healthcare providers training participant handout) "young people should have a say in their own health and should participate in the design, planning, implementation and evaluation of youth programs." Based on this notion, 10 YFS-supporting peer educators were trained in each health facility to represent their peers in program development, to mobilize youth, and to provide RH/FP/HIV information and condoms, and refer young people for needed YFS. Peer educators also conduct health education, facilitate registration, and provide guidance to youth clients on locating different service points (e.g., VCT) within the health facility;

- **Implementing Partner Organization (IPOs)** - Pathfinder provides technical support and funding through sub-grants to local IPOs. In the area of ASRH, Pathfinder builds the capacity of local NGOs, through training, technical meetings and tool development, to implement youth activities, including YFS support. Each YFS facility was attached to an IPO, which then worked with Pathfinder to monitor and provide technical assistance to improve service delivery. The IPOs were involved from the program's inception and provided with financial support to ensure close monitoring of YFS;

- **Training of CBRHAs, existing peer promoters, and Health Extension Workers (HEWs)** – Community-based RH agents, peer promoters, and HEWs were trained for three days on ASRH, with emphasis on stages of development, common behavioral changes, providers' roles and responsibilities in caring for young people, provision of non-clinical methods, and referral linkage with the existing YFS services.

Step 10 - Develop monitoring and evaluation tools:

Monitoring and Evaluation (M&E) must be an integral part of any program. A well-established M&E system identifies program strengths and weaknesses so that appropriate and timely measures can be taken to improve services. Three formats were developed to work at all levels, including:

- **Peer educators, working closely with health providers and the youth community, completed monthly reporting forms to health facility YFS staff. (See annex 3);**

- **The YF providers incorporate peer educator reports in their monthly reports, which are submitted to their affiliated IPO (See annex 3), which are submitted to Pathfinder on a quarterly basis;**

- **An additional form gathers information on other existing youth programs in the implementing partner area (e.g., anti-AIDS clubs, girls' clubs). It is completed annually by IPOs to provide an inventory of youth programs in the respective areas that can be linked with the YFS facility. (See annex 3.)**

In addition to the reporting formats, monthly and quarterly review meetings bring together YFS providers, health facility heads, YFS-supporting peer educators, and the respective IPOs to analyze service statistics and youth feedback and leverage this to make improvements in quality of service.

Step 11 –Launching of the YFS service:

Because youth-friendly services are relatively new, sensitization workshops are needed to increase community awareness and understanding of the program and gain the attention and support of high-level officials. An official launching of the program included all stakeholders, health facility staff, youth, implementing partners, Pathfinder staff, and those who participated in the in-depth assessment. The launch outlined what had been done to establish the services, the need for YFS, and the support needed from the community, young people, and high-level officials. The launches were organized at YFS health facilities in SNNPR and Tigray regions and in individual health facilities in Oromia and Amhara regions.

Step 12 -- Develop tailored IEC/BCC materials:

IEC/BCC materials are powerful weapons in the process of behavior change. Youth-tailored materials included:

- **Two posters on “YFS and Life Skills” were designed, pre-tested and printed in Amharic and English;**
- **A leaflet on ‘Integrating YFS within Existing Health Services’ was developed and distributed;**
- **A brochure on ‘The Truth about Boys and Girls’ was developed in Ethiopia and is circulating among reviewers. (See annexes 4, 5, and 6.)**

Besides preparation of new IEC/BCC materials, VHS and DVD films on RH/FP/HIV/AIDS, tape cassettes with serial dramas, additional posters, leaflets, brochures, flipcharts and cue cards were collected from Pathfinder and the AIDS Resource Center and distributed to the health facilities for use in health education.

Step 13 -- Strengthened youth centers and clubs:

Because youth are attracted by youth centers and clubs, and they offer a venue to provide RH/STI/HIV information, education, life skills, and referrals for RH services, the proximity of youth centers/clubs was made part of the YFS selection criteria. Youth centers can also provide non-clinical FP services, including condoms. To attract more youth and provide information, the centers were provided with 140 types (3 copies from each) of high school subject area reference books. Additionally, computers for Internet access enabled the centers to offer computer training for a limited fee.

