



USAID
FROM THE AMERICAN PEOPLE

PHILIPPINES

Meeting the Reproductive Health Needs of Young People through Public-Private Partnership



Meeting the Reproductive Health Needs of Young People through Public-Private Partnership

November 2014

This document is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents of this document are the sole responsibility of Chemonics International, Inc. and do not necessarily reflect the views of USAID or the United States Government

Table of Contents

Acronyms.....	ii
Section I: Overview	1
Background.....	1
What is in this document?	2
Who is it for?	2
Why multi-sectoral PPP in addressing young people’s reproductive health needs?.....	2
Section 2: Strengthening local programs for meeting reproductive health needs of young people.....	4
Designating Department of Health Regional Office-Provincial Health Office/City Health Office Adolescent and Youth Reproductive Health Core Team	5
Situation analysis.....	7
Determine programming operational principles	9
Determine intervention strategies for meeting the reproductive health needs of young people.....	10
Implementation of interventions towards meeting the reproductive health needs of young people	14
Manage and monitor the implementation of local programs for young people.....	19
Section 3: Experiences and Conclusions.....	22
The experiences	22
Conclusions	23
Annexes	24
Annex A: Roles and Responsibilities of the Adolescent and Youth Reproductive Health Core Team.....	25
Annex B: Key Informant Interview Design and Guide Questions	27
Annex C: Situation Analysis on Adolescent Sexual and Reproductive Health in the Philippines.....	30
Annex D: Principles behind Programs for Meeting the Reproductive Health Needs of Young People	38
Annex E: Adolescent-Youth Health Assessment Form	41
Annex F: Sample Adolescent-Youth Health Program Service Delivery and Referral Guidelines.....	54
Annex G: Sample Executive Order for the Creation of a Youth and Adolescent Health Program Technical Working Group	96
Annex H: Adolescent-Youth Services Recording-Reporting Templates	99

Acronyms

AJA	Adolescent Job Aid
ALS	Alternative Learning System
AHDP	Adolescent Health and Development Program
AYHDP	Adolescent and Youth Health Development Program
AYRH	Adolescent and Youth Reproductive health
BCC	Behavior Change Communication
CHO	City Health Office(r)
DepEd	Department of Education
DOH	Department of Health
DOH-RO	Department of Health-Regional Office
DSWD	Department of Social Welfare and Development
FP-MCH	Family Planning-Maternal and Child Health
HEADSSS	Home Environment; Education and/or Employment; Activities; Drugs; Sexuality/Sexual Activity; Suicide/Depression; Safety from injury and violence
IEC	Information-Education-Communication
LGU	Local Government Unit
MCP	Maternal Care Package
MNCHN	Maternal, Newborn, Child Health and Nutrition
NDHS	National Demographic and Health Survey
NGO	Non-Government Organization
OSY	Out-of-School Youth
PHO	Provincial Health Office(r)
PRISM2	Private Sector Mobilization for Family Health-Phase 2 Project
POPCOM	Population Commission
PPP	Public-Private Partnership
PYAP	Pagasa Youth Association of the Philippines
RH	Reproductive Health
SDN	Service Delivery Network
SDP	Service Delivery Point
TWG	Technical Working Group
VAWC	Violence Against Women and Children
WCPD	Women and Children Protection Desk
YAFS	Young Adult Fertility and Sexuality Survey
YAH	Youth and Health

Section I: Overview

Background

Young people aged 15-24 years old are estimated to comprise close to a fifth (19 percent) of the Philippines total population of 108 million people.¹ Their positive contribution to the development of the nation is crucial; thus, their health and welfare is an important public concern.

During the past two decades, the country was gripped with changing trends in adolescent and youth sexual and reproductive health (RH). According to the 2013 Fourth Young Adult Fertility and Sexuality Study (YAFS4), one in three Filipino youth, aged 15-24 years old, engage in early sex. The survey showed that the prevalence of premarital sex among 15-24 year olds rose from 18 percent in 1994 to 23 percent in 2002, and then to 32 percent in 2013 (which equals about 6 million young people). The majority (78 percent) of these sexual experiences are spontaneous in nature and unprotected. The survey also showed that there is a narrowing gap in levels of premarital sex in males (36.5 percent) and females (28.7 percent).²

These risky sexual behaviors put young women at risk, especially because they are more vulnerable to complications associated with early and unplanned pregnancies. According to the 2013 National Demographic Health Survey (NDHS), 10 percent of women aged 15-9 were already pregnant or have given birth.³ In the 2005 study, *The Incidence of Abortion in the Philippines: Current Levels and Recent Trends*, young people accounted for 36 percent of the reported 473,000 abortions per year. The DOH also reported that 25 percent of maternal deaths were among women younger than 24 years old. With a large cohort of the young population entering the childbearing age in 10 years, the present unmet demand for sexuality and reproductive health information and services for young people is anticipated to increase further.

Why do we care about teenage pregnancy as a public health concern? Early pregnancy contributes to maternal, perinatal and infant mortality, and to a vicious cycle of poverty and ill-health. It is often accompanied by elevated risks of pregnancy complications and mortality for both the mother and the child. Maternal death in teenage pregnancy is two to five times higher than adult mothers, and children of young mothers have higher levels of morbidity and mortality. Overall, early motherhood can severely impede young women's education and employment opportunities which could hinder them from improving their status in society.

¹ The World Fact book (<https://www.cia.gov/library/publications/the-world-factbook/geos/rp.html>). Accessed 1 October 2014.

What is in this document?

This document describes the step-by-step processes in strengthening local programs towards meeting the reproductive health needs of adolescents and youth through multi-sectoral public-private partnership (PPP). This document also provides pilot-tested intervention and resources such as a training guide and job aid tools employed by the USAID Private Sector Mobilization for Family Health-Phase 2 (PRISM2) project which may be considered for adaptation / adoption in scaling up local programs for young people.

The document likewise aims to encourage consultation, discussion, and activities with all key and secondary stakeholders at the regional and local levels: public-private partners from the health and other sectors, such as the social welfare officers and police at the women and children protection offices, guidance office and campus-based clinics in educational institutions, non-governmental organizations (NGOs), and with young people.

Furthermore, this document serves as a practical guide in helping these stakeholders clarify and establish an operational strategic framework that will help them put their complementing roles and functions into proper perspective, and provide guidance on how to work together in an integrated fashion. It aims to transform existing local programs into one cohesive, coherent, and integrated adolescent and youth health program in the local market areas/local government units (LGUs), with multi-sectoral public-private stakeholders as implementing partners.

Who is it for?

This document was developed to help program managers at the regional and local levels, local authorities (chief executives, health officers, and staff), public and private health service providers (midwives, nurses, physicians, and guidance counselors), youth-serving professionals and institutions, youth-focused NGOs, and other stakeholders, like external development and cooperating agencies working on adolescent and youth reproductive health programming.

Why multi-sectoral PPP in addressing young people's reproductive health needs?

A multi-sectoral PPP is critical in meeting the reproductive health needs of young people due to the following:

Expansion of client reach. Multi-sectoral PPP helps provide more young people with access to sexuality and reproductive health (including family planning and maternal and child health, or FP-MCH) information, services and products. Young people are mostly in academic institutions (both secondary and tertiary levels), in communities as out-of-school youth (OSY), and in formal and non-formal industries.

Promotion of complementarity of functions. Multi-sector local PPP covers multiple dimensions of young people's reproductive health and FP-MCH needs through:

- a. Provision of sexuality, reproductive health information relevant to young people's concerns and interests; capacity building on basic social life skills related to responsible practice of sexuality and prevention of teenage pregnancy, such as critical thinking and decision-making skills, that can be carried out in schools and communities.

- b. Provision of services and products in health facilities and other agencies (such as the local social welfare department and local Philippine National Police's Women and Children Protection Office) to meet the reproductive health needs of young people through linkages with service delivery points (SDPs).
- c. Local public private partnerships promoting the assurance of continuity of care as the needs of adolescents and youth change.

Going beyond the reproductive health of the youth. Many young people have needs that are not directly reproductive health related, but nonetheless have the potential to impact their sexual and reproductive health negatively. By taking a partnership approach, young people's reproductive health needs can be addressed within this broader context.

Local public-private partners' resource and capacity mobilization. Mobilizing academic institutions, local communities, workplaces and other organizations that have available resources (e.g., infrastructure, human and capital resources, technical capabilities, etc.), and making use of established local structures could help support and sustain the provision of access to reproductive health information, services, and products.

Section 2: Strengthening local programs for meeting reproductive health needs of young people

A number of national policies and program frameworks provide an enabling environment for regional offices and LGUs to implement various intervention strategies that help meet the sexual and reproductive health needs of adolescents and the youth. These include the following:

- a. Republic Act 10354: Responsible Parenthood and Reproductive Health Act of 2012, the foremost document that supports Adolescent and Youth Reproductive Health (AYRH) information, products and services provides that (Sec. 7) no person shall be denied information and access to family planning services... Sec. 14 likewise provides that the State shall provide age- and development-appropriate reproductive health education to adolescents.
- b. DOH Administrative Order (AO) No. 2008-0029, otherwise known as the *Implementing Health Reforms for the Rapid Reductions of Maternal and Neonatal Mortality*. The MNCHN Strategy Manual of Operations, which provides the guidelines for implementing AO No. 2008-0029, identified adolescents, particularly young women up to 17 years of age, as one of the priority population groups at greatest risk for maternal deaths and complications (MNCHN Strategy Manual of Operations, p. 27).
- c. DOH AO No 2013-0013 or the *National Policy and Strategic Framework on Adolescent Health and Development Program (AHDP)* recognizes the risks inherent to early sexual initiation, and aims to delay the age of sexual initiation among adolescents.
- d. The Adolescent Health and Youth Development (AHYD) Program of the Population Commission (POPCOM) recognizes the role that adolescents and youth play in population, development and reproductive health, and their important contributions to attaining the Philippine Population Management Program goals. AHYD aims to create an environment that enables young people to protect their sexual and reproductive health.

The commitment and efforts of DOH-Regional Offices (ROs) and LGUs should include taking on the primary stewardship of local programs designed for young people, which are carried out by public and private health providers and other stakeholders outside the health sector.

In strengthening local programs intended for young people, the following should be taken into consideration:

- a) While adolescents and youth are generally healthy, psychosocial issues and risk-taking behaviors, such as engaging in early sexual activities, drinking alcohol, and smoking and drug use, could undermine their health and well being, and figure prominently into the causes of morbidity and mortality. In addition, young people are vulnerable to gender-based violence. These vulnerabilities pose threats to their health and development.
- b) A paradigm shift should take place to recognize young people' growing independence in caring for their health and well being. Their emerging capacities to think critically, communicate and

make decisions should be recognized, guided, nurtured. Young clients should always be consulted in all processes that concern their health and well being. In the same way, parents and/or other --significant adults in the young client's life should also be involved.

- c) Young people rarely access routine health care. Their visit to a service provider/facility is an opportunity to proactively assess their vulnerability to any psychosocial risks.

The flowchart on the next page describes the steps that DOH-RO and LGU stewards might consider in developing/strengthening local programs aimed to meet the sexual and reproductive health needs of adolescents and youth:

Designating Department of Health Regional Office-Provincial Health Office/City Health Office Adolescent and Youth Reproductive Health Core Team

As a first step, form an Adolescent and Youth Reproductive Health (AYRH) Core Team who will be the primary public stewards of programs targeting adolescents and youth. The responsibility for establishing the AYRH Core Team may be mutually initiated by the respective program coordinators for the Adolescent Health Development Program (AHDP) at the Department of Health-Regional Offices (DOH-ROs) and local provincial / city health offices.

At the regional and provincial/city levels, program coordinators implement the DOH Adolescent Health and Development Program. The AYRH Core Team may be composed of the following:

- DOH-RO AHDP Coordinator
- Regional POPCOM AHYD Program Coordinator
- Provincial Health Office (PHO)/City Health Office (CHO)-AHDP Coordinator
- Provincial/City Population Officer from Population Office
- Health Promotion Officers and MNCHN Coordinators (at both levels)

In areas where local Service Delivery Networks (SDNs) under the DOH MNCHN strategy have already been established and are functional, the AYRH Core Team should take the form of a sub-committee under the more comprehensive SDN management team. The AYRH Core Team's main goal and task is to ensure that the young people's reproductive health services, information and products are met through forging public-private health and sectoral partnership, and mobilizing the PPP's resources and capacities. The responsibilities, roles and authorities of the core team are outlined in [Annex A](#).

1. Designating DOH-RO – Provincial Health Office/City Health Office (PHO/CHO) Adolescent-Youth Reproductive Health Core Team

- Designate a core team composed of program coordinators at the regional and LGU levels as primary stewards of interventions for young people
- Issuance of LGU policy to officially create the core team to manage the AYRH program in the LGU (if not yet included in the SDN local policy issuance)



2. Situation analysis

- Understand the prevailing reproductive health concerns of young people, current youth policy issuances and programs, and challenges and operational barriers
- A desk review of national and local policy issuance related to addressing the health of young people in the LGU



3. Determine programming operational principles

- At the beginning, decide upon the principles or values on which to base the work to strengthen interventions for young people.



4. Determine the intervention strategies for meeting reproductive health needs of young people

- Engage public-private health and sectors with roles in nurturing young people
- Strategic planning exercise
- Determine the interrelated intervention strategies that will comprise the local programs for young people.



5. Implementation of interventions towards meeting the reproductive health needs of young people

- Adolescent/youth-friendly service delivery in different settings
- Behavior change communication activities
- Public-private youth-friendly referral network for reproductive health



6. Manage and monitor the implementation of local programs for young people

- Creation of a TWG or a subcommittee on adolescent and youth health under the Service Delivery Network (SDN) management team composed of multi-sectoral public-private partners implementing local programs for young people
- Install level recording-reporting mechanism to monitor services accessed by adolescents and youth.
- Work with LCE and LGU for an official policy issuance regarding the approved program and activities that will address the youth RH concerns.

Situation analysis

Conducting a situation analysis is a critical step that should be performed to gather information required to identify the major issues related to the sexual and reproductive health concerns of adolescents and youth. The AYRH Core Team should take the lead for the analysis.

The situation analysis will require that the team review the current status, knowledge, attitudes and practices of adolescents and youth, pertaining to sexual and reproductive health, and factors influencing these. The analysis will also include relevant policies and programs on adolescents and youth, and the gaps in programmatic responses. Site visits should be conducted to look at facilities that utilize various models of intervention strategies addressing adolescent and youth reproductive health issues. This analysis should then be used as the foundation for strategic planning and determining inter-related intervention strategies, planning, and implementation phases of programs or projects.

The following steps and methods can be undertaken to gather the necessary information for the situation analysis:

1. Review of national and local literature on AYRH.
2. Search for websites of organizations or institutions that work on AYRH, and look for situation analyses they conducted.
3. International organizations, such as the World Health Organization, World Bank, United Nations Population Fund (UNFPA), UNAIDS, and USAID are important sources of information on AYRH. These international development agencies support national and international studies on local AYRH situations. Local research institutions should also be used as resources for information, like the University of the Philippines Population Institute, which conducted the four series Young Adult Fertility and Sexuality Surveys (YAFS1-1984, YAFS2-1994, YAFS3-2002, YAFS4-2013) in coordination with the DOH and POPCOM. Searches should be conducted for YAFS data and other literature written on the studies' in-depth analyses.
4. The team should also consider looking at the most recent Census of Population and Household Survey, and the NDHS by the National Statistics Office. Other government agencies like the DOH, POPCOM, and the National Youth Commission can also provide useful information. Most of the literature can be downloaded from their websites. The team may also request copies of available studies and program data from these agencies and institutions.
5. When collecting information, try to gather the most recent and relevant data. Most data do not radically change over time. Statistics that are five to 10 years old could still be considered valid. To validate, update and enrich information gathered from the literature review, conduct interviews with key stakeholders from government agencies, such as the DOH, POPCOM, the Department of Social Welfare and Development (DSWD) and the National Health Insurance Corporation (PhilHealth), to elicit information about current program policy issuances on adolescent-youth, and available resources, such as relevant training programs, standard practice guidelines, systems and protocols,

job aid tools, that would help LGUs in implementing intervention strategies. This may also help identify policy and program gaps.

6. In some cases, local data may be available for local studies or the collection of monitoring data from local programs for young people. Where possible, this data should be included in the review as the situation analysis is conducted.
7. Conduct field/site visits to observe existing pockets of local initiatives/programs addressing the reproductive health needs of young people. These local programs may be implemented by the LGUs, NGOs or hospitals.

Observe and interview personnel on how they operate. Ask about human resources and capacity building required, infrastructure modification needed, internal policies, routine standards and system of operations, budgetary support, and mobilization of available resources in the community. Also ask about operational facilitating factors, as well as barriers affecting their implementation (see [Annex B: Key Informant Interview Design and Guide Questions](#)).

8. Analyze information and data. In doing so, the AYRH Core Team should take a close look at the following:
 - What is the prevailing knowledge, attitudes, and behaviors of Filipino adolescents and youth in the areas of sexuality, sexual health practices and reproductive health? What social factors/institutions exert influence over young people to engage (or to not engage) in sexual activities? What are the cultural norms pertaining to sexuality and sexual health?

If not addressed, identify the impact on the health and development of young people, and of the country.

- What are the relevant national policies and programs on the reproductive health of adolescent-youth that would provide an enabling environment for the DOH-ROs-Provincial Health Offices/City Health Offices to implement local programs to address the identified pressing reproductive health issues?
 - What are the gaps in national policies and programs, and operational challenges and barriers that can be used as an intervention strategy for programming?
 - What are the existing pockets of intervention strategies, models, best/good practices in local areas that address the identified pressing reproductive health concerns of young people? Identify the potential impact or outcome of various intervention strategies.
9. Document your situation analysis. Please refer to [Annex C](#) for the 2012 situation analysis completed by the PRISM2 project on Adolescent Sexual and Reproductive Health in the Philippines.

Conducting a situation analysis is important in determining the principles that will guide program managers in implementing the local programs designed and intended for young people. The situation

analysis will also provide important information for the strategic planning exercise, and, along with environmental scan, will guide program managers in the process of determining interrelated intervention strategies. These will help local programs meet the reproductive health needs of young people in ways that are responsive to their stage of development. It is equally important to understand that interventions are generally culturally acceptable, and are within the purview of potential public-private multi-sectoral partners.

Determine programming operational principles

Based on the situation analysis, there is a need for the AYRH Core Team to decide, at the outset, on the principles which will serve as the basis for strengthening local programs for young people.

Programming principles are a set of precepts underpinning the overall operational framework for implementing program activities, in this case, towards meeting the reproductive health needs of young people who seek information, counseling and services. Public-private partners from the health sector and other sectors should be familiar with, and share, a common understanding of the operational principles.

The following list of illustrative operational principles express important values when providing services to adolescents and youth. They are based on the unique reproductive health needs of adolescents and youth, and the knowledge, attitudes, sexual health practices, and socio-cultural considerations of adolescents and youth within the Philippines. These principles may be adopted by partners, in addition to other principles that stakeholders may decide upon, in strengthening local programs designed for adolescent and youth clients.

- a. Adolescents and youth are the primary clients, and are valued and respected assets of society;
- b. Routine psychosocial risk assessment through interview should be carried out in different settings, such as campus-based clinic and guidance office, public-private facilities, as a proactive approach towards addressing various health risks including the sexuality and reproductive health needs of young people;
- c. Youth-friendly approach to service delivery;
- d. Life skills approach in behavior change communication intervention strategy;
- e. Culturally-sensitive and generally acceptable to stakeholders and the general community;
- f. Multi-sectoral PPP for a continuum of various reproductive health care; and
- g. Local programs are sustainable.

Refer to [Annex D](#) for a full discussion of the *Principles behind Programs for Meeting the Reproductive Health Needs of Young People*.

Determine intervention strategies for meeting the reproductive health needs of young people

Reproductive and sexual health concerns and teenage pregnancy are a complex phenomenon in the life of adolescents and youth. Determining the strategies towards meeting the reproductive health needs of young people requires consultations and strategic planning with public and private health sector partners and stakeholders from other sectors. As the overall leader and steward, the AYRH Core Team may take the lead in the following processes to determine what interrelated intervention strategies will make up the local programs for young people:

I. Engage public-private health and sectors with roles in nurturing young people in communities / local government units. In the process of engaging the public-private health and other sectors, the AYRH Core Team may do the following:

- a) Identify and select potential partners to implement programs for adolescents and youth. These potential partners may come from the following:
 - *Key decision makers* – these may include the mayor, provincial/city health officer, Department of Education (DepEd) division heads, principals of secondary schools, heads of student affairs in tertiary educational institutions, the head of the social and welfare development office, the head of the women and children protection office, private practicing midwives, OB-GYNs and Pediatrics in the out-patient department of hospitals, and youth-focused NGOs.
 - *Secondary stakeholders* – these are service providers who are in direct contact with adolescents and youth, and include physicians, nurses, public and private midwives, guidance counselors and campus-based health providers, social workers, police officers from the women and children protection desk, and service providers in youth-focused NGOs.

When selecting educational institutions/schools as partners, the AYRH Core Team may consider the following minimum criteria.

- i. Is the school is favorable to implementing programs that will address the sexual and reproductive health needs of their students, which will include reproductive health or family planning programs;
 - ii. Does the school have an existing guidance counseling office(s) and campus-based health providers? In cases where there is no daily health provider, a health provider must at least visit the school on a regular basis.
- b) Convene a stakeholders' forum with the goal of meeting the reproductive health needs of young people. This will serve as an advocacy activity and is important to get the support of potential public-private partners to participate programs that meet the reproductive health needs of young people. During the consultation meeting, the AYRH Core Team should present the results of the situation analysis, including the operational gaps and challenges in addressing the general and reproductive health concerns of young people.