Challenges Encountered During Implementation

Despite strong efforts to establish YFS programs in 20 health facilities, serious challenges were encountered, including:

- High turnover of trained health care providers;
- Delayed renovation of health facilities due to contractors' inefficiency and cost variation;
- Some health facility heads and staff were more proactive than others;
- Due to turnover, new health facility heads did not benefit from earlier training and sensitization, which compromised their support for the initiative;
- Geographic location of the health facilities limited close follow-up by program personnel.

Lessons Learned

- If all stakeholders are involved in all levels of program planning, design, implementation and evaluation, ownership is created among both implementers and beneficiaries;
- Constant follow-up identifies problems early on and strengthens program implementation;
- Youth involvement is essential to ensure that activities meet youth needs and to promote their ownership of the program.
- Provision of appropriate and constant information and education to community members can help counteract existing harmful traditional practices and behaviors.
- Integration of YFS into existing health services can provide an important entry point for HIV/AIDS care and support programs.

Annex 1: YFS Sites Equipment and other IEC Materials Distribution List

Name of the facility	T-shirt	Cap	Posters/ leaflets	Films		Drama cassette		Peer education manual	TV	VHS	DVD	Tape recorder	Computer	UPS	Printer	Printer cartridge	Digital camera	Pregnancy tests	Thermometer
				VHS	DVD	J. life	Song												
Dessie Health Center	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Alamata Health Center	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Mekele University 1	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Mekele University 2	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Mekele Health Center	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Wukro Health Center	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Adigrat Health Center	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Shire Health Center	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Dabate Health Center	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Bahirdar Health Center	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
D/Markose Health Ctr	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Adama University	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Shashemen Health Ctr	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Hawassa University 1	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Hawassa University	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Awassa Health Center	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Dilla Hospital	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Hossana Health Center	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Jimma Health Center	20	20	√	8	1	22	1	15	1	1	1	1	1	1	1	1	1	10	5
Enchine Health Center	20	20	√	8	1	22	1	30	1	1	1	1	1	1	1	1	1	10	5
Total	400	400	√	160	20	440	20	315	20	20	20	20	20	20	20	20	20	200	100

NB: medical equipment was procured at the national level and distributed to the regions. YFS sites then request equipment to their respective regions or Woredas as needed.

Annex 2: List of Furniture and Budget Estimates by Health Center

SN	Items	Specification	Quantity	Unit Price	Total price
3	FURNITURE				
	Bench	That can accommodate 5 persons	5	250.00	1,250.00
	Chair	Arm chair made of wood/metal	5	250.00	1,250.00
	Table	Wooden, with four drawers, that lock	1	1,500.00	1,500.00
	Swivel chair		1	1,600.00	1,600.00
	Metal cupboard	1.50 meter width x 2 meter height with lock	1	2,000.00	2,000.00
	Shelves	Made of metal 1.50 meter width x 2 meter height	1	1,600.00	1,600.00
	IEC materials display shelves	Made of metal/wood	1	1,000.00	1,000.00
	Sign post (different size)	Made of metal	2-3/HC depending on the site of the clinic	3,000.00	3,000.00
	Television and tape recorder box	Made of metal with locker to fix on the wall of waiting room	1	2,000.00	2,000.00
	Table for receptionists		1	1,500.00	1,500.00
	Shelves to keep the records of the client	Made of wood	1	2,000.00	2,000.00
					18,700.00
4	STATIONARY SUPPLIES				
	Stapler		1	50.00	50.00
	Paper tray		1	50.00	50.00
	Puncher		1	50.00	60.00
	File box		5	13.00	65.00
					225.00
	Total				\$18,925.00 or 2,116 Birr

Annex 3: YFS Reporting Formats

YFS Service Facility Monthly Report

I. Address of Youth Friendly Service Program:

Name of Health Facility _____

Region _____ Zone _____ Woreda _____

Reporting month: _____

II. Services Provided By Peer Educators during the month:

a) IEC/BCC/Counseling by Peer Educators:

Topics	Adolescents/Youth (Age 10-24)		Total
	Male	Female	
Family Planning			
HIV/AIDS/STI			
Postabortion Care/Unsafe abortion			
Safe Motherhood			
HTP/Gender-Based Violence Including Sexual Abuse			
Early Marriage			
Safer Sex			
Puberty/Developmental Issues			
Other Issues			
# of IEC/BCC Leaflets/Brochures Distributed			

b) Non-clinical Methods and Referrals Provided by Peer Educators:

FP Methods	# of Adolescents/Youth Clients		# of Methods Distributed
	Male	Female	
Condoms			
Pills			
Referrals for clinical YFS			
Total			