- 2. Conduct strategic planning** workshops with engaged public and private health partners and those from other sectors. Strategic planning is important in clarifying what the public-private partners will try to achieve, how they will achieve it, and will also help clarify the individual and organizational roles, tasks and functions in the implementation of strategies.

In conducting the strategic planning exercise, the following steps may be observed:

- *Identify key AYRH issues to be addressed* as part of the strategic planning effort. Situation analysis findings can be used as a reference along with other available local data. There may be several issues that come up, so it is important to prioritize them. These can be achieved by assessing the benefits of addressing a specific issue against the negative health and development consequences of not addressing it.
- *Carry out an environmental scan.* This includes external environmental scanning, which requires identifying and assessing opportunities and threats in the external environment, while the internal component assesses the strengths and weaknesses of the public-private health partners and those from other sectors. This process is often referred to as SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. This helps provide an understanding of how partners will address the prioritized AYRH issues given the results of the SWOT analysis.
 - *External environmental scan* is for opportunities and threats that exist and can exert influence on the public-private partners as they carry out their mission. These external influences may include: culture, customs (beliefs and religion), social behavior, economy, demographics, political trends, legal and regulatory constraints, laws and policies, national program, standards and protocol.
 - *The internal component of the environmental scan* includes an assessment of the strengths and weaknesses of public-private partners. Usually, this includes scanning of the 7Ms:
 - *Manpower* (or human resources) – identify the appropriate line of human resources that will be involved in program implementation, including inherent capacity to provide services
 - *Mansion* – includes infrastructure in a public-private partners' facility, such as room/office
 - *Management* – processes to support implementation of programs such as internal policies, standards, systems, guidelines, and monitoring
 - *Money* – financial capacity needed in carrying out activities
 - *Materials* – supplies
 - *Machine* – equipment
 - *Messages* – information technology, communications, transportation

The results of the scan will help set priorities, develop scenarios about what could happen, and ensure that multi-sectoral public-private partners are equipped to face identified threats, and overcome internal weaknesses.

- *Summarize the current situation.* This reflects various prevailing AYRH issues that need to be addressed, and the output of external and internal environmental analyses presented in a comprehensive assessment of the current realities. This will help multi-sectoral public-private partners in prioritizing health concerns and understanding programming challenges. This will also give them a sense of how they will strengthen local programs for young people, given the external opportunities and threats, and internal strengths and weaknesses.
- *Prioritize reproductive health issues of young people,* including gaps in policies and programming. Criteria for prioritization may include urgency, magnitude, implications of inaction, availability of technology (relevant program policies, training resources, standards, systems and protocols), and areas where multi-sectoral public-private partners have knowledge, influence and authority to address the problems.
- *Develop goals and objectives* to meet the reproductive health needs of young people. In developing objectives, follow the SMART rule: Specific, Measurable, Attainable, Realistic and Timebound.
- *Determine and agree on key intervention strategies* to attain the set objectives. Intervention strategies are interrelated, organized tasks that will aid local programs in meeting the reproductive health needs of young people. Strategies can be a combination of program components which may include:
 - i. Capacity Building
 - ii. Behavior Change Communication
 - iii. Public-Private Health and Youth-focused Sectoral Referral Network
 - iv. Policy Development
 - v. Health Financing

The implementation of each of these is discussed in the next section.

Several intervention strategies may come up, and prioritizing which ones to spend your time and energy on is essential. As part of developing a strategic plan, intervention strategies should be classified according to those that can be addressed at the national level, e.g., PhilHealth enrolment of teen moms under the *Kalusugang Pangkalahatan* program would entail policy reform at the national PhilHealth level, and those that can be addressed at the regional and local levels, which is closer to the targeted population, in this case, the young people.

In the process of determining key intervention strategies, ensure that the multi-sectoral public-private stakeholders understand the programming principles, their complementing roles and

functions in implementing key intervention strategies, how these strategies are interrelated, and how they can work together in an integrated manner.

A set of criteria can be agreed upon by the multi-sectoral public-private partners, and can be used to determine intervention strategies. The following criteria may be considered:

- *Value* – Will the strategy contribute to meeting goals that have been agreed upon?
- *Appropriateness* – Is the strategy consistent with the multi-sectoral partners’ mission and operating principles?
- *Feasibility* – Is the strategy practical, given personnel and financial resources, and institutional capacities of partners?
- *Acceptability* – Is the strategy generally acceptable to the multi-sectoral partners, general community, taking into consideration the cultural context of the country and/or local community?
- *Cost-benefit* – Is the strategy likely to lead to sufficient benefits to justify the costs?
- *Timing* – Can and should the public-private partners implement a specific strategy in a given time, considering external factors? Based on these or other agreed-upon criteria, strategies can be evaluated, prioritized and selected.

- *Develop a shared vision/mission* for adolescents and youth in the local market area. A vision statement describes how the health and development status of adolescents and youth in a particular local market area would look like in the future, as envisioned by public-private multi-stakeholder groups. Mission, on the other hand, states the current and future role/s of the public-private multi-sectoral partners to help in achieving the shared vision.

- *Develop the operational framework* for strengthening local programs towards addressing the reproductive health needs of young people through multi-sectoral PPP. Based on the strategic planning process, the operational framework will serve as a guide to the AYRH Core Team and implementing multi-sectoral public-private partners in carrying out intervention strategies that constitute the local programs for young people.

In a wider sense, the operational framework will set the scope of local programs specifying components that include prioritized intervention strategies and their processes. The framework will describe what is covered and what is not.

Going into Teenagers’ HEADSSS
A psychosocial risk assessment

The HEADSSS interview is a practical strategy that public-private service providers in different settings (e.g., clinics, guidance counseling office and campus-based clinic setting, hospitals) can use in their routine clinic practice to assess psychosocial risks among adolescent clients, provide guidance, counseling, service and referral.

The approach is known as the acronym **HEADSSS** focusing on assessment of the **H**ome environment, **E**ducation and employment, **E**ating, peer-related **A**ctivities, **D**rugs, **S**exuality, **S**uicide/depression, and **S**afety from injury and violence.

HEADSSS proceeds naturally from less threatening questions to more intrusive questions. This gives the service provider a chance to establish trust and rapport with the teenager. For teenagers, a psychosocial review is as important as the physical exam to spot problems early. If this is not done, there is virtually no chance of making a significant impact on adolescent morbidity and mortality.

H.E.A.D.S.S.S.

- H ome Environment
- E ducation and/or Employment
- A ctivities
- D rugs
- S exuality/sexual activity
- S uicide / Depression
- S afety

- *Develop the work and action plan* based on the operational framework, including plans pertaining to each intervention strategy. Action plans and activities may directly and indirectly contribute towards achieving goals and specified objectives. The workplan can be updated annually, while the action plan can be updated on a quarterly basis.

Implementation of interventions towards meeting the reproductive health needs of young people

The AYRH Core Team, being the primary public steward, will be the lead implementing body for the local programs for young people. In addition, with various intervention strategies identified by public-private partners to be implemented, tying together all activities is the responsibility of the AYRH Core Team. This will ensure that resources are "rowing in the same direction" towards meeting the reproductive health needs of young people. Presented below are the different combinations of intervention strategies that can be used, improved and scaled up:

- A. Capacity Building.** This will allow service providers to build and enhance existing knowledge and skills. In the context of AYRH programming, capacity building as an intervention strategy would mean training service providers in different settings on the nuances of dealing with adolescent-youth clients. Capacity building may extend to providing them with job aid tools to help them apply knowledge and skills learned from the training.

The DOH has a training program called *Training on the Use of Adolescent Job Aid (AJA) Manual* designed to build the skills of service providers in providing adolescent-friendly service, perform psychosocial risk assessment using HEADSSS interview, and use of adolescent job aid manual.

Consistent with the programming principles on the "youth-friendly approach to service delivery," and "proactive routine psychosocial risk assessment in different settings," building the capacity of service providers to be responsive to the reproductive health needs of young people would help them attract, retain, and sustain young people as regular facility clients – whether for RH / FP-MCH counseling, and accessing services and / or products.

In building the capacity of service providers in the areas / LGUs, the AYRH Core Team may:

- I. Jointly train service providers in different settings. According to the DOH, the *Training on the Use of Adolescent Job Aid Manual* is designed and intended for:
 - a) All trained and registered health care workers who provide preventive and curative clinical services to young people.

A team approach is highly encouraged so it will be beneficial to include the following service providers in your local areas:

- Physicians, nurses, and midwives in the public health sector, such as Provincial Health Office/City Health Office, rural health centers, health providers assigned in the out-patient department of public hospitals

- Private clinics' of midwives, physicians and nurses; health providers assigned in the out-patient department of private hospitals
 - Health providers in NGOs with clinics
- b) Paramedical professionals which may include the following:
- Guidance counselors and campus-based physicians and nurses, and also health service providers (nurses, physicians) under the DepEd health services office. These health providers conduct physical examination for all national high school students at the beginning of the school year
 - Social workers in the social welfare department, particularly the youth service providers
 - Police officers particularly those assigned in Women and Children Protection Desks /Offices
 - Population officers who are nurses.
- c) Undergraduate students in the medical field
- Nursing and medical students

Joint training promotes camaraderie among participants from different sectors, which is important in establishing a network of youth-friendly providers for referral purposes.

2. Provide trained providers with job aid tools, aside from the Adolescent Job Aid Manual.

One important feature of the AJA training is the psychosocial risk assessment with adolescent-youth clients using HEADSS interview. For teenagers, a psychosocial risk assessment is as important as the physical exam to spot problems early. If this is not done, there is virtually no chance of making a significant impact on adolescent morbidity and mortality.

To ensure that the HEADDSS interview will be routinely used in dealing with young clients, the AYRH Core Team may provide trained service providers with additional job aid tools such as the adolescent-youth health assessment form or the AYHAF ([Annex E](#)).

B. Behavior Change Communication (BCC). BCC is an approach for promoting behavior change, which focuses on using communication to reach the youth. With the recognition of prevention within health services, behaviour change has become a central objective of many public health interventions.

In the context of AYRH programming, BCC is an important intervention strategy. Based on studies, adolescents and youth are not necessarily receiving developmentally-appropriate sexual and reproductive health information. More people are engaging in sex at an earlier age before they are fully aware of the long-term consequences of their actions. In addition, their critical thinking and decision making skills are not yet fully developed. In addition, young people tend to tell, and

get a great deal of information from their peers on issues that are especially sensitive or culturally taboo, like sexual health practices and reproductive health concerns.

Recognizing the influence of peer group to a young person's behavior, both risky and safe, youth peer education (*Usapang Barkadahan*) can be utilized as one form of interpersonal behavior change communication approach. *Usapang Barkadahan* compliments the existing Population-Development-Education (PopDevEd) program integrated into secondary level education, and reproductive health topics integrated into tertiary level subjects.

Usapang Barkadahan

In our efforts to meet the reproductive health information needs of young people coming from various social circumstances, the *Usapang Barkadahan* (youth peer education) was developed both as a strategy and approach to reach a significant number of young people with correct reproductive health information and link them to accessible youth-friendly health and health-related services when needed.

Adolescents and youth confide and get a great deal of information from their peers on the issues that are sensitive, like sexuality and reproductive health concerns. Moreover, Filipino adolescents and parents alike are not open to talking about these issues. The *Usapang Barkadahan* approach seeks the involvement of selected adolescents and youths to be peer educators to leverage peer influence in a positive way.

A copy of the *Usapang Barkadahan* Facilitator's Guide is available in a separate manual in DVD format.

Coordinated with other intervention strategies, the adult-guided youth peer education program can be used to reach a significant number of young people with correct information on responsible practices of sexuality and sexual and reproductive health, and facilitate access to RH/FP-MCH services and products.

In launching the *Usapang Barkadahan* program in the local market areas, AYRH Core Team may consider the following steps:

1) Coordinate with in-school and out-of-school youth key stakeholders

For in-school youth peer education program:

- a) Coordinate and further discuss *Usapang Barkadahan* with engaged partner educational institutions as one of the strategies in programming for adolescents and youth, and their roles in its implementation. Personalities may include:
 - the DepEd division head in the area, if you have engaged national high schools. In one city, the number of national high schools may range from 10 to 30. Getting the approval of this key stakeholder is very important, because the Division Head will issue the memorandum order to the national high schools to participate and implement *Usapang Barkadahan* in these national high schools.

- Secondary school principals
 - Heads of department of student affairs, and heads of guidance counseling offices in tertiary levels
- b) Once properly discussed and coordinated with key stakeholders, work with and request guidance counselors and campus-based health providers take the lead in the selection of students to be trained to be youth peer educators. Guidance counselors may use the following minimum criteria in the process of selection:
- At the college level, choose potential peer educators who are in the 3rd, 2nd, and 1st year levels. At high schools, select those in their 3rd and 2nd year.
 - Select students with experience in public speaking or facilitation, and have gained the respect and trust of peers.
 - In college levels, choose among existing peer facilitators in every college (e.g., nursing, business administration, engineering, etc.) under their respective guidance counselors' office. They must have received some capacity building activities from the school, and more or less, have established good relationship with peers and guidance counselors, and earned the respect and trust of their peers.
 - In secondary levels, choose among Student Supreme Council officers. These students must have gained the respect and trust of their peers, or else they would not have won the election. Also, select among students with high academic ranking in class.
 - The student is not against reproductive health or family planning, and is willing to commit his/her time to peer education sessions.
 - Include guidance counselors and campus-based health providers and population officers as participants in the training to serve as the adult-guides of peer educators.

For out-of-school youth peer education program:

- a) Coordinate with the social welfare and development office – Pag-asa Youth Association of the Philippines (PYAP) and / or the DepEd division-Alternative Learning System (ALS) officer-in-charge. Discuss *Usapang Barkadahan* as one of the intervention strategies for out-of-school youths, and their roles in its implementation.
- b) Request PYAP youth service providers and ALS teachers take the lead in the selection of potential OSY peer educators, who possess the following criteria:
 - At least high school graduate
 - Active PYAP member; ALS student, or former *Sanguniang Kabataan* official
 - With experience in public speaking or facilitation
 - Is not against reproductive health or family planning, and is willing to commit his/her time to peer education sessions.

- c) As adult-guides, include as training participants ALS teachers, youth service providers in the social welfare and development office, and population officers.
- 2) Conduct the training on *AYRH Peer Education and Peer Helping (Usapang Barkadahan)* separately for in-school and out-of school youths, with their designated adult guides (refer to enclosed (DVD).
- 3) Successively, support roll-outs of *Usapang Barkadahan* sessions carried-out in-school and out-of-school community settings.



C. Public-Private Health and Youth-focused Sectoral Referral Network. An essential element of effective and efficient operationalization of local programs that address the health and reproductive health needs of young people is the linkage and referral mechanism between reproductive health service facilities and providers (categorized as Receiving Facilities) and sectors outside of health but who also play a role in nurturing young people (categorized as Referring Facilities). Linking these multi-sectors will ensure that young people will have access to a continuum of health and reproductive health information, counseling, services and products in a supportive and non-judgmental environment.

The process of establishing the adolescent-friendly referral network in the provinces / cities entails consultation workshops and meetings with stakeholders from:

- i. **Receiving Facilities** from engaged public-private health providers (midwives, nurses, physicians, campus-based providers) in different settings trained on the *Use of Adolescent Job Aid* and/or *Family Planning Competency-based Training-Level 1*; and,
- ii. **Referring Facilities** composed of engaged formal educational institutions, alternative learning schools, and communities.

Included in this network are local offices like the department of social welfare and development, and police-women and children protection desks which have mandates in addressing cases of gender-based violence.

As an output of the consultation workshop, it would be beneficial to document and transform the participants' workshop outputs and agreements into a service delivery and referral guideline (refer to [Annex F](#) for sample referral guidelines). The document will serve as a practical reference to the network of *Referring Facilities and Receiving Facilities* as they assist young people to access needed reproductive health counseling, services and products.

D. Policy development: The Local Government Code of 1991 (RA No. 7160), through a system of decentralization, provides LGUs with more authority, responsibility, and resources to be effective partners in attaining national program goals.

In the context of AYRH local programming, the AYRH Core Team, in close consultation with engaged public-private multi-sectoral partners, can propose needed local policy to strengthen local programs for young people. Local policies may be in the form of an ordinance, resolution, administrative order, memorandum order or standard practice guidelines aligned with national program policies and provisions.

Local policy agenda for strengthening local programs for adolescents and youth may include:

- A local policy for public-private health and youth-focused sectors to integrate health and reproductive health services and products for adolescents and youth in a youth-friendly environment, and designating certain days and time of the week as “Adolescent Health Day.”
- A local policy providing budgetary and other resource allocations to accommodate adolescents and youth as clients for health services and products, etc.

Policy efforts will ensure that young people will have access to quality health and reproductive health care and products. Likewise, sustainability of programs will also be ensured because activities related to intervention strategies aimed at meeting the health and reproductive health needs of young people can be funded by including these programs in the annual investment plan.

E. Health financing: There is a big gap in health financing to improve maternal and neonatal health outcomes among pregnant teens. Currently, pregnant teens are burdened by out-of-pocket expenses for childbearing and childbirth which result in their reluctance to seek facility-based delivery. And while delivery may be covered by PhilHealth, if the pregnant teen is a dependent of a PhilHealth member, newborn screening and other related medical expenses for the baby are not covered. This compounds the health risks of the mother and her child associated with early pregnancy.

As an intervention strategy / component towards meeting the reproductive health needs of young people, this calls for action by the national level agencies, such as the DOH and PhilHealth, to develop a health financing policy that covers adolescents and youth.

Manage and monitor the implementation of local programs for young people

A critical component for sustaining and further improving the quality of interventions is having a local structure and mechanisms to manage the AYRH multi-sectoral PPP, and monitoring the progress of implementation of interventions carried out by multi-sectoral partners.

Headed by the AYRH Core Team, one mechanism is to create a subcommittee on AYRH under the SDN Management Team composed of key representatives from the public-private multi-sectoral partners for AYRH (refer to [Annex G](#) for a sample Executive Order for the Creation of an Adolescent

and Youth Reproductive Health Technical Working Group (TWG)). These stakeholders, depending on the diversity of sectors involved in the implementation, may include the following:

- AYRH core team
 - DOH-RO AHDP Coordinator
 - Regional POPCOM AHYD Program Coordinator
 - Provincial/City Health Office AHDP Coordinator
 - the PHO/CHO
 - Health Promotion Officers and MNHCN Coordinators at both levels
- Trained in-school and out-of-school youth peer educators
- Public and private health sector
 - PHO/CHO and attached rural health centers
 - Public hospitals
 - Private medical clinics
 - Private lying-in clinics
- Educational Institutions
 - Formal educational institutions like secondary schools, colleges and universities
 - Non-formal institutions, like the DepEd Alternative Learning System, vocational schools accredited by the Technical Education and Skills Development Authority (TESDA)
- Social Welfare and Development Office
- Police-Women and Children Protection Desk
- City Population Division/ Office
- Youth-focused NGOs

The duties and responsibilities of the AYRH Subcommittee include, but are not limited to the following:

1. Based on the national DOH standards, establish guidelines and standards in mainstreaming youth-friendly services in various settings/facilities in the area;
2. Ensure continuing quality improvement in the provision of reproductive health information, products, and services for adolescents and youth;
3. Recommend solutions to address emerging challenges in the course of AYRH programs implementation;
4. Establish mixed-monitoring mechanisms:
 - a. Level recording – reporting mechanisms (see [Annex H](#) for simple recording-reporting templates)
 - b. Quarterly meetings to:
 - i. Provide updates on the implementation status, such as services provided to adolescent and youth clients, and activities conducted related to AYRH programs;

- ii. Discuss facilitating factors in the implementation that can be scaled up, and challenges affecting implementation;
- iii. Generate recommendations to resolve challenges; and
- iv. Monitor the extent to which objectives are being achieved through
 - Periodic site visits
 - Programming assessment and planning, and continued cycle of program management

Section 3: Experiences and Conclusions

The experiences

Iloilo and Batangas Cities. An analysis of 980 post-*Usapang Barkadahan* health action cards accomplished by female (632) and male (348) out-of-school youth, aged 13-25 years old, in the cities of Iloilo and Batangas showed that 23.5% (or 231) are interested to seek further counselling on various available contraceptive methods. Notably, among those who signified interest, all (100%) expressed interest in further counselling on combined oral contraceptives pills, combined injectable contraceptive at 94%, and progestin-only pills at 91%. Among the natural family planning methods, counselling on Billings Ovulation Method and Standard Days Method registered at 85.2% and 84.4%, respectively. These young people with expressed interest in family planning counseling were followed-up, and those ready to access services and products were referred to partner public or private service providers / facilities.

Parañaque City. With PRISM2 technical assistance, 42 health service providers from the CHO and regional health centers, social hygiene clinic, private practicing midwives, the social welfare and development office, and three campuses of Parañaque National High School participated in a workshop to strengthen linkages between adolescent and youth friendly service delivery facilities in Parañaque City. The workshop paved the way for public-private multi-sectoral partners to take stock of reproductive health services offered in their respective facilities to make and receive referrals. The workshop also provided a venue for introducing a simple four-level recording and reporting tool and mechanism to monitor services provided to young clients. It was agreed that quarterly reports from public-private partners will be submitted to the coordinator of the Adolescent-friendly Reproductive Health Services Network in Parañaque City with the supervision of the CHO. The CHO will also include school guidance counselors in keeping track of students with concerns on reproductive health. The CHO will utilize the current form for their FHSIS data gathering and add items pertaining to AYRH and will coordinate with the City Epidemiological Surveillance Unit to check on data validity/integrity.

Batangas City. In Barangay Malitam in Batangas City dominated by Badjaos, project grantee Philippine Rural Reconstruction Movement organized *Usapang Barkadahan* sessions for young Badjao mothers to educate them on the effects of teenage pregnancy and to introduce them to the different modern family planning methods to help them space or limit childbirth. *Usapang Barkadahan* sessions are specifically tailored to respond to the reproductive health needs and concerns of young people. As of July 2014, 314 trained public and private health service providers and peer educators have conducted 235 *Usapang Barkadahan* sessions, reaching about 11,750 young people in PRISM2 project sites.