III. Services Provided by Health Center during the month:

a) IEC/Counseling:

Topics	Adolescents/Youth (Age 10-24)		Total
	Male	Female	
Family Planning			
HIV/AIDS/STI			
Postabortion Care/Unsafe abortion			
Safe Motherhood			
HTP/Gender-Based Violence Including Sexual Abuse			
Early Marriage			
Safer Sex			
Puberty/Developmental Issues			
Other Issues			

b) Family Planning Services:

FP Methods	Clients		Total # of Methods Distributed
	New (Age 10-24)	Revisit (Age 10-24)	
IUCD			
Norplant			
Injectable			
Pills			
Condoms			
Emergency Contraceptives			
Total			

c) Other RH Services

Health service	Male	Female	Total
Testing			
VCT			
STI			
Pregnancy			
Treatment			
STI			
Postabortion Care			
Abuse/Violence			
ART			
Other Services			
Antenatal			
Delivery			
Postnatal			
Child Health			
Social Services			
Legal aid			
Psychosocial support			

Peer Educator Monthly Activity Report Sheet

Month covered: _____; Reporting date: _____

Name of peer educator _____

Name of School/Health Facility/University club _____

Monthly IEC/BCC Activity

No	IEC/BCC topic (Issues discussed)	# of Sessions	# of Participants		Type & Number of IEC Material Distributed		# of Condom Distributed
			M	F	Type	No	
1	Family Planning						
2	Safer sex						
3	HIV/AIDS/STI						
4	Post Abortion Care						
5	ANC/Delivery/PNC						
6	HTP/Abuse						
7	Puberty/Developmental Issues						
8	Other RH/ASRH issues						
9	Total						

Counseling Service

S/No	Counseled on/Topic	Total Counseled		
		Male (10-24)	Female (10-24)	Total
1	Family Planning			
2	Safer Sex			
3	HIV/AIDS/STI			
4	HTP			
5	Puberty/Developmental Issues			
6	Other Issues			
	Total			

Confirmed Referrals for RH Services during the Month

S/No	Reasons for Referrals	Male (10-24)	Female (10-24)	Total
1	Family Planning			
2	VCT			
3	STI Treatment			
4	Pregnancy Test			
5	Postabortion Care			
6	ART			
7	Abuse/Violence/HTP			
8	Antenatal			
9	Delivery			
10	Postnatal			
11	Child Health			
12	Legal Aid			
13	Psycho-social Support			
14	Other (specify)			

Note: To be submitted to YFS/HF.

Annex 4 : Signposts



Annex 6: ASRH Brochure

The Truth About Girls and Boys

Adolescence:

More than one in every four people in Ethiopia is 24 years old or younger. These young people represent great potential and a resource for the future: each is fresh with ideas and hope. They are also very creative, energetic, and enthusiastic.

Adolescence is a period of physical and psychological development, from the onset of puberty to maturity. But adolescence is also a time of storm and stress, when young people need to be nurtured and counseled. Only when all the needs of young people are properly addressed can they live healthy and satisfied lives.

The World Health Organization (WHO) defines:

- ◆ “Adolescence” as occurring between the ages of 10-19;
- ◆ “Youth” as those between the ages of 15-24’
- ◆ “Young people” as those between the ages of 10-24;

Adolescence can also be divided into three more specific categories, but it is important to recognize that these stages are both biological and cultural, and they differ markedly from one culture to another:

- ◆ Early adolescence (10-13)
- ◆ Middle adolescence (14-16)
- ◆ Late adolescence (17-19)

Other definitions that exist for youth and adolescents are:

- ◆ The Ethiopian Youth Policy: 15-29 years
- ◆ Federal Ministry of Health, Adolescent and Youth Reproductive Health Strategy: 10-24 years.

Sexual Health:

Sexual health is a state of physical, emotional, mental and social well-being; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.

It is also defined as a means of having a responsible, satisfying, and safe sex life free from disease, injury, violence, disability, unnecessary pain, or risk of death.

Why is adolescence an important phase?

Adolescence is a period when:

- Societal influence and the environment affects the actual timing and specific experiences of an individual;
- Natural hormones are released at increased levels, which affects an adolescent’s behavior;
- Learning, exploring, and life-altering decisions are made.