Iloilo City. The PRISM2 project assisted the city government of Iloilo in developing an Adolescent and Youth Reproductive Health Team composed of health service providers from the public and private sectors, including schools and universities. PRISM2 trained health care providers in the use of the AJA and created linkages between trained providers and youth-serving agencies in Iloilo City such as the City Social Welfare and Development Office through the Pag-Asa Youth Movement to ensure sustainability of local programs in the provision of comprehensive youth-friendly health services. The City Population Office of Iloilo City has agreed to adopt and sustain *Usapang Barkadahan* in its regular program for out-

of-school youth and it is now included in its annual investment plan. The CHO has designated each Friday of the week as “Adolescent Health Day” where adolescents and youth may avail of health services in all rural health units. The Social Welfare and Development Office have committed to support out-of-school peer educators in organizing *Usapang Barkadahan* sessions in communities. Trained youth peer educators have now been fully integrated into the youth development programs of the city government of Iloilo.

Conclusions

The sexual behavior of adolescents and youth in the Philippines is changing rapidly, which puts young people at greater risk for unintended pregnancies that threatens their health and development. What compounds these risks is that adolescents and youth rarely seek routine health care, and risky sex behaviours do not even come up in any ordinary consultation with a service provider. In addition, providing young people with access to reproductive health information, counselling, services and products is a challenging task, not only because such programming is new and groundbreaking, but also because the issues and actions involve matters of great cultural sensitivity.

Thus, meeting the reproductive health needs of young people requires building the capacities of public-private service providers in different settings to enable them to assess/screen risks in adolescent-youth clients, provide health guidance, counselling, services and products in ways that are friendly and responsive to the needs of young people.

Furthermore, linking together the varying levels and types of SDPs are needed to meet the various and changing reproductive health concerns of young people, and for continuity of care. Partnership with sectors outside of health like educational institutions – both formal and non-formal – social welfare and development, etc., provides more young people with access to varying reproductive health information and services when needed. Demand generation approaches should be part of the local programs aimed at increasing demands among young people for reproductive health services.

Towards sustaining and continuing quality improvement of reproductive health interventions for young people, a local mechanism should be put in place to manage public-private multi-sectoral partnership, with LGU stakeholders as primary stewards.

Annexes

Annex A: Roles and Responsibilities of the Adolescent and Youth Reproductive Health (AYRH) Core Team

I. Responsibilities of the AYRH Core Team

The Core Team shall be responsible for taking the lead in the following activities:

- a. Conducting a situation analysis of prevailing reproductive health concerns of young people, relevant policies and programs, gaps, challenges, and operational barriers.
- b. Identifying and engaging potential public-private health and sectoral stakeholder groups outside of health as partners for AYRH local programming
- c. Conducting a strategic planning with PPP partners, and determining intervention strategies towards addressing the reproductive health needs of young people, and development of plan
- d. Overseeing all the processes involved in the implementation of different AYRH intervention strategies as carried out by public-private health and sectoral partners
- e. Serving as the primary coordinating body for the public-private health and sectoral partners
- f. Managing, monitoring and evaluating local programs / intervention strategies for AYRH
- g. Supporting and mobilizing resources of partners in implementing AYRH intervention strategies and other related activities.

2. Roles

Regional level agencies

- a. Providing technical assistance in the rollout of related national policies, training programs, systems, standards and protocols pertaining to adolescent and youth health;
- b. Providing technical assistance and financial support to the PHO / CHO in their efforts to improve the quality of, and access by young people to reproductive health information, services and products;
- c. Providing technical assistance and support in establishing systems to improve operations;
- d. Monitoring and evaluating the implementation of programs / intervention strategies for meeting the reproductive health needs of young people; and
- e. Scaling up local programs, both by improving intervention strategies and replicating emerging best practices to other provinces, cities and municipalities.

Provincial/city level agencies

- a. Leading the implementation of local programs/intervention strategies towards addressing reproductive health needs of young people in the local market area;
- b. Overseeing all the processes involved in the implementation of different AYRH intervention strategies; and
- c. Acting as the primary coordinating body for the multi-sectoral PPP.

3. Authority

- a. Set systems, standards and protocols to ensure provision of quality reproductive health information, services and products;
- b. Establish mix monitoring mechanisms, including recording and reporting system, and request partners to submit reports on a regular basis;
- c. Issuing regional memoranda and local policies relating to Adolescent-Youth Health programming; and
- d. Providing policy advice to national level agencies.

Annex B: Key Informant Interview Design and Guide Questions

Understanding Clinic Operations Affecting Young People's Access to Health and Reproductive Health Counseling, Services and Products Key Informant Interview

- DESIGN -

Background and Purpose

In the past two decades, the country has been gripped with the increasing trends in sexual and reproductive health concerns among adolescents and youth. Based on the 2013 YAFS4 survey, 32% or 1 in 3 youth aged 15-24 years old is engaged in early sex. Majority (78%) of these sexual experiences are spontaneous in nature, and oftentimes unprotected, putting young women particularly vulnerable to complications associated with early and unplanned pregnancies. Maternal death in teenage pregnancy is 2-5 times higher than adult mothers, and children of young mothers have higher levels of morbidity and mortality. Moreover, early childbearing, more often than not, means interruption or outright stopping from going to school. Overall for young women, early motherhood can severely impede education and employment opportunities which hinders improvement of the status of women in society.

These key informant interviews (KIIs) are intended for public and private health service providers in facilities with initiatives that address the adolescent reproductive health needs of young people. The interviews seek to gather insights on what combinations of clinic operations strategies work to attract adolescent-youth clients to access reproductive health counselling, services and products. Meanwhile, operational barriers affecting the provision of reproductive health services to adolescents and youth will also be explored.

Insights gained from the interviews will be used to refine the technical assistance activities that will be provided to LGUs towards institutionalizing services responsive to the needs of adolescent-youth clients.

Participants

To be interviewed are the following personnel from public or private service facilities, non-government organizations, and hospitals providing reproductive health services for adolescents-youths.

- Clinic manager or owners
- Clinic physician/s
- Nurses
- Midwives
- Other types of personnel involved in the delivery of services to adolescent-youth clients

KII GUIDE QUESTIONS

Clinic Operations

- What reproductive health services do your clinic / facility offer?
- Why did you choose to focus on providing services to adolescents-youth?
- How and when did you start providing reproductive health services to young people?
- What are the reproductive health services offered to adolescents-youths in your facility?
 - Among these services, which are most commonly accessed by adolescent-youth clients?
 - In cases where you find out that the adolescent- youth client is engaged in early unprotected sexual practice, during the course of the consultation, what approach do you use to help adolescent-youth clients avoid unplanned pregnancy?
 - Is provision of family planning counseling, services and products included in these reproductive health services?
 - Have your adolescent-youth clients increased over the years? Could you provide some profiles of your adolescent-youth clients? Are they in school? Working? Out of school? Engaged in commercial sex, etc.
- Do you have personnel specifically assigned to provide reproductive health services for adolescents and youths? If yes, who are they? If not, how do you ensure that personnel at the reception, or the midwives, nurses, and physicians are adolescent-youth-friendly?
 - What capacity building activities were given to the personnel, such as training(s), clinic systems and standards orientation, etc.?
 - Who provided you with the technical assistance in the process of building the capacities of health service providers / facility?
- What are the standard operating procedures that were included in their clinic operations when dealing with adolescent-youth clients?
- Were there any physical changes or arrangements done in the clinic in order to make the facility adolescent-youth-friendly?
- What are the approaches or promotional activities done by the clinic to make young people aware of the reproductive health services offered by the clinic / facility, e.g., partnership with youth stakeholder groups, information-education communication activities?
- What are some of measures undertaken by the clinic / facility to attract and retain adolescent-youth clients, e.g., free / discounted fees or bundle services, adjusting clinic hours for students and working young people, specific clinic day and time dedicated to adolescents–youth, ensuring privacy and confidentiality, internal policy on paternal consent, etc.
- Do you have some form of adolescent-youth-friendly referral network in case they have to co-manage or refer a young client?

- How or where do you record the information gathered from adolescent-youth clients, and where do you keep them?
- What do you think are the factors that contribute/facilitate the provision of reproductive health services to adolescents–youth?
- What are the operational barriers for openly providing reproductive health services to adolescents and youth?
- In your opinion, what can the government (national-regional, local) do to further improve reproductive health services for young people offered in different service facilities?

Annex C: Situation Analysis on Adolescent Sexual and Reproductive Health in the Philippines

Introduction

This review of the AYRH situation in the Philippines, undertaken by the PRISM2 project, serves as the foundation for determining inter-related intervention strategies, planning, and implementation of technical assistance activities to be provided by the Project to the Department of Health and various local government units.

The report highlights the reproductive health status of adolescents and youths in the country. Key AYRH challenges and issues affecting adolescent reproductive health in the Philippines are also presented. The report then provides policy context by outlining laws and policies affecting provision of information and services to adolescents. The report identifies operational policy barriers to AYRH and ends with recommended actions to improve AYRH in the Philippines

Methodology

Review of existing literatures and studies conducted by research institutions in the Philippines and external development agencies was used for gathering information. To validate and enrich information, key informant interviews and field visits were also used done.

- A literature search using the internet to search websites of local research institutions and organizations who have published works on AYRH in the Philippines; library search in UNFPA and USAID projects
- Requests for copies of program policies and programs, and available studies and programme data from government agencies like DOH, POPCOM, DSWD, NSO.
- In-person interviews with program managers in national agencies like DOH, POPCOM to validate, update, and enrich information gathered from the literature research and to elicit information about projects and programs.
- Site visits to existing local initiatives implementing AYRH services and information.

Status: Filipino Adolescent Sexual & Reproductive health

Based on the recommendations of the World Health Organization and the Department of Health, “*adolescent*” comprise the 10–19 year-olds, and “*youth*” constitute the ages 15–24; collectively the 10-24 year olds are referred to as young people. While adolescent and youth connote different, yet overlapping age categories, the terms “*adolescent*” and “*youth*” are used interchangeably throughout this document.

At an annual population growth rate of 1.87 %, the Philippine population is one of the fastest growing in the world. Based on 2010 POPCEN, young people adolescent -youth 10-24 years old, comprise 31.2% of the country’s total registered population of 92 million. A profile of Filipino youth emphasizes that the

Philippines is currently in the midst of a “youth bulge,” a transitory but important demographic expansion occurring in the latter part of the 20th century and the earlier segment of the 21st century.

YAFS3 analysis showed that biological and psychosocial factors influence young people to engage in sexual practices such as:

- i. *Females’ early menarche and males’ early sexual maturation extend the period between puberty and adulthood.* Studies have shown that due to improved nutrition and other factors, girls are entering puberty at a younger age (8-13 years old). This implies that a young girl’s psychosocial maturity for critical thinking, communication and negotiation skills, and decision making to say no to sex or negotiate for safer sex do not match up with her capacity to reproduce.
- ii. *Age of marriage continue to rise thus exposing young people to unplanned sexual activities, and unplanned pregnancies.* Age at first marriage is relatively late in Philippine society. About 10 percent of young women ages 15–19 and 45 percent of young women ages 20–24 were ever-married. This means that young people are exposed to a longer period of non-marital sexual activity.
- iii. *Social norms of sexuality have also changed in the past 2 decades leaning towards permissiveness.* One of the primary sources of normative beliefs among adolescents is their peers. Adolescents with peers who engage in sexual activities will more likely imitate what they are doing.
- iv. *Current modernization, urban migration, evolution of information technology, and exposure to pornographic media change the way information on sexuality are accessed by young people.* All these factors put young people very vulnerable to sexual experimentation and risky sexual practices.
- v. *Level of self-efficacy or basic life skills.* As more people are engaging in sex at earlier ages, they do it even before they are fully aware of the secondary sexual changes occurring in their bodies and the long-term consequences of their actions. Young people are not necessarily receiving developmentally-appropriate sexual and reproductive health information; they lack the proper understanding about how to protect themselves from consequences of early sex such as early pregnancy and childbirth, abortion, STI infection including HIV-AIDS, and are often unaware of how and where to access available services. Moreover, young people have not fully developed the basic social life skills such as decision-making, critical and creative thinking that could help them to make positive actions at the right time.

Sexual Activity

A significant number of young people (15-24 years old) engage in sex at an early age. Based on the Young Adults Fertility and Sexuality survey, premarital sex prevalence among the aged 15-24 rose from 18 % in 1994 to 23 % in 2002. Majority of these sexual experiences are spontaneous in nature, and in most instances, unprotected, thus putting young women particularly vulnerable to risky early and unplanned pregnancies. This could lead to unsafe abortions, pregnancy-related complications, and /or sexually transmitted infections and HIV/AIDS.

According to 1984-2012 Philippine HIV and AIDS Registry, of the total 10, 830 reported cases, 24% come from aged 15-24 year olds. Notably, sexual intercourse and needle-sharing among injecting drug-users are the most common form of transmission.

2010 National Demographic and Health Survey showed that one in every ten women age 15-19 years old are already mothers or are pregnant with their first child. The alarming concern for the rising trend in teenage pregnancy and fertility among Filipino adolescents and youth is anchored primarily on its impact on their health. Because their body has not achieved physiological maturity, pregnant adolescents 18 years old and younger have a higher incidence of medical complications both for the mother and the child. The mortality rate for the mother is twice that of adult pregnant women. Poor maternal weight gain, pregnancy induced hypertension, anemia, hemorrhage are some of the complications during and after delivery, leading to high morbidity and mortality among teen mothers. The incidence of having a low birth weight infants among adolescents is more than double the rate for adults, and neonatal death rate (within 28 days) is almost 3 times higher.

Early and unplanned, pregnancy in adolescents could lead to induced and clandestinely performed abortions. In the 1997 study "*Clandestine Abortion: A Philippine Reality*" reported that there were about 400,500 induced abortion in 1994 based on an analysis of hospital admissions due to post-abortion complications. Indirect estimates showed that the Philippines had an abortion rate of 20-30 abortions per 1000 women, with Metro Manila registering the highest rate at 41 per 1000 women. Most women who had abortions were within the ages 20-29 with an average age at 26.6 years within the peak child-bearing ages.

Early pregnancy and childbirth also exposes young people to premature parenting which they are psychologically and economically unprepared for. Girls and women have largely borne the burden and negative effects of early childbearing: a) they face the potential adverse health consequences, b) social censure due to stereotyping and double standards for males and females, especially for out-of-wedlock pregnancies, c) schooling interruptions, d) reduced employment opportunities later in life, and e) economic difficulties. In a society in which economic advancement is linked to educational attainment, leaving school undermines, in both subtle and direct ways, the effort to involve women in nation development.

AYRH Issues

Reproductive behavior

Although a majority (78%) of adolescents do not engage in sex because they generally disapprove of premarital sex, a liberal attitude on sexuality is emerging among adolescents and youth. Based on analysis of YAFS 2002 data, youths perceived unwed mothers as acceptable, in general, compared to the greater society (62.3%), neighbors (75.4%), girl friends (78.6%), and family (87.6). There was a marked increase in the acceptance of unmarried mothers between 1982 and 1994.

Based on 2010 NDHS, 10% of women ages 15–19 have begun childbearing or are already first time mothers. Given their early start, these women will likely have large families.

Early pregnancy and birth intervals

One consequence of the value placed on fertility and the pressure to have children is rapid childbearing once married, and short birth intervals. Cultural and geographic factors contribute to short birth intervals and low contraceptive prevalence. At least 20% of young women who got pregnant at ages 15-17 years old will get pregnant again in two years. In terms of total births, young women ages 15–24 contributed 818,000 births in 2000.

Contraceptive use

Based on YAFS3, 78% of first sex is unprotected, and ever-use of contraception among sexually active adolescents was low at 20 percent. Non-desire for pregnancy and high awareness of contraceptive methods were not enough for the young to use contraception. Among those who do use contraception, the more popular methods are the condom, withdrawal, and rhythm – the last two are considered obsolete methods. Beliefs and misconceptions about the side-effects of contraceptive use create barriers to access.

Abortion and unmet need for contraception

In 2005 study on “The Incidence of Abortion in the Philippines: Current Levels and Recent Trends” young people account for the 36% of the reported 473,000 abortions per year. Large numbers of abortions among adolescents occur because of non-use of contraception to prevent unwanted or mistimed pregnancies. In 1998, 32 percent of girls ages 15–19 and 29 percent of those ages 20–24 who were currently married said that they wanted to postpone, space, or limit childbearing but were not using any form of contraception. Health statistics also reported that 25% of maternal deaths were among women younger than 24 years old.

It is anticipated that this present unmet demand of young people for FP-MCH products and services will further increase with the expected entry of large cohort of the population (about 31.4M) entering the childbearing age in 10-15 years.

Risk of STI / HIV-AIDS

Based on the Philippine HIV-AIDS Registry, there were already a total of 8,576R cases of HIV infection in the country as of January 2012. Since January 2011 up to January 2012, there was an average of 197 new HIV cases every month. HIV infection is most common among 20-29 years old and among males.

Policies and Programs Relevant to AYRH

This section addresses policies relevant to adolescent health and reproductive health in the Philippines. Policy, defined as a government’s course of action, encompasses formally documented laws like constitutional provisions, legislation, executive and administrative orders, judicial decisions, ministerial, state, or district-level decrees, programmatic goals and guidelines, and standards of practice (operational policies), as well as customary laws and cultural norms and customs. Thus, policy can be stated explicitly in laws and other formal documentation as well as more implicitly in codes of conduct and practices. This broad definition of policy is particularly relevant to the adolescent reproductive health in the Philippines, where factors such as church-state relations, periodic change in government leadership,

decentralization of health services, and cultural, geographic, and ethnic diversity all influence both how adolescent reproductive health is acted upon.

- **Adolescent and Youth Health Policy:** The Adolescent and Youth Health (AYH) Policy was issued by the DOH in April 2000 under Administrative Order No. 34-A series 2000. It recognizes adolescents and youth ages 10–24 as the priority group in terms of pressing health needs and states as its mission ensuring access to quality comprehensive health care and services for all Filipino youth and adolescents. This order provides for the creation of the AYH Sub-program under the Program for Children’s Health Cluster for Family Health. It also provides guidelines for the creation of public youth-friendly health service centers and specifies implementing mechanisms. Notably, access to contraceptive services and products is stipulated as a requirement within the guidelines for youth-friendly health services. Much of what is in the policy is further elaborated in the Adolescent and Youth Health and Development Program (AYHDP) described below.
- **Adolescent and Youth Health and Development Program (AYHDP) :** Under UNFPA’s fifth country program, the AYHDP is under the aegis of the DOH in partnership with other government agencies with adolescent concerns, such as the DepEd and the Commission on Higher Education (CHED). Targeting youth ages 10–24, the AYHDP provides comprehensive implementation guidelines for youth-friendly comprehensive health care and services on multiple levels—national, regional, provincial / city, and municipal. The program extends beyond reproductive health to encompass all facets of adolescent and youth health, including mental and environmental health and special attention to HIV-related concerns.

Strategies aimed to ensure integration of the AYHDP into the health care system and broader society include: building a supportive policy environment; intensifying Information-Education-Communication (IEC) and advocacy particularly among teachers, families, and peers; building the technical capacity of providers of care and support for youth; improving accessibility and availability of quality health services; strengthening multi-sectoral partnerships; resource mobilization and allocation; and improved data collection and management.

- **DOH MCHN Strategy Manual of Operations.** The Maternal Neonatal Child Health and Nutrition (MNCHN) Strategy sets the program framework and details the processes in implementing A.O 2008-2009 otherwise known as “*Implementing Health Reforms for the Rapid Reductions of Maternal and Neonatal Mortality*” to achieve the country’s commitment to attaining Millennium Development Goals, specifically MDGs 4 & 5 pertaining to reduction of infant mortality and improving maternal health, respectively.

The MNCHN Strategy MOP states, under the priority population groups, ≤ 17 y/o at greatest risk for maternal mortality and complications. Though the MNCHN strategy promotes the implementation of health services spanning each of the life cycle stage, the MOP does vaguely specify package of services for young people under the pre-pregnancy package of services.

- **DepEd Population Education Program:** The National Population Education Program (POPED) tackles four basic components: (1) reproductive rights and health, (2) family life and responsible parenthood, (3) gender and development, and (4) population resources and environment.
- **The POPCOM Adolescent Health and Youth Development Program:** AHYDP continues to be an important component of the Philippine Population Management Program. The program recognizes the key roles of adolescents and youth in population and development and reproductive health. Specifically, AHYDP aims to reduce the incidence of teenage pregnancies, early sexual involvement, early marriages, and other reproductive health problems such as sexually transmitted infections (STIs) and HIV-AIDS, among others.

Operational Barriers to AYRH

In spite of the different policies and programs that provides an enabling environment to address the emerging sexual and reproductive health concerns of young people, this segment of the population remains significantly underserved. Compared to the younger and older population groups, whose programs are well established, programs for 10-24 years old remain fragmented. There are no cohesive and integrated intervention strategies towards addressing the reproductive health concerns of adolescents and youth.

Based on the in-depth analysis conducted by the Futures Group International – POLICY project in 2003, many operational barriers to sexual and reproductive health care and products exist for Filipino adolescents:

a) **Policy barriers to adolescent sexual and reproductive well being.**

In general, AYRH issues are considered sensitive in the Philippines. In most public health centers, age is not really the issue in providing reproductive health services and products, it is the marital status. If a 17 year old is married, she is eligible to receive counseling, services and products for family planning. But, those single and sexually active adolescents and youth, who are at risk of unplanned and risky early pregnancy, are not entitled to family planning services and products.