Definition of Puberty

Puberty is that period in life when a person moves from childhood to adulthood. In addition to experiencing physical changes, an individual becomes capable of sexual reproduction. These changes happen because new hormones are being produced and released in the body.

Most girls and boys enter puberty between the ages of 10 and 16, although some start earlier. Girls often reach puberty earlier than boys.

Common Changes during Adolescence

Some physical changes generally happen to both boys and girls in puberty. Both sexes experience pimples and facial acne due to oily skin, increased perspiration and body odor, increase in weight and height, as well as size of hands, feet, arms, and legs, and hair growing under the arms, in pubic areas, and on legs. There are also changes specific to each sex:

Physical changes in girls:

- ◆ Breasts grow;
- ◆ Hips broaden;
- ◆ Weight and height increase;
- ◆ Hands, feet, arms, legs become larger;
- ◆ Perspiration increases and may result in body odor;
- ◆ Voice deepens;
- ◆ Menstruation begins;
- ◆ General wetness in the vaginal area.

Physical changes in boys:

- ◆ Muscles, especially those of the legs and arms, grow bigger and stronger;
- ◆ Shoulders and chest broaden;
- ◆ Voice cracks and eventually deepens;
- ◆ Wet dreams and erections occur frequently;
- ◆ Penis and testicles grow and begin to hang down;
- ◆ Ejaculation occurs during sexual climax;
- ◆ Hair grows on chest and face.

Emotional and social changes during puberty:

Additional changes during puberty mostly affect young people's emotions and behavior. At this stage, adolescents start to:

- ◆ Think independently and want to make decisions for themselves;
- ◆ Have sexual feelings;
- ◆ Experiment to satisfy their curiosity about sex, drugs, alcohol, and stimulants;
- ◆ Feel differently towards their parents (the value of parents recedes, whereas the value of peers increases);
- ◆ Care more than they used to about what their friends think (what to wear, do, how to talk, etc.);
- ◆ Be concerned about body image and become materialistic, needing to be seen as attractive and sexually appealing to people;
- ◆ Experience frequent mood swings, including anger, depression, excitement, and others;
- ◆ Need privacy;
- ◆ Break away from social norms, sanctions, and laws;
- ◆ Test limits, especially those imposed by figures of authority (parents, teachers, etc.).

Important facts about adolescent boys and girls:

- ◆ The physical, emotional, and social changes that happen during puberty are natural;
- ◆ The pace of physical development and behavioral change differs among individuals;
- ◆ Young people need to know that they are susceptible to RH problems if they practice unsafe/unprotected sex;
- ◆ Boys do not need to ejaculate every time they have an erection and they do not need to have sex every time they have an erection;
- ◆ The amount of semen does not diminish throughout the life of an individual, even if ejaculation is frequent;
- ◆ Too much semen/sperm cannot accumulate in one's body;
- ◆ Wet dreams can happen even without having a sexual dream, and having wet dreams does not mean that an individual needs to have sex;
- ◆ Semen contains about 500 million sperm: it takes only one sperm to make a girl pregnant;
- ◆ Semen is not 'food' for girls;
- ◆ Every penis is the right size;
- ◆ Breasts can grow unevenly;
- ◆ Only hormones make breasts grow. There are a number of myths that breasts grow because of other factors, such as insect bites on the nipples;
- ◆ If a girl's breasts drop, it does not mean that she had sex or gave birth;
- ◆ Wearing a bra does not make breasts drop, but rather helps to support them;
- ◆ Milk production does not depend on the size of the breasts;
- ◆ It is normal for some girls to either have some hair around their breasts or to have very limited discharge from the nipples;
- ◆ The vagina discharges fluids, which can change in color, thickness and amount, depending on the different times of the monthly cycle or if the girl is sexually aroused or not;
- ◆ The vagina is closed at the cervix, therefore condoms cannot move up into the internal part of the body.

Due to physical, social, and psychological stages of development, adolescents are vulnerable to early marriage, Female Genital Cutting (FGC), sexual harassment, rape, sexual exploitation, and pressure/coercion to have sex. All of these can result in serious reproductive health problems such as:

- Unplanned and too-early pregnancy;
- Unsafe abortion;
- Anemia;
- STIs including HIV/AIDS;
- Fistula;
- Premature delivery.

**YOUTH FRIENDLY SERVICE
(YFS)
WORKING PROCEDURES**



**Pathfinder International/Ethiopia
2007**

Background

One third of the Ethiopian population is 25 years old or younger, and 82.1 percent of these young people reside in rural areas. With little access to information about the physical, social, and psychological changes that take place as they mature, these young people face problematic reproductive health outcomes. They are poorly informed about menstruation, sexuality, pregnancy, contraception, and other RH issues, and are often surrounded by incorrect advice, unfounded beliefs, and misguided suggestions. This lack of information is often compounded by the lack of health services that could help to promote healthy behaviors.

Recognizing the value of YFS, the Federal Ministry of Health/Family Health Department (FMOH/FHD), in collaboration with Pathfinder International/ Ethiopia, and with technical and financial assistance from USAID, SIDA, and the David and Lucile Packard Foundation, has developed YFS working procedures for health facilities, CBRHAs, HEWs, YFS-supporting peer promoters and implementing partners in Ethiopia.

Integrating YFS into existing static and outreach service delivery channels maximizes the use of existing resources and increases sustainability. CBRHAs, HEWs, and peer promoters can provide IEC activities, promote behavior change, provide non-clinical FP services and referrals for clinical care, and conduct home visits. Health facilities can, in turn, make existing RH services youth-friendly, to ensure that young people receive a holistic package of services. These two approaches are needed to effectively reach the large numbers of youth in rural areas.

Definition of Youth-Friendly Services (YFS)

Why do young people need special attention?

- During adolescence, young people engage in learning, exploring, and making decisions that can affect the rest of their lives;
- Adolescence is often the time that young people begin to experience sex and start childbearing;
- Specific biological, psychological, social needs of successive developmental stages require tailored approaches. For example, adolescent behavior is affected by peer pressure and the surrounding environment, as well as by hormonal changes that occur during adolescence. To successfully bring about behavior change, programs/services need to respond to the differences between adolescent and adult behavior;
- Early childbearing contributes to high morbidity and mortality of young women;
- Adolescents are at high risk of sexually transmitted infections (STIs), HIV, unwanted pregnancy and resultant unsafe abortions;
- Adolescents are at a disproportionate risk of sexual abuse;
- Adolescents are developmentally amenable to education and counseling addressing risky behavior and to learning healthy practices.

What are Youth-Friendly Services (YFS)?

YFS are specialized adolescent and youth sexual and reproductive health services that provide client-centered and comprehensive care. YFS should:

- Ensure confidentiality and privacy;
- Attract young people and provide a comfortable and appropriate environment that reduces their shyness and fear to seek services;
- Meet the sexual and reproductive health needs of young people;
- Succeed in retaining these young clients for continuing care;
- Respect and accommodate the unique psychological, social, cultural, and economic needs of youth.

Approaches to YFS

YFS are clinic-based or non-static services that effectively attract young people and meet their varying needs comfortably and responsively, and succeed in retaining these young clients for continuing care.

Non-static YFS are primarily provided by peer promoters, CBRHAs, and health extension workers who are linked to health facilities.

Clinic-based services may be:

- Free-standing facilities, usually located within or near youth centers;
 - Advantages include comfort, accessibility, and eliminating the need to mix with adult clients;
 - Disadvantages include costs of dedicated medical staff (nurse, lab technician, etc.) and poor sustainability because of costs and isolation (not part of an existing system/structure);
- Integrated with existing public or private health facilities:
 - Advantages include sustainability, cost-effectiveness, and ability to provide comprehensive services;
 - Disadvantages include young people's anxiety about being seen by family and community members, need to mobilize and encourage youth to use the services, and problem of high staff turnover.

Components of YFS

- Provision of information, counseling and referrals relevant to HIV, reproductive health, sexual violence, and abuse;
- Provision of family planning services, including emergency contraception;
- Counseling on prevention of unwanted pregnancy and STI/HIV transmission providing special emphasis on dual protection;
- STI diagnosis and management;
- Pregnancy testing;
- Antenatal, delivery, and post-natal care;
- Provision of postabortion care;
- Referrals for VCT, prevention and treatment of opportunistic infections, ART, PMTCT and other HIV/AIDS care and support services;
- Referral linkages for higher-level investigation and care.

The overall purpose of this YFS implementation/procedure manual is:

- To outline clear roles and responsibilities of each partner working on Youth Friendly Services;
- To involve youth as active participants in their own health care and to create demand for care among the youth population.
- To improve the knowledge and skills of Ethiopian youth on sexual and reproductive health by increasing their level of awareness;
- To increase young people's access and use of quality sexual and reproductive health services and preventative practices;
- To improve the knowledge and skills of peer promoters, CBRHAs, HEWs, health care providers, and the community at large in sexual and reproductive health, with the goal of improving the health of youth.