Single and sexually active adolescents and youth also run the cultural stigma for using contraceptives, negative and judgmental attitudes on the part of health service providers, pressure from the Church.

b) **Limited access to correct information:** Among the greatest challenges for Filipino youth is access to correct and meaningful information on sexual and reproductive issues. Various governmental and nongovernmental programs have introduced sexuality and reproductive health education in both formal and informal ways and with varying degrees of success.

The POPED program, which covers sex and reproduction, is now a mandated component of the secondary school curriculum in the Philippines. However, there is a tendency to approach POPED in overly clinical way which is not meaningful for students. Also many teachers themselves are neither equipped nor comfortable discussing sexuality and reproductive health.

At the local levels, there is lack of linkage between agencies / institutions / organizations providing AYRH information with direct SDPs

- c) **Limited access to quality FP-MCH services and products:** The lack of access to contraceptive services and products was among the most frequently articulated concerns with regard to adolescent sexual and reproductive health. Programs such as the AYHDP do recognize adolescents' need for access to contraception.

Pregnant teens are also burdened by out-of-pocket expenses incurred in childbearing and childrearing. If the pregnant teen is a dependent of a PhilHealth member, her delivery is covered through PhilHealth's MCP package. However her child is no longer entitled to any benefits. The burden of out-of-pocket expenses is heavier on non-PhilHealth dependent or non-member pregnant teens, which can compromise the health of both the mother and the child.

Recommendations

A multi-sectoral approach to adolescent and youth health and development programming: A strongly supported, well-coordinated, public-private health and sectoral development approach involving the government, the private sector, educational institutions, nongovernmental organizations (NGOs), social welfare, and other agencies with roles in nurturing young people.

Improve the quality of and access to correct information: Young people, in order to make informed decisions about their reproductive health and disease and pregnancy prevention, require accurate information that is provided in an age-appropriate, and interesting manner.

Improve access to RH / FP-MCH services and commodities: As with information, the lack of access to reproductive health services including contraceptive services and products creates barriers to good adolescent sexual and reproductive health.

Clear guidelines to providers: Providers often inject their own morality in deciding whether or not to serve youth, rather than following policy guidelines such as those stipulated by the government for the AYH Policy and the AYHDP.

Involve youth in developing policies and programs: Finally, young people should be involved in policy and program development as they are the ones most affected by policy action or inaction or by program non-implementation or missteps.

References

Balk, D. and C. M. Raymundo. 1999. "Childbearing." In Xenos, P., C. M. Raymundo, and L. J. Domingo, Eds. *Adolescent Sexuality in the Philippines*. Quezon City: University of the Philippines Office of the Vice Chancellor for Research and Development. pp. 43–57

Balk, D., L. J. Domingo, G. Cruz, and T. Brown. 1999. "HIV/AIDS." In Xenos, P., C. M. Raymundo, and L. J. Domingo, Eds. *Adolescent Sexuality in the Philippines*. Quezon City: University of the Philippines Office of the Vice Chancellor for Research and Development. pp. 81–98.

Raymundo and L. J. Domingo, Eds. *Adolescent Sexuality in the Philippines*. Quezon City: University of the Philippines Office of the Vice Chancellor for Research and Development. pp. 70–80.

National Statistics Office 2010 Population Census

Department of Health Adolescent and Youth Health and Development Program strategic Framework, 2002

Philippine Population Management Program Directional Plan 2011-1016, Population Commission (POPCOM).

Raymundo, C. M., and C. Ruiz. 1985. "Adolescent Fertility in the Regions," *Philippines Population Journal*. 4: 1–29.

MNCHN Strategy Manual of Operations, Department of Health , 2012

Xenos, P. and C. M. Raymundo. 1999. "The Modern Profile of the Filipino Youth." In Xenos, P, C M. Raymundo, and L. J. Domingo, Eds. *Adolescent Sexuality in the Philippines*. Quezon City: University of the Philippines Office of the Vice Chancellor for Research and Development. pp. 6–18.

Annex D: Principles behind Programs for Meeting the Reproductive Health Needs of Young People

The following are some of programming principles developed based on the unique reproductive health needs of adolescents and youth, their knowledge, attitudes and practices, and socio-cultural considerations in the Philippine. These may be adapted / adopted by partners, in addition to other principles that stakeholders may decide upon, in strengthening local programs designed for adolescent and youth clients.

- a) Adolescents and youths as the primary clients, and are valued and respected assets of society
- b) Routine psychosocial risk assessment carried out in different settings as proactive approach towards addressing various health risks including sexuality and reproductive health needs of young people.
- c) Youth-friendly approach to service delivery
- d) Life skills approach in behavior change communication intervention strategy
- e) Culturally sensitive and generally acceptable to stakeholders and general community
- f) Public-private health and sectoral partnership for a continuum of various RH/FP-MCH care
- g) Local programs are sustainable

These are more fully explained in the table below.

Principles behind programs for meeting reproductive health needs of young people
<p><i>Adolescents and youth are viewed as the primary clients, and are valued and respected assets of society</i></p> <ul style="list-style-type: none"> - In implementing local programs intended for young people, a shift of paradigm should take place to recognize the young client's growing autonomy and personhood in caring for their health and well being. Their emerging capacities to think critically, communicate, and make decisions in matters that have impact on their health and healthy development. - In service delivery (<i>information, counseling, service provision, referral</i>) the young client will always be consulted first in all processes that concerns her /his health and well being. However, involvement of parents and/ or other significant adults in the young client's life will be equally promoted.

Routine psychosocial risk assessment carried-out in different settings as proactive approach towards addressing various health risks including sexuality and reproductive health needs of young people

- Psychosocial issues and risk-taking behaviors, such as tobacco smoking, alcoholic drinking, abuse of prohibited substances, *unprotected and early sexual initiation*, mental health concerns are prevalent among Filipino adolescents and youth as causes of morbidity. Young people are also vulnerable to experience physical, psychological or sexual abuse.
- However, international and local studies have shown that, while it is critical that young people receive correct information, guidance and counseling, and services in these areas to avoid negative health and development consequences, usually these concerns don't even come up in physiologically-focused consultations. In addition, this group of people *rarely access routine health care in a health facility*.
- Therefore, a *proactive psychosocial risk assessment through psychosocial interview* should be integrated in every service facility's daily routine operations. This gives service and healthcare providers an opportunity to assess and explore a broad range of issues during any visit to a facility.

Youth-friendly approach to service delivery

- Skills in handling young clients should be built in the capacities of service providers (guidance counselors, midwives, nurses, physicians) in order to attract and retain adolescents and youth as clients.
- Service provision should ensure confidentiality and privacy, and non-judgmental attitude of health providers. Having staff that are trained to work competently and sensitively with young people is often considered the single most important condition for establishing youth-friendly services.

Life skills approach in behavior change communication intervention strategy

- While adolescents and youth begin to be integrated into the adult society, they have not fully developed their basic social life skills. Life skills are essentially those abilities that help promote competence in young people as they face the realities of life. Most development professionals agree that life skills are generally applied in the context of health and social events. They can be utilized in many content areas: prevention of drug use, sexual violence, teenage pregnancy, HIV/AIDS prevention and suicide prevention.
- The World Health Organization has defined life skills as, "the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life".

- UNICEF defines life skills as “a behavior change or behavior development approach designed to address a balance of three areas: knowledge, attitude and skills”. The UNICEF definition is based on research evidence that suggests that shifts in risk behavior are unlikely if knowledge, attitudinal and skills based competency are not addressed
- *Critical thinking skills and Decision-making skills* are two of ten basic social life skills important to an individual. An adolescent-youth must be skilled at evaluating the future consequences of their present actions and the actions of others. They need to be able to determine alternative solutions (creative thinking) and to analyze the influence of their own values and the values of those around them.
- In the context of BCC strategy, the use of structured experiential or interactive methods in education sessions helps in life skills building among young people. They build on participants’ capacity to reflect, to study, to think critically about the possible consequences of their own actions, and to solve problems.

Public-private and sectoral partnership for a continuum of RH / FP-MCH care

- Young people are concentrated / confined in defined settings; they are mostly found in schools (in-school youth) and communities (out-of-school youth). Settings approach and public-private health partnership would be beneficial to reach significant number of young people and be able to respond to their varied reproductive health concerns in an integrated fashion.
- Multi-sectoral partnership will provide young people with access to a continuum of RH / FP-MCH services and products when needed.

Culturally sensitive and generally acceptable to stakeholders and general community

- Despite the urgent need to put in place programs intended for meeting reproductive health needs of young people, sexuality and adolescent reproductive health is a culturally sensitive issue in the Philippines. Family Planning - Maternal and Child Health / Responsible Parenthood are also “misnomers” for a programming, and generally not acceptable even among young people because most of them are unmarried and not yet planning their own family.
- In addressing the RH / FP-MCH needs of young people in ways that are generally acceptable, proactive psychosocial risk assessment (through HEADSSS) must be incorporated in routine facility operations of service facilities (guidance counselling office, public-private health facilities, social welfare office, etc).
- Sexuality issues close to the hearts or universally appealing to adolescents and youth must be part of BCC strategies, and must be designed using life skills approach.

Sustainability

- Sustainability mechanisms must be part of any planned programming initiative for young people. Management and monitoring for sustained implementation of intervention strategies should be put in place.

Annex E: Adolescent-Youth Health Assessment Form

ADOLESCENT-YOUTH HEALTH ASSESSMENT FORM

(Intake Form for 10-24 year olds)

Petsa: _____ **Oras** _____

Pangalan ng Klinika / Opisina

Opisina Address:

Paalala: Pamantayan ng Klinika / Opisinaang ito na panatilihing **CONFIDENTIAL** ang mga naibahaging impormasyong personal sa amin. Ang iyong mga sagot sa mga sumusunod na katanungan ay hindi ibabahagi kaninuman, *maliban* kung kailanganing tumulong kami sa iyo sa mga sitwasyong tulad ng mga sumusunod:

- a) Sa mga sitwasyong may bantang panganib sa buhay ng isang kabataan, halimbawa, planong magpakamatay, may bantang saktan sya ng ibang tao, o sa mga sitwasyong ang kabataan ay inaabuso.
- b) Sa mga sitwasyon ng kabataan na may bantang panganib sa buhay at kalusugan ng ibang tao, halimbawa, ang isang kabataan ay may tiyak na planong saktan ang ibang tao, o upang maiwasan ang nakakahawang sakit.
- c) Kailangan naming ibahagi ang mga impormasyon nakatala dito sa iba pang makakatulong na ahensya, tulad ng DSWD, police, Women & Children Protection Unit, rehabilitation centers, o ibang pagamutan.

PART I: Hayaang punan ng pasyente / kliyente ang mga sumusunod na patlang.					
A. PERSONAL INFORMATION					Client Code: I4_I
Pangalan : _____ <small style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;">Last First M. I.</small>				Kasarian: <input type="checkbox"/> Lalake <input type="checkbox"/> Babae	
Kapanganakan: _____				Edad : _____y /o	
Katayuan:	<input type="checkbox"/> Walang Asawa	<input type="checkbox"/> May Asawa	<input type="checkbox"/> Living-in		
Trabaho:	<input type="checkbox"/> Estudyante	<input type="checkbox"/> Nagtatrabaho	<input type="checkbox"/> Estudyante at Nagtatrabaho	<input type="checkbox"/> Sariling-nagtatrabaho	<input type="checkbox"/> Wala

Tirahan : _____			
Numero ng Contact :	Sa Bahay: _____	Cell Phone: _____	Sa Trabaho: _____
Health Insurance:	<input type="checkbox"/> Oo, PhilHealth Member <input type="checkbox"/> Oo , Dependent ng PhilHealth Member <input type="checkbox"/> Oo, Universal Enrolment / Indigency Program/4Ps <input type="checkbox"/> Oo, group insurance enrolled by school		<input type="checkbox"/> Wala
Uri ng Kliyente:	<input type="checkbox"/> Bago	<input type="checkbox"/> Dati na	<input type="checkbox"/> Walk-in <input type="checkbox"/> ini-refer ng: _____
B. PAST MEDICAL HISTORY			
1) Kailan ka huling nag pakonsulta sa doctor/ nurse/ midwife? Petsa / taon: _____ Dahilan: _____			
2) Na-operahan ka na ba? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo Kung oo, kalian: _____ Dahilan: _____			
3) Nagkaroon ka na ba ng injuries, halimbawa. bali sa buto, hiwa sa balat ? <input type="checkbox"/>Hindi <input type="checkbox"/> Oo Kung oo, kalian: _____ Anong parte ng katawan: _____			
4) Na-confine ka na ba sa ospital? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo			
5) Na-rehabilitate ka na ba tunkol sa drug buse? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo			
6) Nagkaroon / meron ka ba ng mga sumusunod na kondisyong pangkalusugan? Allergy <input type="checkbox"/> Wala <input type="checkbox"/> Meron Allergic saan? _____			

Asthma	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Gamot na ininom/ tinurok: _____
Tuberculosis	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Gamot na ininom/ tinurok: _____
Convulsion	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Gamot na ininom/ tinurok: _____
Diabetes	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Gamot na ininom/ tinurok: _____
Urinary Tract Infections	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Gamot na ininom/ tinurok: _____
Sexually Transmitted Infections	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Gamot na ininom/ tinurok: _____
Abortion	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Gamot na ininom/ tinurok: _____

OTHERS, please specify: _____

C. FAMILY HISTORY

Miyembro ng Pamilya	Edad	Kasarian	Kalagayang Pangkalusugan		Kung namayapa na, dahilan ng kamatayan
			Malusog	May sakit (Paki-lagay)	
Ama :		<input type="checkbox"/> Lalake	<input type="checkbox"/>		
Ina :		<input type="checkbox"/> Babae	<input type="checkbox"/>		
Kapatid 1:		<input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/>		
Kapatid 2:		<input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/>		
Kapatid 3:		<input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/>		
Kapatid 4:		<input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/>		

Kapatid 5:	<input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/>	
Kapatid 6:	<input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/>	
Kapatid 7:	<input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/>	

D. PSYCHOSOCIAL HISTORY & ASSESSMENT. Ang matapat mong kasagutan ay makakatulong sa amin upang ikaw ay mabigyan ng tamang pangangalaga. Itanong lamang sa amin kung may mga katanungan.

➤ **HOME AND FAMILY**

1) **Sino-sino ang kasama mong naninirahan sa bahay ? paki-lagyan ng tsek**

- Tatay Nanay Kapatid na Lalake, mga edad _____
 Stepfather Stepmother Kapatid na Babae, mga edad _____

Extended family members: Lolo at Lola Tiyuhin Tiyahin Pinsan

Ibang tao na di mo kamag-anak: _____

2) **Sino sa mga kasama mo sa bahay ang mas palagay ang loob mo o kasundo mo?**

- Tatay Nanay Kapatid na Lalake, mga edad _____
 Stepfather Stepmother Kapatid na Babae, mga edad _____

Extended family members: Lolo at Lola Tiyuhin Tiyahin Pinsan

Ibang tao na di mo kamag-anak: _____

Sino ang pinaka hindi mo kapalagayan ng loob?

3) **Kung ikaw ay may kailangan o may problema, kanino ka lumalapit?**

- Tatay Nanay Kapatid na Lalake, mga edad _____
 Stepfather Stepmother Kapatid na Babae, mga edad _____

Extended family members:

Lolo at Lola Tiyuhin Tiyahin Pinsan Spiritual leaders

Ibang tao na di mo kamag-anak: _____

4) May mga pagbabago ba kamakailan lamang sa pamilya na nakakaapekto sa yo?

<input type="checkbox"/> Pag-aasawa	<input type="checkbox"/> Paghihiwalay ng mga magulang	<input type="checkbox"/> OFW ang magulang	<input type="checkbox"/> Na promote sa trabaho
<input type="checkbox"/> Kamatayan	<input type="checkbox"/> Lumipat ng tirahan	<input type="checkbox"/> Aksidente	
<input type="checkbox"/> Pagkawala ng trabaho	<input type="checkbox"/> Lumipat ng paaralan	<input type="checkbox"/> May Nakulong	<input type="checkbox"/> Huminto sa pag-aaral
<input type="checkbox"/> May na-ospital	<input type="checkbox"/> Biktima ng karahasan	<input type="checkbox"/> Kalamidad (ex. sunog, baha, etc)	

Paano mo nakakayanan ang ganong sitwasyon ? _____

5) May mga pagkakataon ba na pinag –isipan mong maglayas o umalis na ng inyong bahay?

Hindi Oo

Kung Oo, bakit? _____

➤ EDUCATION

1) **Ikaw ba ay kasalukuyang nag-aaral?** Oo Hindi, Kung hindi, huwag ng sagutan ang mga numero 2-7. Kung oo, saan at anong level ka ngayon? _____

Kung hindi, ano ang mga dahilan ng di mo pag-aaral?

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Kulang sa
Finansyal | <input type="checkbox"/> May sakit | <input type="checkbox"/> kailngang magtrabaho | <input type="checkbox"/> na kick- out |
| <input type="checkbox"/> Di makayanan | <input type="checkbox"/> Hindi
interesado | <input type="checkbox"/> Kailangang alagaan ang mga
anak | <input type="checkbox"/> others |

2) **Kumusta ang relasyon mo sa iyong teachers at classmates?**

Sino ang hindi mo masyado kasundo? _____

3) **Ang mga grades mo ba sa school ay mas mataas o mas mababa ngayon kesa noong nakaraang quarter?**

Mas mataas Mas mababa Kung mas mataas, bakit?

<p>Kung mas mababa, bakit? _____</p>
<p>4) Lumalahok ka ba sa mga extra -curricular activities sa school, tulad ng sports, theatre arts, dance club, peer education, fraternity / sorority club, atbp? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo , kung oo, anong mga gawain?</p> <p>_____</p>
<p>5) Kamakailan lamang, may mga classes ba na di ka nakapasok? <input type="checkbox"/> Oo <input type="checkbox"/> Wala</p> <p>Kung oo, bakit? _____</p>
<p>6) Na suspende ka na ba sa loob ng taong ito? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p>Kung Oo, bakit?</p> <p>_____</p>
<p>7) Nakaranas ka ba ng bullying sa school? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p>Kung oo, sinubukan mo bang i-report sa school authorities? ano ang aksyong ginawa hinggil dito?</p> <p>_____</p>
<p>➤ EMPLOYMENT</p>
<p>1) Kasalukuyan bang ikaw ay nagtatrabaho? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi, Kung hindi, huwag ng sagutan ang numero 2-4</p> <p>Kung oo, ano ang iyong trabaho? _____</p>
<p>2) Kasundo mo ba iyong mga katrabaho? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p>Kung hindi, bakit? _____</p>
<p>3) Meron bang mga pagbabago sa yo'ng trabaho na nakaka apekto sa yo? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p>Kung oo, ano ang mga iyon?</p> <p><input type="checkbox"/> Na promote <input type="checkbox"/> Resignation o redundancy <input type="checkbox"/> Pagbabago sa pamamahala</p> <p><input type="checkbox"/> Mataas na sahod <input type="checkbox"/> Nalipat ng assignment <input type="checkbox"/> Iba pa?</p> <p>Paano mo nakakayanan ng mga pagbabago? _____</p>
<p>4) Ano ang iyong hangarin / pangarap tungkol sa iyong trabaho?</p> <p><input type="checkbox"/> Ma-promote <input type="checkbox"/> Mas mabuting working condition <input type="checkbox"/> Ma-permanente sa trabaho</p>

<input type="checkbox"/> Mas mabuting sahod	<input type="checkbox"/> Mas mabuting working relationship	Iba pa:
➤ EXERCISE & EATING HABITS.		
1) Kumakain ka ba ng regular tatlong beses isang araw – almusal, tanghalian, hapunan? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Kung hindi, bakit? _____ Nasisiyahan ka ba sa yong eating habits? <input type="checkbox"/> Oo, bakit _____ <input type="checkbox"/> Hindi, bakit _____		
2) Madalas mo bang iniisip na ikaw ay overweight? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi		
3) Kung ikaw ay overweight, sinubukan mo na bang magbawas ng timbang ? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Kung oo, ano ang ginagawa mo upnag mabawasan ang timbang? <input type="checkbox"/> Regular exercise <input type="checkbox"/> Healthy diet <input type="checkbox"/> Taking drugs that reduce weight <input type="checkbox"/> Skipping meals <input type="checkbox"/> Less amount of food <input type="checkbox"/> Keep physically active <input type="checkbox"/> Forced vomiting <input type="checkbox"/> Others		
➤ EMOTIONS		
1) Sa nakaraang dalawang linggo, madalas ka bang nalulungkot na parang wala ng saysay ang buhay? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi		
2) May pagkakataon ban a seryoso mong naisip na wakasan ang iyong buhay? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi		
3) Ikaw ba ay nakaranas ng pang-aabusong pisikal, sexual?⁴ <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Kung oo, kanino? _____		

⁴ **NOTE for health providers and counsellors:**

If the adolescent answered yes on items **3 and 4** under Emotions, consider Risk for Gender-based Violence. Special considerations should be given to adolescents and youth with following circumstances:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Person with physical or mental disability / illness • Person who have separate living arrangement from parents • Absentee parents • Children with substance abusers in the family • Child / youth whose parent was physically / sexually abused as a child | <ul style="list-style-type: none"> • Street youths • Substance abusers • Orphans • Neglected child and youth • Child / youth who are in juvenile home / jail |
|--|---|

<p>5) Kung ikaw ba ay nagagalit, may pagkakataon ba na ikaw nakakapanakit o nagwawala?</p> <p><input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p>														
<p>6) Gusto mo bang magpa-counsel tungkol sa mga bagay na bumabagabag sa iyo? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p>Kung hindi, bakit? _____</p>														
<p>➤ ACTIVITIES & PEER RELATIONSHIP.</p>														
<p>1) Ano ang ginagawa mo kapag may libre kang oras o kapag Sabado at Linggo?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input type="checkbox"/> Gawaing bahay</td> <td style="width: 20%;"><input type="checkbox"/> Sports</td> <td style="width: 20%;"><input type="checkbox"/> Nagbabasa</td> <td style="width: 20%;"><input type="checkbox"/> Tulong sa bukid</td> <td style="width: 20%;"><input type="checkbox"/> Religious functions</td> </tr> <tr> <td><input type="checkbox"/> Lakad / gala</td> <td><input type="checkbox"/> Bahay lang</td> <td><input type="checkbox"/> Community work</td> <td><input type="checkbox"/> Computer</td> <td><input type="checkbox"/> Iba pa: _____</td> </tr> </table>					<input type="checkbox"/> Gawaing bahay	<input type="checkbox"/> Sports	<input type="checkbox"/> Nagbabasa	<input type="checkbox"/> Tulong sa bukid	<input type="checkbox"/> Religious functions	<input type="checkbox"/> Lakad / gala	<input type="checkbox"/> Bahay lang	<input type="checkbox"/> Community work	<input type="checkbox"/> Computer	<input type="checkbox"/> Iba pa: _____
<input type="checkbox"/> Gawaing bahay	<input type="checkbox"/> Sports	<input type="checkbox"/> Nagbabasa	<input type="checkbox"/> Tulong sa bukid	<input type="checkbox"/> Religious functions										
<input type="checkbox"/> Lakad / gala	<input type="checkbox"/> Bahay lang	<input type="checkbox"/> Community work	<input type="checkbox"/> Computer	<input type="checkbox"/> Iba pa: _____										
<p>2) Meron ka bang mga kaibigan? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p>Kung oo, ano ang karaniwang ginagawa nyo ng iyong mga kaibigan? _____</p>														
<p>➤ DRUGS / SUBSTANCE USE</p>														
<p>1) Naninigarilyo ka ba? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p>Kung oo, anong edad ka nag umpisa? _____ at ilang sticks sa isang araw? _____</p>														
<p>2) Umiinom ka ba? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p>Kung oo, anong edad ka nag umpisa? _____ gaano kadalas? _____, at gaano karaming bote o baso? _____</p>														
<p>3) Gumagamit ka ba ng marijuana, shabu, o ibang drugs or inhalants? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p>Kung oo, anong edad ka nag umpisa?, _____ gaano kadalas? _____, at anong klase ng drugs? _____</p>														
<p>4) Meron ba sa iyong kapamilya o kaibigan ang gumagamit ng marijuana, shabu, o ibang drugs o inhalants?</p> <p><input type="checkbox"/> Wala <input type="checkbox"/> Meron</p>														
<p>5) May nakakaalam ba sa kapamilya mo na ikaw ay gumagamit ng prohibited drugs?</p> <p><input type="checkbox"/> Oo <input type="checkbox"/> Wala</p>														
<p>➤ SEXUAL HEALTH DEVELOPMENT</p>														
<p>1) Meron ka bang alalahanin tungkol sa mga pagbabago sa yong katawan? <input type="checkbox"/> Wala <input type="checkbox"/> Meron , kung meron, anong iyon?</p> <p><input type="checkbox"/> Pagreregla <input type="checkbox"/> Paglaki ng dibdib <input type="checkbox"/> Pubic hair <input type="checkbox"/> scrotum enlarge <input type="checkbox"/> Wet dreams <input type="checkbox"/> masturbation</p>														

<p>2) Pumapasok ba sa isipan mo na baka ikaw ay gay, lesbian, or bisexual? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Kung oo, nais mo bang magpa-counsel tungkol dito? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p>
<p>3) Ikaw ba ay nakaranas ng makipag sex? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Kung oo, Kanino? _____</p>
<p>4) Nakaranas ka ba na ikaw ay pinilit na makipag sex ? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p>
<p>5) Ikaw ba ay nasa relasyon kung saan ikaw ay nakakaranas ng pananakit o pananakot, ? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p>
<p>6) Gumagamit ka ba anumang contraceptive method upang maiwasan ang maagang pagbubuntis o kaya ay sexually transmitted infection? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Kung hindi, bakit? _____ Kung oo, saan ka kumukuha / bumibili ng contraceptive method? _____</p>
<p>7) Ikaw ba ay nakaranas ng mabuntis, o makabuntis ? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Kung oo, anong nangyari sa pagbubuntis? _____ Noong ikaw ay buntis, kumunsulta ka bas a physician or a midwife para sa maternal check-up? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p>
<p>8) Ikaw ba ay nakaranas ng magkaroon ng sexually transmitted infection or disease? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Kung oo, ano ang ginawa mo? _____</p>

PART 2: Ang parteng ito ay nakalaan para punan ng *health service provider* .

<p>VITAL SIGNS: T^o : _____ PR/CR : _____ RR : _____ BP: _____ Height : _____ Weight : _____ BMI : _____ Classification : _____</p>
<p>CHIEF COMPLAINT : _____ _____ _____</p>

HISTORY OF PRESENT ILLNESS:

OBSTETRIC & GYNECOLOGICAL HISTORY (for young women)

a) Have you started having menstrual periods? Yes No
 If yes, how old were you when you had your first menstrual period? _____

b) When was your last menstrual period, the first and last day?

c) Do you experience any bodily discomfort during your period? Yes No

PHYSICAL EXAMINATION

Body Organ	EN	Abnormal Findings		Description & Other Findings
Skin	<input type="checkbox"/>	<input type="checkbox"/> Discoloration <input type="checkbox"/> Lesion (acne)	<input type="checkbox"/> Dryness <input type="checkbox"/> ↓ Turgor	
Head and Scalp	<input type="checkbox"/>	<input type="checkbox"/> Bulges /irregularities <input type="checkbox"/> Tenderness	<input type="checkbox"/> Lesion <input type="checkbox"/> Deformity	
Cheeks	<input type="checkbox"/>	<input type="checkbox"/> Ulcer/Lesion	<input type="checkbox"/> Swelling	
Neck & Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/> Rigidity <input type="checkbox"/> Tenderness	<input type="checkbox"/> Fistula <input type="checkbox"/> Swelling/Mass	
Eyes	<input type="checkbox"/>	<input type="checkbox"/> Vision: R____ L____ <input type="checkbox"/> Lesion	<input type="checkbox"/> Inflammation <input type="checkbox"/> Discharge	
		<input type="checkbox"/> ↓Hearing	<input type="checkbox"/> Discharge	

		Acuity: R___ L___	
		<input type="checkbox"/> Deformity	<input type="checkbox"/> Inflammation
Nose & Sinuses	<input type="checkbox"/>	<input type="checkbox"/> Deformity <input type="checkbox"/> Ulcer/Lesion	<input type="checkbox"/> Bleeding <input type="checkbox"/> Discharge
Mouth & Tongue	<input type="checkbox"/>	<input type="checkbox"/> Inflammation <input type="checkbox"/> Ulcer/lesion	<input type="checkbox"/> Tongue Deviation <input type="checkbox"/> Deformity
Teeth & Gums	<input type="checkbox"/>	<input type="checkbox"/> Absent tooth/teeth <input type="checkbox"/> Caries	<input type="checkbox"/> Bleeding <input type="checkbox"/> Swelling
Throat, Pharynx & Tonsils	<input type="checkbox"/>	<input type="checkbox"/> Foul odor <input type="checkbox"/> Ulcer/Lesion	<input type="checkbox"/> Inflammation <input type="checkbox"/> Swelling
Thyroid	<input type="checkbox"/>	<input type="checkbox"/> Diffuse enlargement	<input type="checkbox"/> Mass/es
Heart	<input type="checkbox"/>	<input type="checkbox"/> Abnormal sounds	<input type="checkbox"/> Irregular beat
Chest	<input type="checkbox"/>	<input type="checkbox"/> Tenderness <input type="checkbox"/> Bulges/Depression	<input type="checkbox"/> Deformity <input type="checkbox"/> Retraction
Lungs	<input type="checkbox"/>	<input type="checkbox"/> Wheezing <input type="checkbox"/> Stridor	<input type="checkbox"/> Rales /Crackles
Breast & Axilla	<input type="checkbox"/>	<input type="checkbox"/> Retraction/Dimpling <input type="checkbox"/> Enlarged lymph nodes	<input type="checkbox"/> Mass/Nodule <input type="checkbox"/> Discharge
Abdomen	<input type="checkbox"/>	<input type="checkbox"/> Striae <input type="checkbox"/> Mass/es	<input type="checkbox"/> Tenderness <input type="checkbox"/> Distention
Spine & Shoulder	<input type="checkbox"/>	<input type="checkbox"/> Tenderness <input type="checkbox"/> Scoliosis <input type="checkbox"/> Kyphosis	<input type="checkbox"/> Deformity <input type="checkbox"/> Lordosis
Upper / Lower Extremities	<input type="checkbox"/>	<input type="checkbox"/> Deformity <input type="checkbox"/> Edema	<input type="checkbox"/> Clubbing of nails <input type="checkbox"/> Tremors

Anus & Rectum	<input type="checkbox"/>	<input type="checkbox"/> Lesion <input type="checkbox"/> Mass/es	<input type="checkbox"/> Stricture <input type="checkbox"/> Tenderness	
REPRODUCTIVE TRACT EXAMINATION				
NOTE: Internal examination should be done only among sexually active females only.				
F E M A L E				
➤ TANNER Stage :		Breasts : _____ _____	Pubic Hair: _____	
	EN	Abnormal Findings	Description & Other Findings	
Vulva	<input type="checkbox"/>	<input type="checkbox"/> Lesion <input type="checkbox"/> Swelling	<input type="checkbox"/> Inflammation <input type="checkbox"/> Developmental anomalies	
Vagina	<input type="checkbox"/>	<input type="checkbox"/> Lesion <input type="checkbox"/> Inflammation	<input type="checkbox"/> Discharge <input type="checkbox"/> Mass/es	
Cervix	<input type="checkbox"/>	<input type="checkbox"/> Lesion	<input type="checkbox"/> Discharge	
		<input type="checkbox"/> Inflammation	<input type="checkbox"/> Mass/es	
Uterus	<input type="checkbox"/>	<input type="checkbox"/> Tenderness <input type="checkbox"/> Mass(es)	<input type="checkbox"/> Enlargement <input type="checkbox"/> Retroversion /retroflexion	
Adnexae		<input type="checkbox"/> Mass/es	<input type="checkbox"/> Tenderness	
M A L E				
➤ TANNER Stage :		Scrotum : _____ _____	Pubic Hair: _____	
	EN	Abnormal Findings	Description & Other Findings	
Penis	<input type="checkbox"/>	<input type="checkbox"/> Lesion <input type="checkbox"/> Swelling	<input type="checkbox"/> Phimosis <input type="checkbox"/> Purulent Discharge	

Scrotum	<input type="checkbox"/>	<input type="checkbox"/> Lesion	<input type="checkbox"/> Maldescended testis
		<input type="checkbox"/> Hernia	<input type="checkbox"/> Tenderness
Prostate	<input type="checkbox"/>	<input type="checkbox"/> Tenderness	<input type="checkbox"/> Enlargement
DIAGNOSIS :			
Age	<input type="checkbox"/> Early adolescent (10 – 13y/o)	<input type="checkbox"/> Middle adolescent (14- 16 y/o)	<input type="checkbox"/> Late adolescent (17- 19 y/o)
	<input type="checkbox"/> 20- 24 y/o		
Risky behaviors (from priority to least priority e.g. <i>heavy smoker consuming 10-15 sticks /day, sexually active without using any method to prevent pregnancy or STI</i>)			
Diagnosis for chief complaint:			
Management :			
Referred to:			
Reason for referral:			
Follow-up date :			

Annex F: Sample Adolescent-Youth Health Program Service Delivery and Referral Guidelines

Iloilo City Youth & Adolescent Health Program

Service Delivery and Referral Guidelines



I. BACKGROUND

Iloilo City, the capital city of the province of Iloilo, is a highly urbanized city. In the 2010 population census, Iloilo City's population was 424,619, with a 1.8% population annual growth rate. Young people, 10-24 years old, comprise twenty-nine percent (29% or 123,834 people) of the city's 2010 population. Major industries like management of port facilities, banking and finance, telecommunications infrastructure and utilities, retail trading, and business process outsourcing make Iloilo City a hub for trade, commerce and industry in the Western Visayas region. This robust development happening in the city has not only generated income and employment to the city's population, but also contributed to the city's overall economic development and urbanization. The city is also home to many large tertiary educational facilities. Many young people, both female and male, from peripheral municipalities, including that of Iloilo province and Panay Island migrate to Iloilo City to receive a degree in higher education or to work. However, 2012 data estimated that at least 18% (or 17,014) of young people were out-of-school.

With changing social norms and lifestyles, urbanization, and increased access to information technology, in-school and out-of-school young *Ilongos* are experiencing challenges that pose threats to their health and development. Prevalence of risk-taking behaviours has increased, with greater exposure to negative effects, particularly on the sexual and reproductive health of the youth. Recent data from the Iloilo City City Health Office and Rural Health Centers, found an increasing trend in teenage pregnancies. In 2011, data showed that a total of 5,207 adolescents and youth sought consultation for pre-natal check-up. As shown in Table I, Molo registered the highest number (1,296), followed by Arevalo (1,051).

Table I. Adolescent And Youth Pregnancies in Iloilo City, 2011

Districts	Consulted for Pre-natal Visit			TOTAL
	10-14 y/o	15-19 y/o	20 -24 y/o	
Sto. Rosario	2	121	294	417
Tanza	0	66	124	190
Lapuz-Bo. obrero	0	112	247	359
La Paz	0	143	308	451
La Paz Maternity	0	80	189	269
Jaro I	6	150	217	373
Jaro II	0	113	240	353
Mandurriao	0	181	267	448
Molo	5	501	790	1,296
Arevalo	0	178	873	1,051
TOTAL	13	1,645	3,549	5,207

Source: Iloilo City -City Health Office and Rural Health Centers , 2010 Reports

Why adolescent pregnancy is a public health concern? Because adolescent pregnancy contributes to maternal, perinatal and infant mortality, and to a vicious cycle of poverty and ill-health. Maternal death in teenage pregnancies is 2-5 times higher than that of adult mothers, and children of young mothers have higher levels of morbidity and mortality. Early childbearing, more often than not, means stoppage or interruption from going to school. Overall, for young women, early motherhood can severely impede education and employment opportunities which hinders the improvement of the status of women in society. On the other hand, reducing adolescent pregnancy is vital for achieving the Millennium Development Goals that relate to childhood and maternal mortality, and to the overall goal of poverty reduction.

Other health causes of mortality and morbidity affecting this age group in Iloilo City are shown in Table 3.

Table 3. Ten Leading Causes of Mortality In Iloilo City , 0-24 Years Old, 2010-2011

NO.	CAUSES	MALE	FEMALE	TOTAL
1	Injuries (all kinds)	22	1	23
2	Heart Diseases	8	4	12
3	Pneumonia	7	2	9

4	Brain Diseases	6	0	6
5	Cancer	5	1	6
6	Hypertension	2	1	3
7	Gastrointestinal Diseases	0	3	3
8	Septicemia	2	1	3
9	Asthma	1	2	3
10	Dengue Hemorrhagic Fever	1	1	2

Source: Iloilo City -City Health Office and Rural Health Centers , 2010 Reports

Despite these emerging health concerns of young people, this segment of the population remains significantly underserved. Compared to the younger and older population groups, whose programs are well established, programs for 10-24 years old in Iloilo City remain fragmented. Services for young people are provided depending on the health conditions, usually addressing the clinical aspect of health concerns. Psychosocial issues and risk-taking behaviours, which figure prominently as causes of morbidity and mortality, are remotely responded to. Moreover, there is no strategic approach for addressing the health concerns of adolescents and youth.

Hence, Iloilo City, with the assistance of CHD-6, POPCOM-6, and the USAID-PRISM2 project and other development agencies, recognizes the need to promote a cohesive public-private health and sectoral partnership that would support, coordinate, strengthen and sustain a Youth and Adolescent Health Program in Iloilo City.

This manual is designed to guide public and private health sectors at varying levels and settings, and sectoral partners such as social welfare, the police-women and children protection desks, formal and non-formal educational institutions, youth-focused non-governmental organizations (NGOs), and youth groups in **Iloilo City** in mainstreaming / integrating adolescent and youth-friendly service, including making referrals, in their respective facilities, as appropriate,. This is to provide young people with access to a continuum of health and reproductive health care in a safe, supportive and non-judgmental environment. The guidelines are the results of a workshop held on June 5-6, 2013 and successive consultations with the members of the YAH program Technical Working Group.

II. PROGRAM DESCRIPTION

The health needs of adolescents and youths are different from that of other age groups. Because young people are prone to risk-taking behaviours, such as engaging in early sex, alcoholic drinking, smoking, drug use, and are vulnerable to gender-based abuse, this unique group of individuals requires a holistic approach to physical and mental well-being.

Helping them grow and develop to become responsible and productive adults requires partnerships and linkages among complementing public – private health and youth stakeholder groups / agencies / institutions that have roles in nurturing adolescents and youth.

In providing service to adolescents and youths, the service delivery networks recognize the following, which are unique to this segment of population:

- Young person's growing autonomy and personhood in caring for their health and well being.
- While adolescents are generally healthy, psychosocial issues and risk-taking behaviour figure prominently as causes of morbidity that pose threats to their healthy development.
- Physical complaints are commonly connected to psychosocial issues.
- This segment of the population rarely accesses routine health care, so any visit to a healthcare provider / facility provides an opportunity to assess and explore a broad range of issues.
- While it is important to gain trust and empathy, all those involved have to be vigilant of professional boundaries.

In line and in support of the adolescent health policy programs and standards of the Department of Health and other national agencies, this manual details the agreed –upon guidelines in providing adolescent-friendly service and referral flow.

Iloilo City's Youth & Adolescent Health (YAH) Program is dedicated to serving adolescents and youth, ages 10 to 24 years old. The Program's focus is to respond to varied aspects (physical and psychosocial) of an adolescent and youth's health and reproductive health concerns. Assessment of risky behaviours and providing appropriate guidance and counselling will be part routine service delivery, including the development of a plan of care, coordinate, refer and work with other youth stakeholder service points, when needed.

A. Vision

Well guided, well directed, empowered healthy and responsible young citizens of Iloilo City

B. Mission

To provide and uphold a safe, supportive and non-judgmental environment to young citizens, both female and male, of Iloilo that is conducive to their healthy development

C. Guiding Principles

In providing service, the YAH Program is guided by the following principles:

- I. Public-private and sectoral partnerships for an integrated and holistic approach to health care**

- Meeting the health and reproductive health needs of young people requires involvement, coordination and collaboration among complementing youth stakeholder groups, including the active participation of adolescents and youths themselves.

2. Rights-based

- Service delivery recognizes that adolescents and youth, like any other age groups, have the right to achieve the highest attainable level of health.
- Due to their current stage of development, this segment of population has unique health needs.
- Physical complaints and medical conditions are commonly connected with psychosocial issues, e.g., *a pregnant teen may be experiencing abuse; sexually transmitted infection in adolescent may be caused by prostitution or abuse; a pregnant teenager may be lacking in social support that need to be responded to.*

3. Adolescent and youth as the primary client / patient

- Service delivery will respect and regard young people's growing autonomy, personhood, capacity to communicate and make decision.
- In providing services, the young client will always be consulted in all processes that concerns her /his health and well being. However, involvement of parents and / or other significant adults in the young client's life will be equally promoted.

4. Values and spiritual formation play important part in providing guidance to young people

- Building young people's positive values will play an important part in guiding young people to make decisions that will impact their health and healthy development.

5. Service facilities and providers are adolescent and youth-friendly

- Service providers are trained in the use of the Adolescent Job Aid Manual that contains the DOH's national standards in providing adolescent-friendly service
- Honor privacy and confidentiality
 - Have a room or space dedicated for interviews, counselling and examinations to maintain audio-visual privacy
 - In the course of interviewing and performing a physical examination of an adolescent and youth client, audio-visual privacy has to be promoted and maintained in service facilities.
 - Information given has to be kept confidential. It will not be unnecessarily shared to other people. However, there are circumstances when confidentiality can be breached, such as:
 - a) if there are grave threats to the life of the adolescent or youth client, e.g., if she / he has a plan of committing suicide;

- b) if the adolescent or youth client is currently or has been abused; and
 - c) if there is grave danger to the life of others, e.g., the young client has a concrete plan to hurting other people
- *Gender responsive.*
 - Service providers have to be sensitive and responsive to the unique information, counselling and services needs of male and female adolescents and youth.
 - *Non-judgmental*
 - Unnecessary judgmental or blaming comments, like “*eh kasi ikaw*”, or condemning/ judging behaviors towards a young client should be avoided.
 - Instead, young clients will be provided with guidance to assist him / her develop basic social life skills such as critical thinking, creative thinking and decision-making.
 - *Facilities are adequately equipped with commodities and providers can competently provide young people with health and reproductive health counselling, services and products.*

D. YAH Program Framework

As shown in *Figure 1*, Iloilo City’s YAH Program has the following key components:

I. Network of Complementing Service Institutions / Facilities & Providers

With the City Health Office as the steward of Iloilo City’s YAH Program, the City engaged youth stakeholder institutions like formal and non-formal educational institutions, youth organizations, youth-focused NGOs, private health providers, rural health centers, and other government agencies to form a public-private health and sectoral partnership to serve as the Iloilo City YAH program implementing network.