The Roles and Responsibilities of each partner working on YFS:

Integrating YFS within existing health care services is a new initiative that needs close follow up until it is considered part of the routine program of the health facility. Implementation procedures must include clear and agreed upon roles and responsibilities for each partner working on YFS to promote common understanding among the implementing partners, avoid confusion by users and providers, prevent an overlap of responsibilities, facilitate an easy flow of the services, and, ultimately, to improve the quality of YFS and increase their utilization.

The following organizations and staff are the main actors providing YFS and strengthening the referral system:

- The service provision system
- The health care facilities
- Health care providers
- Woreda health offices
- YFS-supporting peer educators
- CBRHAs, HEW, and current peer promoters
- Implementing partner organizations (IPOs)
- The technical support organization and funding agency

The YFS service provision system should:

- Recognize that access to reproductive health services is the right of every youth, all of whom have the right to participate in activities addressing their health issues;
- Provide services according to the rules and regulations of the health facility service;
- Offer youth diagnosis, treatment, and other program services like laboratory, drugs and VCT by strengthening intra-organizational referral linkages following the health facility protocol;
- Provide counseling and offer a range of FP methods to all youth, remembering that age is not a contraindication for any short and long-term family planning method;
- Organize separate consultation and waiting areas to facilitate easy, confidential, and convenient service for youth, based on their needs;
- Offer the following services within the YFS consultation room: counseling and information on RH/FP/STIs/HIV, RH examination, FP and ECP, VCT (if a trained provider is available), pregnancy testing, STI diagnosis and treatment, antenatal and postnatal care, ART support and adherence counseling (if a trained provider is available), treatment for non-RH issues.
- Offer the following services to youth within the main health facility through internal referrals: delivery, postabortion care, laboratory services, PMTCT, prevention and treatment of opportunistic infections, and ART;
- Ask health facilities to consider the economic situation of the youth and provide services with low charges or explore alternative resources that may make services available free of charge;
- Provide services that attract and meet the reproductive health needs of youth;
- Provide services that always demonstrate respect for youth clients and accommodate their unique psychological, social, cultural, and economic situations;
- Maintain a comfortable waiting space, time, and appropriate environment to successfully retain these young clients for continuing care;
- Make sure that the services ensure confidentiality and maintain auditory and visual privacy.

The YFS health facilities should:

- Integrate YFS into their routine service delivery;
- Routinely evaluate the progress of the service and make necessary amendments/adjustments;
- Assign trained health care providers to the YFS consultation room;
- Constantly refill the supplies, FP methods, and condoms in the YFS consultation room;
- Strengthen the referral linkage to ensure that youths are getting all types of services that are available;
- Integrate the YFS into the regular system of monitoring and supervision, ensuring regular monitoring of these services;

- Encourage coordination and collaboration between YFS-supporting peer promoters and the health center staff and system.
- Assign YFS-trained peer promoters to different parts of the health center to help them learn and participate in prevention activities at the health facility (e.g., health education, guidance, and facilitation for youth, immunization, etc.);
- Ensure the availability of services listed on the sign posts;
- Conduct monthly review meetings with YFS health care providers, health facility heads, IPOs, and YFS peer promoters to review the program;
- Conduct quarterly program review meetings with implementing partners, Ministry of Youth and Sports, the education office, youth representatives, YFS providers, and YFS peer promoters to review the strengths and weaknesses of the program and devise possible working solutions;
- Maintain the quality of the recording and reporting system to produce and deliver quality monthly reports on YFS and peer promoter activities for implementing partners and the health facility;
- Strengthen the documentation of program activities (pictures, graphs, tables, and other sources of information).
- Make IEC/BCC (written) materials available that can be used/taken away by youth.

The YFS Health Care provider should:

- Be highly committed, have patience, be interested in working with youth and receive appropriate training on YFS;
- Possibly have skills in HIV/AIDS counseling and testing and other related areas;
- Be responsible for facilitating youth-friendly services in the health facility;
- Maintain the recording and reporting system of the service;
- Mentor the YFS peer educators and ensure that they are working in accordance with their roles, responsibilities, and schedule;
- Provide the necessary technical support to YFS peer educators;
- Organize and conduct monthly and quarterly review meetings;
- Collect and compile the monthly reports from the peer educators and submit them to the relevant partners;
- Mobilize clinical resources;
- Integrate and employ other, existing services within the health facility;
- Publicize YFS programs.