From this network, Iloilo City issued in December 2012 the Executive Order no. 55-C, series of 2012 for the *Creation and Composition of Iloilo City Youth and Adolescent Health Program Technical Working Group*. The TWG is composed of the following stakeholder groups:

- a) Iloilo City - City Health Office and attached Rural Health Centers
- b) City Population Office
- c) Department of Education, Commission on Higher Education and Development
- d) Educational institutions
- e) Non-Government Organizations
- f) Private health providers, and
- g) Other government agencies that have roles in nurturing adolescents and youth including:
 - Sangguiniang Kabataan (SK)
 - Department of Interior and Local Government (DILG)
 - City Social Welfare and Development Office (CSWDO)

- Iloilo City Police Office-Women and Children Protection Desk
 - President of Association of Barangay Captains
- h) CHD6, POPCOM6 and PRISM2 sit as consultants

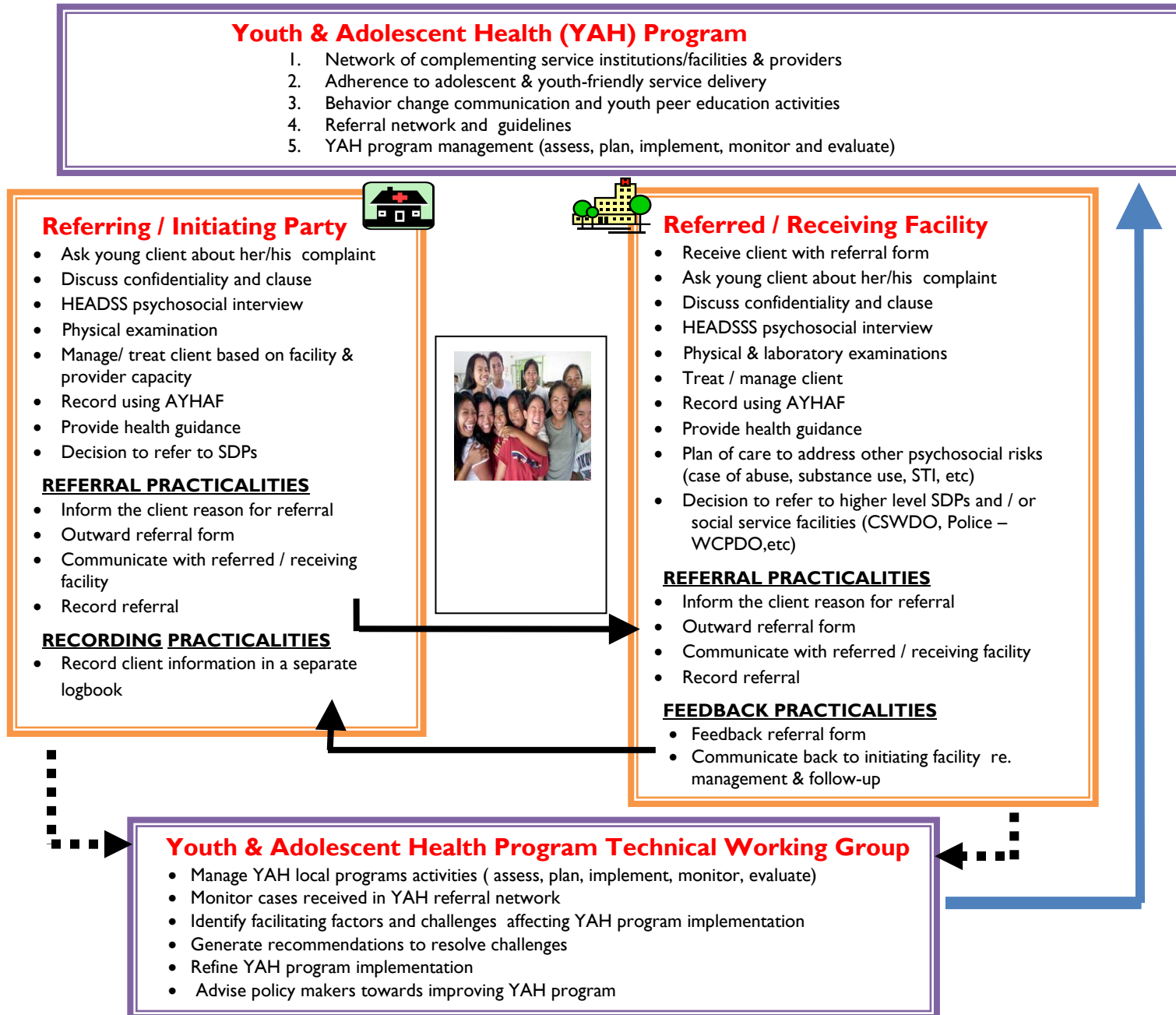
These public-private partners have existing complementing capacities, resources, services and products that can respond to the various reproductive health and other health and development needs of young people.

2. Adolescent and Youth-Friendly Service Delivery

The following elements will be implemented when providing adolescent and youth-friendly services:

- i. Service providers will be trained on adolescent-friendly service delivery and on how to use the Adolescent Job Aid Manual, and other skills building on specific services
- ii. Use of other job aid tools, such as the Adolescent and Youth Health Assessment Form (AYHAF) as basic recording form for 10-24 years old
- iii. A designated room that maintains audio-visual privacy during the interview, examination and counseling
- iv. An array of health and reproductive health services and products in varying levels that can be provided to adolescents and youth clients
- v. Separate filing cabinets designated for adolescent and youth clients
- vi. Adolescent-friendly referral networks and guidelines

Figure 1. Youth & Adolescent Health (YAH) Program Framework



3. Behavior Change Communication activities

Experiences suggest that youth peer education interventions can be effective in influencing adolescents and youth to adopt positive behaviors that impact their health, such as responsible practice of sexuality and substance use.

Iloilo City has trained in-school (in partner schools) and out-of-school (in different Iloilo City districts) youth peer educators. With guidance from their respective guidance counselors (in-school) and designated adult guides (out-of-school), peer educators will conduct peer education sessions, mentor other young people to be peer educators, and facilitate referrals to help their peers access health and reproductive health services and products when needed.

4. Adolescent & Youth-friendly Referral Network and Guidelines

The public-private health and sectoral partners implementing Iloilo City's *Youth and Adolescent Health Program* comprise the program's referral network (see Attachment A: Directory of Service Providers). These sectors are categorized as:

A. **Referring or Initiating Parties.** These are youth stakeholder groups who, in their own capacities and mandates, nurture young people. They include the following sectors:

a) *Formal learning institutions.* These are formal tertiary and secondary educational institutions where the majority of young people are concentrated on a daily basis.

Teachers / professors, guidance counselors, clinic physicians, nurses, midwives, peer educators, are providers that are in direct contact with adolescents and youth. They can be effective agents for helping and referring young people with health and reproductive health concerns. Following are some of the formal tertiary institutions in Iloilo City:

- Central Philippines University
- John B. Lacson Foundation and Maritime University (Molo and Arevalo)
- University of Iloilo-Phinma
- St Therese College
- Iloilo Doctors College
- West Visayas State University
- University of San Agustin
- West Visayas Science and Technology
- Western Institute of Technology
- University of the Philippines Visayas
- other secondary and tertiary schools in Iloilo City are also part of the YAH program

b) *Non-formal learning institutions.* These are alternative learning system (ALS) schools that provide opportunities for out-of-school youths to receive education in an informal set-up.

Teachers in ALS schools can refer adolescent and youth with health and reproductive health concerns.

- SCALA (or sharing computer access locally and abroad) in Iloilo City
- c) *Youth groups / organizations*
- Sanguniang Kabataan officers or members
 - Pag-asa Youth Association of the Philippines-Iloilo City
- d) *Youth peer educators* – Iloilo City’s YAH Program recognizes that in-school and out-of-school youth peer educators can influence positive health seeking behaviours among their peers. They can help in providing correct health and reproductive health information and where to get needed services and products, help their peers with reproductive health concerns, and facilitate referrals.
- e) *General community*. This includes parents, people’s organizations, barangay officials, faith-based groups, differently-abled groups, Muslim youth groups and communities, etc.

B. ***Referred / Receiving Facility***. These are public-private SDPs in different levels of care (community level providers, Basic Emergency Obstetric and Newborn Care or BeMONC, Comprehensive Emergency Obstetric and Newborn Care or CeMONC) that have health providers trained in AJA and other skills in specific areas , e.g., FPCBT I.

These facilities have the capacity and resources, health and reproductive health services and products that adolescents and youth can access when needed. These facilities include:

Public Sector

- Iloilo City - City Health Office and all its Rural Health centers
- Western Visayas Medical Center

Private Sector

- EMUNAH Lying –In Clinic
- Angel’s Haven Birthing Center
- TESS Birthing Clinic
- IMAP Birthing Center
- St. Therese Hospital

Non-Government Organization

- Family Planning of the Philippines- Iloilo City

Other government agencies for social services

- City Social Welfare and Development Office with offices in all Iloilo City districts
- Police – Women and Children Protection Desks in all Iloilo Districts

5. YAH Program Management

The created Iloilo City *Youth & Adolescent Health Program Technical Working Group* is considered the action force behind Iloilo City's YAH Program. It is the primary local body / structure that will manage (assess, plan, implement, monitor, evaluate) Iloilo City's local programs for young people.

The TWG will “*provide timely health advisory to stimulate policy makers to make strategic decisions and interventions sensitive to the needs of young people*”, as stipulated in E.O no. 55-C, series of 2012 for the *Creation and Composition of Iloilo City Youth and Adolescent Health Program Technical Working Group*.

A quarterly meeting will be convened to:

- a) Track and assess the implementation of YAH program activities
- b) Update on the number of adolescents and youth cases received in respective facilities
- c) Discuss facilitating and hindering factors that affect the implementation of local programs
- d) Identify facilitating factors and challenges affecting service facilities in providing adolescent friendly service; and
- e) generate recommendations to refine YAH program implementation

III. OPERATIONAL GUIDELINES

Public-private health and sectoral partners who serve as *referring parties and receiving facilities* of the YAH Program have different yet complementing and reinforcing roles towards addressing health and reproductive health needs of young *Ilongos*.

Referring or Initiating Parties

SCHOOL-BASED PROGRAMS

Formal learning institutions. These are formal tertiary and secondary educational institutions where the majority of young people are concentrated on a daily basis. Following are some of the formal tertiary institutions in Iloilo City:

- Central Philippines University
- John B. Lacson Foundation and Maritime University (Molo and Arevalo)
- University of Iloilo-Phinma
- St Therese College
- Iloilo Doctors College
- West Visayas State University
- University of San Agustin
- West Visayas Science and Technology
- Western Institute of Technology
- University of the Philippines Visayas
- other secondary and tertiary schools in Iloilo City are also part of the YAH program

Non-formal learning institutions. These are alternative learning system (ALS) schools that provide opportunities for out-of-school youths to receive education in a non-formal setting. Teachers in ALS schools can refer adolescent and youth with health and reproductive health concerns to public-private youth-friendly receiving facilities.

- SCALA (or sharing computer access locally and abroad) in Iloilo City

- **Campus-based Service and Referral Activities**



- Tertiary schools in Iloilo City are YAH Program partners because they can provide links to various public-private adolescent-friendly SDPs that will increase young people's access to needed reproductive health services and products.
- In-school youth peer educators, teachers / teaching professionals, guidance counsellors, and school-based health providers are directly in contact with young people on a daily basis. By coordinating and working closely with one another, they serve as “*first contact*” providers, who can provide information, assess risky behaviours, provide guidance, and make the necessary outward referral to any of the public-private adolescent-friendly SDPs.
- *Figure 2 and Figure 3* illustrate the service and referral flow in a campus-based setting. It should be noted that in this setting, it will be the **GUIDANCE COUNSELING OFFICE** and guidance counsellors who will “triage” or determine the priority of an adolescent or youth client's health and reproductive health concerns based on the severity of their condition. They are also responsible for coordinating with other appropriate SDPs, and will make necessary referrals within or outside the campus.

- **Campus-based youth peer education and other BCC / IEC activities**

- With guidance from their respective guidance counselors (in-school), trained peer educators are tasked to conduct peer education sessions (*Usapang Barkadahan*) and facilitate referral to help their peers access health and reproductive health services and products when needed.
- As a job aid tool to follow-up on their peers who have health and reproductive health concerns, youth peer educators should ask the peer participants to fill-out the *Usapang Barkadahan health action cards*, help and refer to their guidance counselors those who signified interest to access further counseling, services and or products.
- Guidance Counselors then do the “triage” and make the needed referral to appropriate public-private SDPs.
- Guidance counselors They are also tasked with mentoring their select peers to be peer educators to ensure the continuity of the peer education program. Recruited / volunteer peer facilitators from different colleges under the Guidance Counseling Office, will be trained / mentored on AYRH peer education to build their capacities in facilitating youth peer education.

- To reinforce youth peer education sessions, partner schools may opt to integrate / mainstream health and reproductive health information dissemination in school affairs as other form of BCC / IEC activities. This may include:
 - i. Guidance counselling sessions / classes, NSTP classes, family day, nutrition month, valentine's day, Lingo ng Wika, foundation day, freshmen orientation session, class retreats, etc.
 - ii. Regular column in school organ / paper with topics on adolescent sexuality and reproductive health
 - iii. Youth forums and seminars
 - iv. Establish information corners on reproductive health such as health bulletins or nutrition corners in canteens
 - v. Utilizing new information technologies such as social networks (Facebook, Twitter, MySpace) as windows for information dissemination on responsible sexuality and reproductive health

Figure 2. Campus –based Service and Referral Flow

RESPONSIBLE PERSON	FUNCTIONS / SERVICES
<div data-bbox="201 380 449 561" style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content;"> TEACHERS </div> 	<ol style="list-style-type: none"> 1. Assist in health risk assessment <ul style="list-style-type: none"> • Guidance counsellors provide teachers with copies of <i>Part I</i> (psychosocial health risk assessment) of the Adolescent and Youth Health Assessment Form . • Teachers ask students to fill-up Part I of AYHAF • Explain students that this is being done in close collaboration with the Guidance Counselling office to help • Ensure students that information shared will be kept confidential • Collect accomplished Part I from students • Teachers submit accomplished Part I of AYHAF to guidance counsellors. There is no need for the teachers to review the accomplished Part I of AYHAF; guidance counsellor will do the assessment 2. Refer students observed to have some concerns to the guidance counsellor <ul style="list-style-type: none"> • Keenly observe behaviours of students, e.g. <i>frequent absences, abrupt poor change in academic performance, isolation, etc</i> • Talk to students re. concerns and ask if willing to seek help • Communicate, coordinate, and refer to guidance counsellor
<div data-bbox="191 993 449 1175" style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content;"> PEER EDUCATORS </div> 	<ol style="list-style-type: none"> 1. In collaboration with guidance counsellors and health providers, organize and conduct youth peer education (<i>Usapang Barkadahan</i>) sessions 2. At the end of each session, ask peer participants to fill-out the <i>Usapang Barkadahan Health Action Card</i> 3. Ensure that information shared will be kept confidential 4. Collect filled-out health action cards and submit to adult-guide guidance counsellors 5. Together with guidance counsellors, review and isolate those with health and RH concerns 6. Follow –up with peers who have health and RH concerns, and ask if she/he is willing to get help to access further counselling and services 7. If willing to access counselling and services, coordinate and refer to the guidance counsellor

**GUIDANCE
COUNSELLOR**

1. Receive referrals from teachers, peer educators or direct consultations from students
 - Greet the adolescent and accompanying adult (if accompanied)
 - Explain that any information shared will be kept confidential unless
 - a) *there is grave threat to the life of the adolescent and youth*
 - b) *the young client is in state of abuse*
 - c) *there is grave threat to the lives of others*

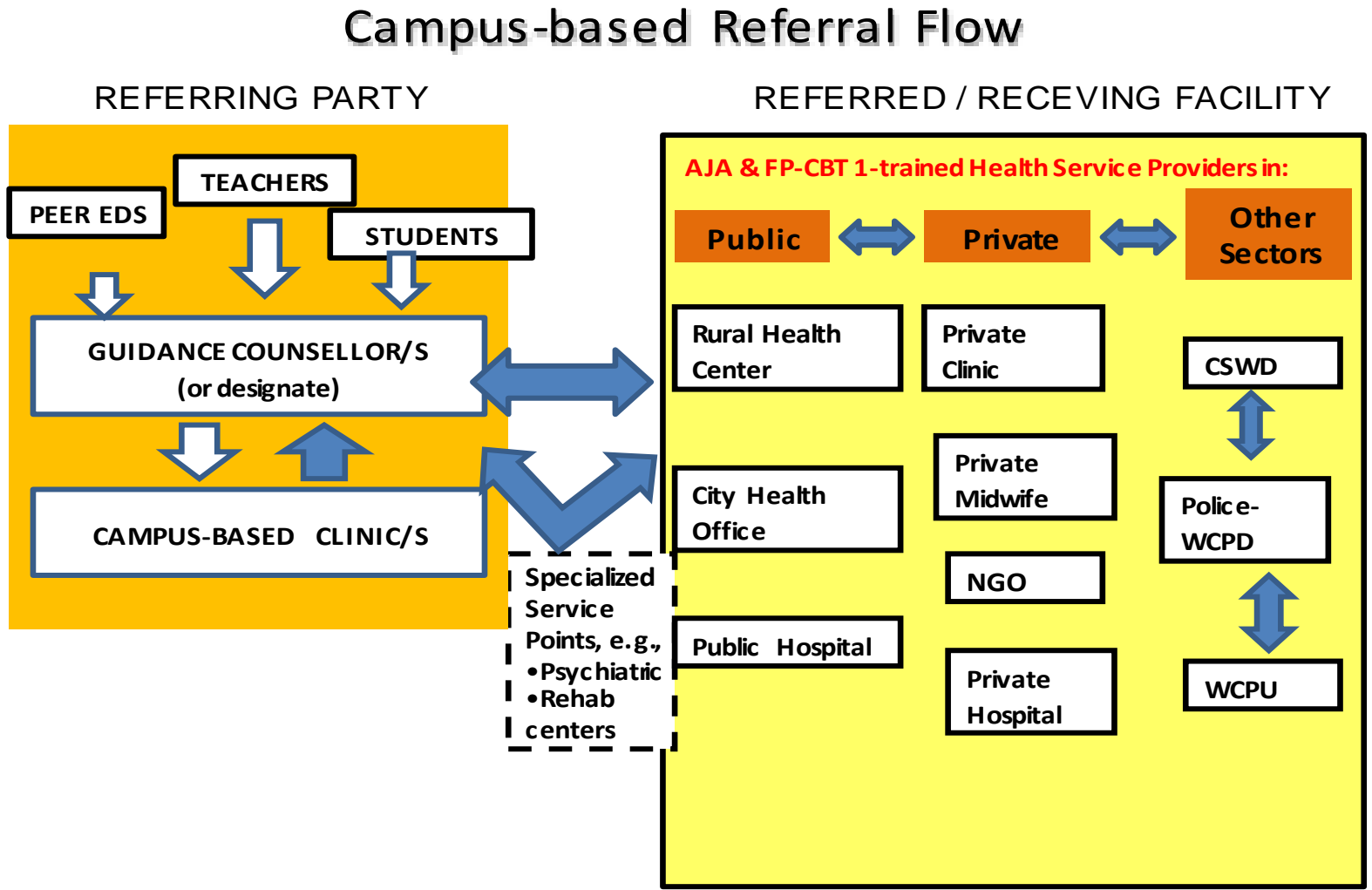
Wherein information can be shared to parents or other agencies to help the young client

 - Quickly review accomplished Part I of AYHAF, ask young client about her/his concerns; ask parent / accompanying adult about their concerns for the young client
 - Inform the parent / accompanying adult that you will now interview the patient alone and that you will call him / her back to discuss your assessment and plans
 - Based on Part I, probe and conduct psychosocial interview using the HEADSS format.
2. Make risk assessment base on the HEADSS interview; manage and provide health guidance
3. Refer to appropriate facility if needed **using 2-way referral forms**; along with 2-way referral forms, provide referred facility with a copy of the completed AYHAF Part I sealed in an envelope
4. Coordinate with specific provider in the *referred facility* regarding the young client who was referred to their facility; **ask referred facility to provide feedback on the management done using the feedback form**
5. Record case received, managed and those referred in a logbook

SCHOOL MD /RN

1. Receive referrals from the guidance counsellor; receive walk-in young clients
2. Greet the adolescent and accompanying adult when they enter the clinic (if accompanied)
3. Explain the issue of confidentiality to both the adolescent and the accompanying adult
4. Quickly review the completed Part I of the AYHAF, ask the young client about her/his concerns, past medical history and family history
5. Based on Part I of the AYHAF, probe and conduct psychosocial interview using the HEADSS format, perform a physical examination
6. Make a medical diagnosis and health risk assessment based on the HEADSS interview
7. Inform the young client of your findings, provide guidance and manage
8. Using the feed-back form, **refer back to the guidance counsellor** with notes on the management performed, and/ or for the need for further outward referral.
9. Record cases received and managed

FIGURE 3: Campus-based Referral Flow



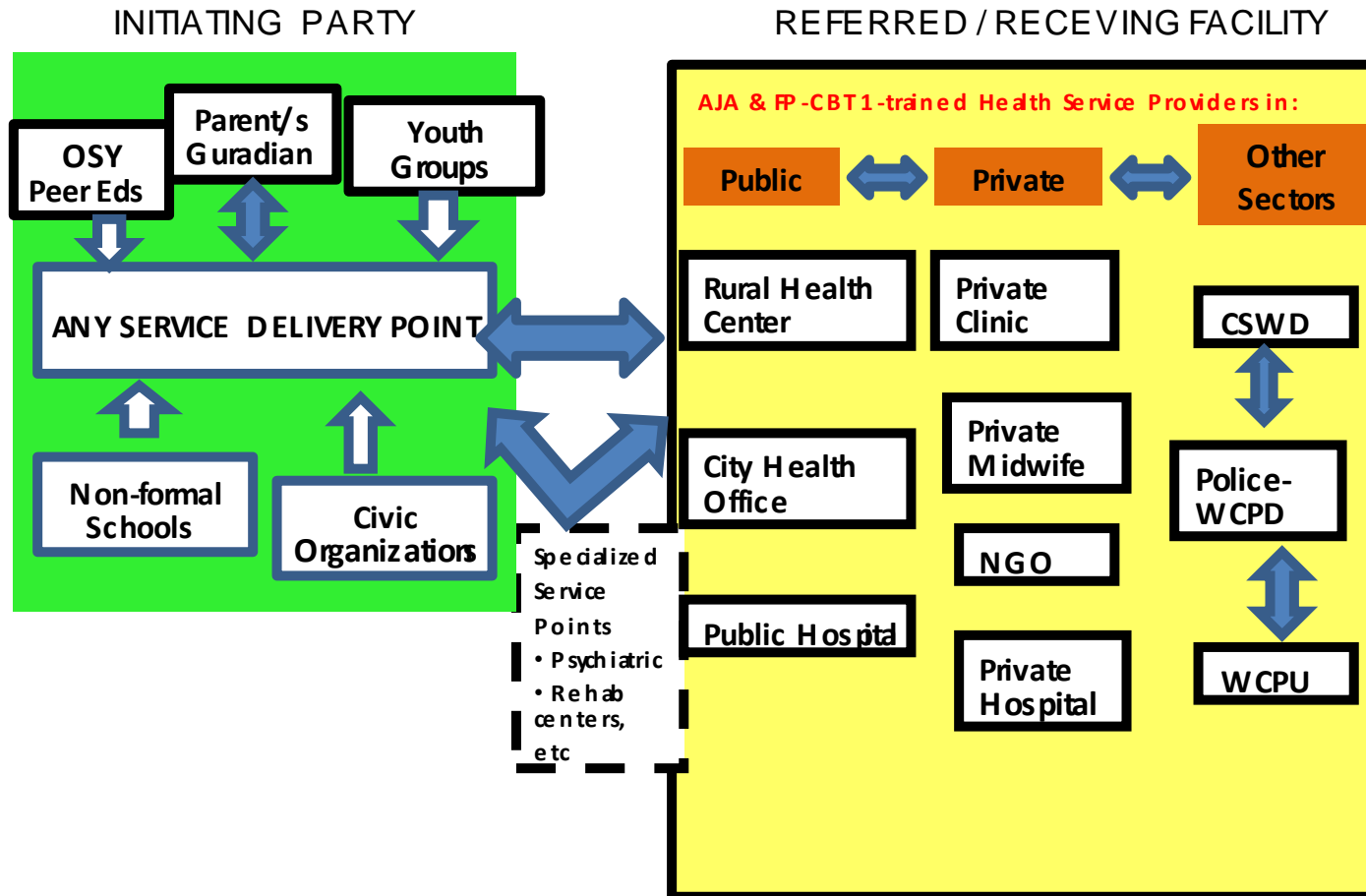
COMMUNITY-BASED PROGRAMS

• Community-based Service and Referral Activities

- In close coordination with the City Social Welfare and Development, Pag-asa Youth Association of the Philippines, and Barangay local chief executives, Iloilo City has trained out-of-school youth peer educators.
- Similar to in-school peer education activities, OSY peer educators in the districts of Iloilo City conduct youth peer education sessions (*Usapang Barkadahan*) and provide referrals to help their peers access health and reproductive health services and products when needed.
- As a job aid tool for following-up on their OSY peers with health and reproductive health concerns, youth peer educators ask peer participants to fill-up the *post-peer education health action cards*, and provide assistance and refer those who signified interest to accessing further counseling, services and/or products.
- Unlike the school / campus-based setting, OSY peer educators refer their OSY peers directly to any of the appropriate public-private adolescent and youth-friendly *Receiving Facilities*.
- If there is a need for additional referrals to other SDPs, the facility will coordinate, communicate and make the necessary referral, and request for feedback on the management of the case through the feedback form.
- *Figure 4* illustrates the service and referral flow in the community-based setting.

FIGURE 4. Community-based Service and Referral Flow for Out-of-school Youth

Community-based Referral Flow for Out-of-School Youth



Referred / Receiving Facility**HEALTH FACILITY**

- These are public-private SDPs in different levels of care that can offer skills capacities and resources, health and reproductive health services and products that adolescents and youth can access when needed. In Iloilo City, these facilities include:

Public Sector – Primary Level

- Iloilo City - City Health Office and all its Rural Health Units

Public Sector – Tertiary Level

- Western Visayas Medical Center

Private Sector – Primary Level

- EMUNAH Lying –In Clinic
- Angel’s Haven Birthing Center
- TESS Birthing Clinic
- IMAP Birthing Center
- Family Planning of the Philippines- Iloilo City (a non-government organization)

Private Sector - Tertiary Level

- St. Therese Hospital

- The following pages describe how public and private health service facilities at different levels will integrate / mainstream adolescent and youth-friendly service delivery in their daily operating procedures.
- The Iloilo City YAH program seeks to improve / enhance the daily operating procedures of the clinic, to elevate it to the consciousness of health providers that they also have to be responsive to the needs of adolescent and youth clients.
- In the course of providing service to young people, health providers should adhere to the set of guiding principles mutually agreed by the members of YAH program.

Rights-based

- Service delivery recognizes that adolescents and youth, like any other age groups, have the right to achieve highest attainable level of health.

Adolescent and youth as the primary client /patient

- In providing services, the young client will always be consulted in all processes that concerns her /his health and well being.

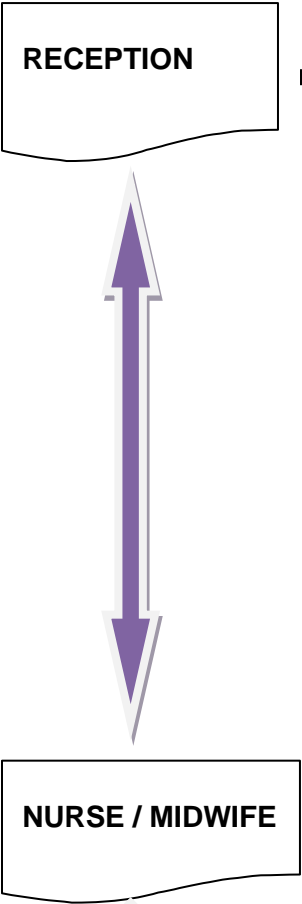
Values & spiritual formation play important part in providing guidance to young people

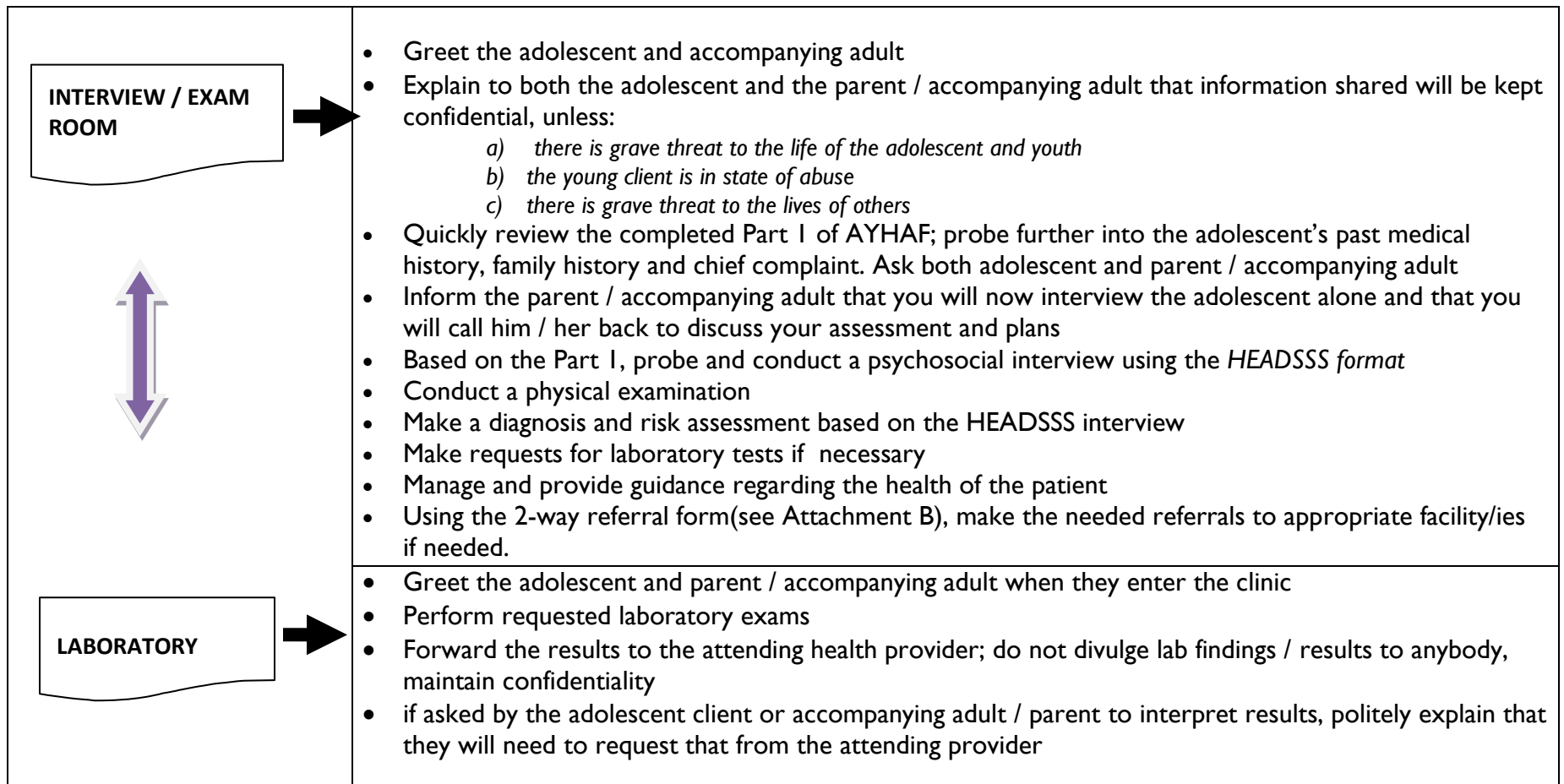
- Building young people’s positive values will play important part in guiding young people to make decisions that will impact on their health and healthy development.

Service facilities and providers are adolescent and youth-friendly

- Trained providers in use of Adolescent Job Aid manual as DOH national standards in providing adolescent-friendly service
- Honor privacy and confidentiality
- Gender responsive.
- Non-judgemental

• **Health Facility Adolescent-friendly Service and Referral Activities**

AREAS OF FACILITY	FUNCTIONS / SERVICES
 <p>RECEPTION</p>	<ul style="list-style-type: none"> • Greet the adolescent and accompanying adult when they enter the clinic • Inform the accompanying adult that the young client will fill-out PART I of the Adolescent & Youth Health Assessment form (AYHAF) in a separate room; ask the accompanying adult to wait in the waiting area • Explain to both the adolescent and the parent / accompanying adult that information shared will be kept confidential, unless: <ul style="list-style-type: none"> a) there is grave threat to the life of the adolescent or youth b) the young client is being abused c) there is grave threat to the lives of others wherein information can be shared to parents or other agencies to help the young client • Give the adolescent the AYHAF, accompany him / her to the designated room • Take the AYHAF once the young client is finished filling-out Part I. There is no need to review the filled-out Part I; the nurse, midwife, or physician will review it. • Get other required information, such as vital signs • Accompany the adolescent to the nurse / midwife desk or room <p><u>ONCE CONSULTATION IS COMPLETE:</u></p> <ul style="list-style-type: none"> • Record case in a separate logbook intended only for adolescent and youth clients • Keep the AYHAF records in a separate cabinet • Ensure that no unauthorized person has access to patient records
<p>NURSE / MIDWIFE</p>	<ul style="list-style-type: none"> • Greet the adolescent and accompanying adult • Review completeness of AYHAF-Part I, Ask reason/s for any missed questions. Assist the adolescent client • Explain the procedure and get: vital signs, chief complaint, history of present illness, and obstetric and gynaecological history (for young women); • Record answers under Part 2 of the AYHAF. • Accompany the adolescent and accompanying adult(s) to the physician's or private midwife's clinic



- In private practice midwives' clinics / health facilities, same guidelines apply.
- In a hospital setting, the Out-Patient Department (OPD) will serve as the department to “triage” or determine the priority concerns of an adolescent and youth client, coordinate and make the needed referral to other specialized departments, e.g., to OB-Gyne department for managing a pregnant teen.

SOCIAL SERVICE FACILITY

Adolescents and youth are vulnerable to abuse. The study conducted by the UP Center for Women's Studies-UNICEF in 1996, revealed that the majority of abuse, both physical and sexual, occurs during the ages of 11-17.

Recommended services to a victim-survivor are based on three national laws, namely:

- RA 7610 or the Special Protection of Children Against Abuse, Exploitation and Discrimination Act of 1992
- RA 9262 or the Anti-Violence Against Women and their Children Act of 2004; and
- RA 9710 or the Magna Carta of Women of 2009

The Services to Gender-Based Violence Victims-Survivors

A. RA 9262 (Anti-Violence Against Women and Their Children Act)

defines violence against women and children as “any act or a series of acts committed by any person against a woman who is his wife, former wife, or against a woman with whom the person has or had a sexual or dating relationship, or with whom has a a common child or against her child whether legitimate or illegitimate, within or without family abode, which result in physical, sexual, psychological harm or suffering, or economic abuse including threats of such acts, battery, assault, coercion, harassment or arbitrary deprivation of liberty”.

RA 9262 lists the agencies and the services that they must provide to victims-survivors, to wit:

- 1) **Department of Social Welfare and Development (DSWD) and Local Government Units (LGUs)**
 - Temporary shelters, counseling and psycho-social services, and/or recovery, rehabilitation programs and livelihood assistance;
- 2) **Department of Health (DOH) through the establishment of at least one Women and Children's Protection Unit (WCPU) in every province**
 - Medico-legal assistance. Medical assistance includes complete physical and mental examinations, medical and surgical treatment, psychological and psychiatric evaluation and treatment, hospital confinement when necessary, manage the reproductive health concerns of victim-survivor of Violence against Women and Children (VAWC), etc.

3) Barangay Council

- issuance of barangay protection order to prevent further acts of violence and minimize any disruption in the daily life of the woman and child;

4) Family Court

- Issuance of temporary/permanent protection order

5) National Bureau of Investigation (NBI)/Philippine National Police (PNP) Women and Children's Protection Desk

- Investigation of the case, conduct search and rescue operations, protection of the victim-survivor and arrest perpetrators and provide police security, whenever necessary; and

6) Department of Justice (DOJ)/Public Attorney's Office (PAO)/Prosecutor's Office:

- Legal/prosecution services.

B. RA 9710 (Magna Carta of Women) reiterates the services mentioned in RA 9262 and defines discrimination against women as “any distinction, exclusion or restriction which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field”:

- Section 17: Comprehensive health services that include: psychosocial, therapeutic, medical, and legal interventions and assistance towards healing, recovery, and empowerment
- Section 30-31: Women in Especially Difficult Circumstances (referring to victims-survivors of sexual and physical abuse, illegal recruitment, prostitution, trafficking, armed conflict, women in detention, victims and survivors of rape and incest, and such other related circumstances which have incapacitated them functionally). Local government units are mandated to deliver the services, such as, but not limited to the following, to WEDC under their respective jurisdictions:
 - ✓ Temporary and protective custody;
 - ✓ Medical and dental services;
 - ✓ Psychological evaluation;
 - ✓ Counseling
 - ✓ Psychiatric evaluation;
 - ✓ Legal services;
 - ✓ Productivity skills capability building;
 - ✓ Livelihood assistance;
 - ✓ Job placement;
 - ✓ Financial assistance; and
 - ✓ Transportation assistance.

- C. RA 7610 (Special Protection of Children Against Abuse, Exploitation and Discrimination Act) also lists services for abused children:

Services specified in the Comprehensive Programme on Child Protection (CPCP) developed by the Committee for the Special Protection of Children (CSPC) headed by the Department of Justice (DOJ) and the Department of Social Welfare and Development (DSWD) in accordance with RA 7610 are, among others, the (Yacat, 2011):

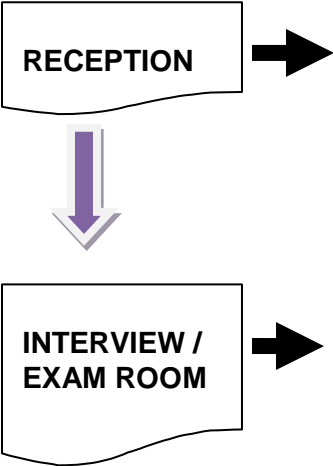
- Development and strengthening of rescue mechanisms:
 - Crisis Intervention Unit (CIU), a special unit of the DSWD, provides integrated services such as immediate rescue and protection, provision of direct financial and material assistance, and referrals for medical, legal, psychosocial, temporary shelter, and other services to clients. Rescued children are provided Critical Incident Stress Debriefing. Then they are referred to appropriate centres for temporary shelter and protective custody.
 - Local Councils for the Protection of Children (LCPC) at all levels of the government, especially at the barangay level;

- Psychosocial recovery and healing services and social reintegration.
 - Centre-based services provide any of the following services: a) skills training, values formation and alternative education or tutorials; b) legal assistance, case work and psychological/psychiatric services; and c) recreation, sports and even livelihood opportunities.
 - Street-based services usually offer “street education,” which adopts a protective approach that includes counselling, referral to health centres health education, first aid, and advocacy for prevention.

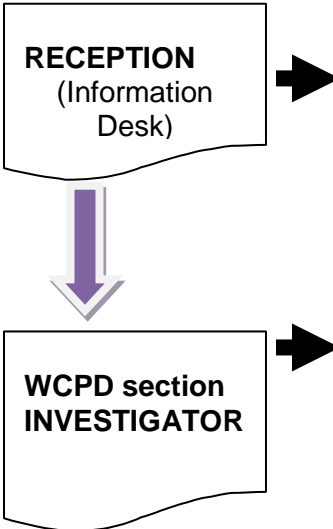
Active involvement of the a) City Social Welfare and Development, and b) the police-Women and Children Protection Desks in all Districts of Iloilo City as members of referral network are highly valued to help young people experiencing gender-based violence get out of abuse.

The following service delivery and referral flows, as standard operating protocol /procedure are being followed in the two abovementioned agencies:

**a) Iloilo City – City Social Welfare and Development Office
Service and Referral Activities**

AREAS OF FACILITY	FUNCTIONS / SERVICES
 <p>RECEPTION</p> <p>INTERVIEW / EXAM ROOM</p>	<ul style="list-style-type: none"> • Establish rapport by greeting the client and let her / him feel comfortable • Explain to the client that confidentiality is a policy of the office and is being observed • Accompany client to <i>the Interview cum Exam Room</i> <hr/> <ul style="list-style-type: none"> • Interview the client using the general information (intake) sheet • Record case in a separate logbook intended for adolescent and youth clients • In cases of abuses such as incest / rape, refer to the Women and Children Protection Desk (WCPD) for documentation, and collaborate with WCPD in handling / managing case • Probe / validate information gathered • Make the initial assessment • Make diagnostic assessment • Hold counselling sessions • Prepare treatment / rehabilitation plan with the client • Refer to multi-disciplinary agencies for co-management <p><u>IN MAKING REFERRAL TO WCPD</u></p> <ul style="list-style-type: none"> • The Social Worker Officer 3 (SWO3) signs the prepared referral letter • Client brings the referral letter to WCPD, or a social worker accompanies the client to WCPD • As a mechanism for feedback, the social worker follows up on the case and calls the WCPD to check if client benefited from the needed services

b) Police Station – Women and Children Protection Desk

AREAS OF FACILITY	FUNCTIONS / SERVICES
 <p>RECEPTION (Information Desk)</p>	<ul style="list-style-type: none"> • Consider adolescents and youth as the primary clients • Greet adolescent and accompanying adult when they enter the station • Explain to the client that confidentiality is an office policy and will be observed • In cases of abuse, immediately refer the client to the WCPD section
	<ul style="list-style-type: none"> • View / consider adolescent – youth as the primary client • Greet adolescent and accompanying adult when they enter the station • Explain to the client that confidentiality is a policy of the office and is being observed • Make sure that the adolescent or youth feel comfortable • Interview the child / adolescent or youth • Review with the client the information she / he had given for any additional information or correction/s in the information • Blotter the case, record all needed information, record the case in a separate logbook intended for women and children cases only (confidential) <p><u>IN MAKING REFERRAL</u></p> <p>After the blotter, the WCPD investigator fills-up a referral form</p> <ul style="list-style-type: none"> • The client brings with her the prepared referral form <ul style="list-style-type: none"> – Referral for medical examination. For medical examination, client is usually referred at Western Visayas Medical Center or WVMC, and – Psychological referral. The client is referred to CSWD for psychological examination, counselling and financial or temporary shelter assistance. <ul style="list-style-type: none"> ▪ In case of reported sexual abuse, the WCPD Investigator immediately informs the CSWD Social Worker, through a phone call or SMS-text, the name and case of client to be referred to their office. ▪ To avoid trauma caused by repeat interviews, the Social Worker goes to the WCPD section for “one-stop-shop” interview with the client <p><u>ASSIST IN CASE FILING</u></p> <ul style="list-style-type: none"> • Give client the list of needed documents in filing the case in court • Assist client in preparing affidavits / statements / complaints • If all documents are already complete, assist client in filing the case in court.