The Woreda Health Office should:

- Provide special attention to the newly established program with close monitoring and follow-up;
- Provide technical support to the health facility;
- Encourage the YFS health care providers and the YFS peer promoters to maintain the quality of the services;
- Provide necessary RH equipment, such as a speculum, examination bed, and BP apparatus;
- Mobilize resources, such as drugs, for the YFS clinic to minimize costs for service;
- Develop health care provider capacity through different training programs;
- Participate in the routine quarterly review meetings with program managers and IPOs;
- Publicize the program to appropriate higher officials.

The YFS peer promoters should:

- Prepare a schedule in collaboration with health care provider in charge of YFS;
- Wear the designated T-shirt and cap when conducting YFS-related activities;
- Comply with the health center's rules, regulations and schedules;
- Provide the necessary respect for youth clients;
- Maintain confidentiality and auditory and visual privacy;
- Keep the waiting room orderly;
- Conduct health education sessions for youth clients on selected topics, according to the schedule;
- Ensure that educational films are available and playing for the youth to watch while waiting;
- Ease the service provision system by facilitating registration, calling clients to the health care provider, and guiding the youth to different parts of the health facility for other services;
- Obtain the IEC/BCC materials by from various organizations and IPOs and refill waiting room stock;
- Provide appropriate SRH information to youth in the community and strengthen the referral to the clinic;
- Provide non-clinical methods as appropriate;
- Organize and conduct health education sessions on YFS availability in and out of school;
- Provide guidance and support to clients in the health facility, if needed;
- Participate in monthly and quarterly progress review meetings;
- Provide monthly reports to YFS health care providers in the health facility.

HEW, CBRHAs, and existing peer promoters should:

- Consider youth to be an important part of the population that need special attention to address their unique needs;
- Provide information on YFS/RH/HIV/AIDS to all youth encountered during routine work;
- Provide non-clinical methods for those who need them (HEWs can also provide injectables);
- Refer youth needing special care and service to YFS;
- Familiarize youth, parents, and the community on YFS to encourage service utilization;
- Prepare youth who are expecting a child for parenthood;
- Record and report the number of youths referred to YFS and provided services.

The YFS Implementing Partner Organizations (IPOs) should:

- Assign one focal person who can oversee and monitor YFS and other youth programs;
- Maintain in-house discussions among the IPO staff to inform everybody of the progress of the program and help them to regard YFS as an integral part of their RH/FP/HIV/AIDS program;
- Provide continuous technical support and resupply clinical and non-clinical commodities for the YFS clinic;
- Strengthen linkages among the existing youth activities in the community;
- Encourage the YFS staff and peer promoters by organizing a refresher training;
- Organize a peer education training to fill gaps in cases of attrition;
- Provide necessary technical support to the health facility as need arises;
- Organize and participate in monthly and quarterly review meetings to check program progress;
- Collect and review monthly reports from the health facility, working with the facility to correct any data issues;
- Produce a quarterly report for funding agencies and other bilateral organizations;

- Assess the program using the Pathfinder assessment tool; responding to identified gaps or needs on a regular basis;
- Work closely with health facility program staff to improve the quality of service;
- Maintain quality documentation of clinic activities;
- Strengthen a workable intra- and inter-organizational referral linkage;
- Recognize that youth represent at least 1/3 of the total population and give them due attention;
- Consider the need to prepare youth for healthy and responsible parenthood.

The Technical Support Organization/Funding Agency should:

- Participate in the quarterly review meetings with the implementing partners and other stakeholders;
- Provide close technical support to improve the quality of YFS;
- Engage in constant building of the technical capacity of YFS health care providers and peer promoters;
- Organize experience-sharing visits among the YFS facilities to exchange strengths and lessons learned;
- Organize semiannual review meetings with YFS health care providers, health facility heads; representatives of the YFS peer promoters, IPOs, and other concerned staff;
- Organize and conduct a refresher training for health care providers and YFS peer promoters;
- Organize on-going YFS training to cope with the trained staff attrition and maintain the service;
- Provide feedback on the quarterly reports received from the IPOs.



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