Attachment A: Directory of Iloilo City Service Providers and Facilities

**Iloilo City Youth and Adolescent Health Program
Referral Network
DIRECTORY
(As of September 20, 2013)**

Name of Facility and Address	Name of Providers and Contact Numbers	Services Offered
I. City Health Office- Iloilo City		
<p>CHO Main Office City Hall Building Plaza Libertad, Iloilo City</p> <p>Sto. Rosario Health Center</p> <p>Tanza Health Center</p> <p>Molo Health Center</p> <p>Mandurriao Health Center</p>	<p>Dr. Roland Jay Fortuna Contact No. 333-1111 local 212-2nd floor Local 517 – 5th floor</p> <p>Dr. Maila Buyco – Lilith Libardo – Nurse Contact No. 3364692</p> <p>Dr. Anceno Mae Muyuela Contact No. 3384756</p> <p>Dr. Teresita Chiu Jeff Mabilog Contact No. 3374609</p> <p>Dr. Annabelle Tang Celina Divinagracia</p>	<p>1. Well –adolescent services</p> <ul style="list-style-type: none"> - General health assessment - Micronutrient supplementation- iron with folic acid - CBC/blood typing/ urinalysis/fecalysis sputum exam for TB - Counselling and management (FP-informed choice/provision of FP methods with City Population Office) - HIV/AIDS/STD - Pap smearing - VAW (Visual acetic acid wash) - Fertility awareness - Smoking cessation - Health education- hygiene/nutrition/anemia/healthy eating habits/healthy lifestyle/substance abuse <p>2. General medical consultation</p> <p>3. Pre-pregnancy</p> <ul style="list-style-type: none"> - Teenage pregnancy prevention - Responsible parenting - Informed choice and voluntarism - Fertility awareness - FP methods/provision of methods (with City Population Office)

<p>Jaro Health Center I</p>	<p>Contact No. 3211373</p> <p>Dr. Amelia Guarin Mylven Granada Contact No. 3203933</p>	<p>4. Deworming</p>
<p>Jaro Health Center II</p>	<p>Dr. Mencho Robles Elizabeth Tan Contact No. 3207015</p>	<p>5. Health cards</p>
<p>Lapaz Health Center</p>	<p>Dr. Mary Ann Diaz Nilda Hallares Contact No. 3203227</p>	<p>6. Outreach activities - Adolescent Health Day in the Barangay Health Station every Friday</p>
<p>Barrio Obrero Health Center /Lapuz Health Center</p>	<p>Dr. Marigold Calsas Jole Jopson Contact No. 3382693</p>	<p>7. Dental services</p>
<p>Arevalo Health Center</p>	<p>Dr. Bernard Caspe Luisa Hipolito Contact No. 3365055</p>	<p>8. Pregnancy</p> <ul style="list-style-type: none"> - Monitoring of height and weight - Birth planning - BP taking - Provision of Iron with folic acid - Promote use of iodized salt - Early referrals for danger signs and complications - Tetanus toxoid vaccination - Health seeking behaviour
<p>Social Hygiene Clinic</p>	<p>Dr. Odette Villaruel Contact No. 3358891</p>	<p>9. Support services: laboratories-CBC/blood typing/urinalysis/fecalysis</p>
<p>Calumpang Lying In</p>	<p>Marlyn Diocena Contact No. 3373757</p>	<p>10. Social hygiene clinic –HIV/AIDS detection commercial sex workers and health screening</p> <p>11. Post partum services</p> <ul style="list-style-type: none"> - Post partum home visits - Provision of iron 2 times per month - Provision of vitamin A - Deworming - Promote utilization of iodized salt - FP-birth spacing provision of methods <p>12. Newborn care – referral for newborn screening</p> <ul style="list-style-type: none"> - Exclusive breast feeding - Immediate NB care and birth registration

<p>Lapaz Maternity and Reproductive Health Center</p>	<p>Dr. Julie L. Baronda Contact No. 3211297</p>	<p>13. Immunization – BCG/pentavalent/MMR and rotavirus</p> <p>Lapaz Maternity and Reproductive Health Center Additional Services: 14. Prenatal and Delivery Services</p>
<p>2. City Population Office - Iloilo City</p>		
<p>City Population Office 5th Floor City Hall Plaza Libertad, Iloilo City Contact No: 333-1111 (local 513-514)</p>	<p>Mary Ann Ramos OIC City Population Officer</p> <p>Florence Galanto PMC Team Chairman</p> <p>Population Program Officers</p>	<ol style="list-style-type: none"> 1. Reproductive health services (assessment, counselling and management) <ul style="list-style-type: none"> - IEC/counselling - Service provision of FP methods (limited to pills, condoms and DMPA) 2. Teenage pregnancy prevention <ul style="list-style-type: none"> - IEC/counselling - Provision of FP services except for IUD and DMPA (referred to clinics) - NSV and BTL referred to FPOP and WVMC 3. Post partum 4. VAWC/ Gender-based Violence services <ul style="list-style-type: none"> - Early recognition/detection of VAWC cases and referral to appropriate agency if necessary 5. AYRH lectures conducted in school upon invitation/request, walk-ins 6. Conduction of a survey on issues and concerns on 7 identified public highschools in Iloilo City 7. Information disseminated through films involving teenage groups in barangays
<p>3. City Police Office – Women’s and Children Protection Desk, Iloilo City-</p>		
<p>Headquarters – General Luna St., Iloilo City</p>	<p>PINSP. Marie Faith Superio</p>	<ol style="list-style-type: none"> 1. Administer and attend to cases against women and children and other similar offenses

<p>Iloilo City Police Station (ICPS) I – City Proper</p> <p>ICPS 2 – Lapaz</p> <p>ICPS 3 -Jaro</p> <p>ICPS 4 – Molo</p> <p>ICPS 5- Mandurriao</p> <p>ICPS 6 – Arevalo</p>	<p>Contact no. 338-38-65</p> <p>PO2 Janet I. Condino Contact No. 337-90-22</p> <p>PO2 Venus T. Gabawa Contact No. 3290904</p> <p>PO2 Beverly L. Cataluna Contact No. 329-75-58</p> <p>SPO1 Nona T. Tamayor Contact No. 337-95-02</p> <p>SPO1 Diana Rose Sipole Contact No. 33-27-34</p> <p>SPO2 Ma. Novie A. Homena Contact No. 337-95-93</p>	<ol style="list-style-type: none"> 2. Attend to all cases referred to the police station and investigate preparation of affidavit and filing in court 3. Monitor all cases in the city concerning women and children <p>VAWC/Gender-based Violence Services</p> <ol style="list-style-type: none"> 1. Early recognition/detection of VAWC cases 2. First aid intervention for injuries of survivors – refer to hospital- WVSU and ICER 3. Support services to safeguard patient’s rights and privacy 4. Detection of high risk factors, e.g., suicidal tendencies, etc. (refer to WVMC) 5. Coordination with local authorities and approach agencies or facilities (refer to DSWD) 6. Management of Survivors of VAWC (refer to Hospital –WVSU-WVMC) <ul style="list-style-type: none"> - Medical - Psychotherapy - Gathering of pieces of evidence – (WCP Office) - Shelter provision - DSWD – CIU 7. Assist clients in initial report of cases (abused) 8. Assist clients in filing cases in court
<p>4. City Social Welfare Development Office (CSWDO) – Iloilo City</p>		
<p>City Social Welfare Development Office (CSWDO)</p>		<ol style="list-style-type: none"> 1. Early recognition/detection of VAWC cases 2. First aid intervention for injuries of survivors - referred to health

<p>M. H. Del Pilar St., Molo, Iloilo City</p> <p>CSWDO – City Proper District</p> <p>CSWDO – Lapaz District</p> <p>CSWDO – Molo District</p> <p>CSWDO – Jaro District</p> <p>CSWDO – Arevalo District</p> <p>CSWDO – Mandurriao District</p> <p>CIU –SDC Buikding M.H del Pilar, Molo, Iloilo City</p>	<p>Nida Espadan Contact No. 3374552</p> <p>Evelyn Olano Contact No. 337-8223</p> <p>Merlyn Gizon Contact No. 3375833</p> <p>Ruby Lopez Contact No. 329-1236</p> <p>Teresa Gelogo Contact No. 3376022</p> <p>Juna Alidron Contact No. 3213697</p> <p>Elizabeth Sevilla Contact No. 3375833</p>	<p>sectors</p> <ol style="list-style-type: none"> 3. Support services to safeguard patients rights and privacy 4. Detection of high risk factors e.g suicidal tendencies – refer to appropriate facilities 5. Coordination with local authorities and approach agencies or facilities 6. Management of survivors of VAWC <ul style="list-style-type: none"> – Medical – Psychotherapy / psychosocial intervention – Gathering of pieces of evidence – (WCPD) – Shelter provision
<p>5. Family Planning Organization in the Philippines (FPOP) Iloilo Chapter</p>		
<p>Family Planning Organization in the Philippines (FPOP) Iloilo</p>	<p>DOCTOR: Dr. Salapare</p>	<ol style="list-style-type: none"> I. Well Adolescent Services <ul style="list-style-type: none"> General Health Assessment <ul style="list-style-type: none"> - Medical History - Past medical history

<p>Chapter Sacred Heart Bldg., Brgy. Rizal Palapala, Jalandoni St., Iloilo City</p> <p>Direct Contact: Monaliza Diones Tel. #: 336-3991 Mobile: 09166466788</p>	<p>Nurses: Rowena Palma Junie Arano</p> <p>Midwives: Connie Marie Deguma Razel Cabrera Pearl Lima Lorgen Pama</p>	<ul style="list-style-type: none"> - Family history - Immunizations / allergies/ medications - Pubertal / menstrual history / obstetric & gynecological history (for girls) - Physical examination - Growth and development / nutritional assessment - Complete P. E <ol style="list-style-type: none"> 2. Micronutrient supplementation <ul style="list-style-type: none"> - Iron with folic acid 3. Immunization <ul style="list-style-type: none"> - Hepatitis B Vaccine - Tetanus and Diphtheria toxoid (Td) booster - Flu vaccines - Measles, mumps, rubella - Varicella vaccine - HPV 4. Basic diagnostic tests (CBC with blood typing, urinalysis, fecalysis) 5. Reproductive health assessment, counselling and management <ul style="list-style-type: none"> - IEC/counselling - Service provision of broad –range of family planning methods, pelvic exam for sexually active - RTI (HIV/AIDS/STD) prevention, counselling and voluntary testing for STIs and HIV 6. Health Guidance on prevailing health concerns <ul style="list-style-type: none"> - Information/education and counselling on proper hygiene nutrition, nutritional deficiencies and disorders such as obesity, under nutrition, anemia, goiter, unhealthy eating habits. - Health and unhealthy lifestyle 7. Pre-pregnancy <ul style="list-style-type: none"> - Teenage pregnancy prevention (IEC counselling, provision of FP services – pills, condom, DMPA, IUD, NFP, BTL, NSV) - Deworming or antihelminthic intake - IEC/counselling on healthy lifestyle
---	---	---

		<ul style="list-style-type: none"> - Prevention and management of other diseases as indicated - Update master listing of women reproductive age - Assessment of health risks - Assistance in filling up of health needs plans - Organize out-reach services <p>8. Pregnancy</p> <ul style="list-style-type: none"> - Provision of essential antenatal care services - Support services - Prevention and management of other diseases indicated <p>9. Delivery</p> <ul style="list-style-type: none"> - Clean and safe delivery - Monitoring progress of labor using partograph - Identification of early signs and symptoms and management - Controlled delivery of head and active management of 3rd stage of labor - Basic emergency obstetric and newborn care - Comprehensive emergency obstetric care <p>10. Post partum</p> <ul style="list-style-type: none"> - Identification of early signs and symptoms of postpartum complication(s) - Maternal nutrition - Family planning - IEC/counselling on healthy lifestyle - Prevention and management of abortion complications - Correction of anemia - Anti-tetanus serum - Diagnostic and screening test - Immediate newborn care - Essential newborn care - Care prior to discharge - Expanded program on immunization (BCG, Hepa B, DPT, Polio and MMR) - Early and exclusive breastfeeding to 6 months - Newborn screening referral - Support services - Integrated management of childhood illnesses
--	--	--

		<p>11. RTI (HIV/AIDS/STI) services</p> <ul style="list-style-type: none"> - Identification of signs and symptoms and high risk clients - Management of RTI cases - Laboratory diagnosis eg cervical/ urethral smear, RPR / VDRL
<p>6. Central Philippine University (CPU)</p>		
<p>Central Philippine University (CPU) Jaro, Iloilo City Contact No. 329-1971 dial 0 for operator assistance</p> <ul style="list-style-type: none"> - Guidance Services Center - CPU laboratory office - Lifestyle, Health and Fitness office - CPU medical/ Dental Clinics - Kabalaka reproductive health service 	<p>Gift D Tragico 329-1971 local 1059 or 1512</p>	<ol style="list-style-type: none"> 1. IEC/ counseling 2. Health guidance on prevailing health concerns 3. Basic laboratory tests - 4. Healthy lifestyle and fitness 5. Well Adolescent Services General Health Assessment <ul style="list-style-type: none"> - Medical history - Past medical history - Family history - Immunizations / allergies/ medications - Pubertal / menstrual history / obstetric & gynecological history (for girls) - Physical examination - Growth and development / nutritional assessment - Complete P. E 6. Reproductive health assessment, counselling and management <ul style="list-style-type: none"> - Service provision of broad-range of family planning methods if needed - <i>RTI (HIV / AIDS / STD) prevention</i>, counselling and voluntary testing for STIs and HIV 7. Micronutrient supplementation <ul style="list-style-type: none"> - Iron with folic acid 8. Pre-pregnancy <ul style="list-style-type: none"> - Teenage pregnancy prevention (IEC counselling, provision of FP services – pills, condom, DMPA, IUD, NFP, BTL, NSV)

<p>CPU birthing Center</p>		<ul style="list-style-type: none"> - Deworming or antihelminthic intake - IEC/counselling on healthy lifestyle - Update master listing of women reproductive age - Assessment of health risks - Assistance in filling up of health needs plans - Organize out-reach services <p>9. Pregnancy</p> <ul style="list-style-type: none"> - Provision of essential antenatal care services - Support services - Prevention and management of other diseases indicated <p>10. Delivery</p> <ul style="list-style-type: none"> - Clean and safe delivery - Monitoring progress of labor using partograph - Identification of early signs and symptoms and management - Controlled delivery of head and active management of 3rd stage of labor - Basic emergency obstetric and newborn care - Comprehensive emergency obstetric care - Care of pre-term babies and/or low birth weight babies <p>11. Post partum</p> <ul style="list-style-type: none"> - Identification of early signs and symptoms of postpartum complication(s) - Maternal nutrition - Family planning - IEC/counselling on healthy lifestyle - Prevention and management of abortion complications - Correction of anemia - Anti-tetanus serum - Diagnostic and screening test - Immediate newborn care - Essential newborn care - Care prior to discharge - Early and exclusive breastfeeding to 6 months - Newborn screening referral - Support services
-----------------------------------	--	---

7. John B Lacson Foundation Maritime University (JBLFMU)		
<p>John B Lacson Foundation Maritime University (JBLFMU)</p> <p>M.H. Del Pilar, Molo, Iloilo City Contact Person: Marlon335-1825</p> <p>Diagnostic center</p>	<p>Raymund Benedick Brillantes Guidance Counselor, JB Lacson University – Molo</p>	<ol style="list-style-type: none"> 1. General Health Assessment <ul style="list-style-type: none"> - Medical History - Past medical history - Immunizations / allergies/ medications - Growth and development / nutritional assessment - Complete P.E. 2. Vaccinations <ul style="list-style-type: none"> - Hepatitis B vaccine - Flu vaccine recommended yearly 3. Basic diagnostic tests - CBC with blood typing, urinalysis , fecalysis, chest X-Ray 4. Information / education / counselling on: <ul style="list-style-type: none"> - Proper hygiene nutrition, nutritional deficiencies and disorders such as obesity, malnutrition, anemia, goiter, unhealthy eating habits. - Healthy and unhealthy lifestyle 5. Smoking cessation 6. Assessment of health risks 7. Organize outreach services
8. Substance Abuse Treatment and Rehabilitation Center (SATRC)		
<p>Substance Abuse Treatment and Rehabilitation Center (SATRC) Brgy. Rumbang, Pototan, Iloilo</p>	<p>Contact Persons:</p> <p>Dr. Mariano S. Hembra In-charge of SATRC</p> <p>Conchita Paguntalan Program and Activities Coordinator</p> <p>Contact No: 529-89-55</p>	<ol style="list-style-type: none"> 1. 6 months in house program 2. Basic life skills training 3. Counselling 4. Multi-disciplinary approach 5. Sports activities 6. Celebrate recovery program (spiritual aspect) 7. Tasking (daily routine activities) 8. Family dialogue 9. Interventions (family and residents)

9. Private Birthing Homes (Iloilo City)		
<p>1. EMUNAH Lying –In Clinic Zone D- 042, Molo Blvd, Iloilo City</p>	<p>Ms. Cely Virgo- Clinic Manager Landline: 3383437 Cellphone No. 09225426048</p> <p>Midwives: Nida J. Rendon Aprile P. Gallego</p>	<p>1. Pre-pregnancy</p> <ul style="list-style-type: none"> - Teenage pregnancy prevention (IEC counselling, provision of FP services – pills, condom, DMPA, IUD, NFP, BTL, NSV) - Assessment of health risks - Assistance in filling up of health needs plans - Organize out-reach services <p>2. Pregnancy</p> <ul style="list-style-type: none"> - Provision of essential antenatal care services - Support services
<p>2. Angel’s Haven Birthing Center Duran St., Brgy. Concepcion, Iloilo City</p>	<p>Ms. Elena dela Peña Clinic Manager</p> <p>Contact No: Landline: 3013974 Cellphone No. 09203175722</p> <p>Midwives: Mary Ann Magdato-Salamisan Leonora Gonzales Melanie Villanueva</p> <p>Staff: Ana Marie Ramos</p>	<p>3. Delivery</p> <ul style="list-style-type: none"> - Clean and safe delivery - Monitoring progress of labor using partograph - Identification of early signs and symptoms and management - Controlled delivery of head and active management of 3rd stage of labor - Basic emergency obstetric and newborn care - Comprehensive emergency obstetric care <p>4. Post partum</p> <ul style="list-style-type: none"> - Identification of early signs and symptoms of postpartum complication(s) - Maternal nutrition - Family planning - IEC/counselling on healthy lifestyle - Correction of anemia - Anti-tetanus serum - Immediate newborn care - Essential newborn care - Care prior to discharge - Early and exclusive breastfeeding to 6 months - Newborn screening referral
<p>3. TESS Birthing Clinic Blk. 12, Brgy. Sinikway, Lapaz, Iloilo City</p>	<p>Ms. Tessie Miranda – Clinic Manager Cellphone No. 09126125974</p>	

	<p>Midwives: Reginita Segovia Ma. Elsa Esportuno</p>	
<p>4. IMAP Birthing Center 41 Burgos St. Lapaz, Iloilo City</p>	<p>Ms. Emilie Militar- Clinic Manager Cellphone No. 09079442024</p> <p>Midwives: Lalaine Maude Jenet Monteño Cecilia Deguma</p>	

Attachment B: Two-way Referral Forms

OUTWARD REFERRAL FORM		Date Referred: _____
REFERRED BY: _____		
Address and Contact Number/s: _____		
REFERRED TO : _____		
Address and Contact Number/s: _____		
Patient's Name: _____		
Age: _____	Sex: _____	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living-in
Occupation: <input type="checkbox"/> Student <input type="checkbox"/> Working	<input type="checkbox"/> Both a student and working	<input type="checkbox"/> Self-employed <input type="checkbox"/> Not in school / not working
Reason for Referral : _____		
History and Pertinent P.E findings:		
Impression:		
Risky behaviours:		
Actions taken:		
		By: _____ Signature over Printed Name

FEEDBACK FORM

Date: _____

FEEDBACK TO: _____

Attention: _____
(Name of service provider who referred the patient)

Patient's Name: _____

Age: _____ **Sex:** _____ **Status:** Single Married Living-in

Occupation: Student Working Both a student and working Self-employed Not in school / not working

Reason for Referral:

History:


Lab. Findings:

Diagnosis:

Management:

By: _____
Signature over Printed Name

Annex G: Sample Executive Order for the Creation of a Youth and Adolescent Health Program Technical Working Group


REPUBLIC OF THE PHILIPPINES
CITY OF ILOILO
OFFICE OF THE CITY MAYOR
Robinson's Place, Iloilo City 5000 Tel. (033) 337-3573 / 337-0085 • Fax (033)-0689
Official Website : www.ilolocity.gov.ph

EXECUTIVE ORDER NO. 55 -0
Series of 2012

**CREATION AND COMPOSITION OF THE ILOILO CITY YOUTH
AND ADOLESCENT HEALTH PROGRAM TECHNICAL
WORKING GROUP**

WHEREAS, Section 13 of ART. 11 of the Phil. Constitution provides that "The State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social well-being. It shall inculcate in the youth patriotism and nationalism, and encourage their involvement in public and civic affairs;"

WHEREAS, Section 17, of R.A. 7160 (Local Government Code of 1991) provides for delivery of Basic Services and Facilities for Health and Social Welfare Services, including its programs and projects on Child and Youth Welfare; livelihood and other pro poor projects, among others and to ensure active participation of the private sector in local governance;

WHEREAS, Iloilo City adheres to the guiding principles of the UN Millennium Development Goals and the Medium Term Development Plan to reduce the incidence of poverty and the worst form of deprivation through health service delivery;

WHEREAS, there is a need to promote a cohesive public private sectoral partnership to support, coordinate, strengthen and sustain the Youth and Adolescent Health Program in Iloilo City;

WHEREAS, there is a need for timely health advisory to stimulate the policy makers to make strategic decisions and interventions sensitive to the needs of the Young People.

WHEREAS, Iloilo City is identified as one of the Partners of the United States Agency for International Development in a new program known as the Cities Development Initiatives (CDI). CDI is a cross cutting development intervention aim to promote cities as engines of growth and development that mobilizes a wide range of assistance instruments to assist local governments in economic growth, higher education, energy, environment and health sectors.

NOW, THEREFORE, I, JED PATRICK E. MABILOG, by virtue of the powers vested in me by laws as City Mayor of Iloilo, do hereby decree:

Section 1: That there is hereby created the YOUTH AND ADOLESCENT HEALTH TECHNICAL WORKING GROUP, composed of the following:

CHAIRMAN:	JED PATRICK E. MABILOG City Mayor
VICE CHAIRMAN:	URMINICO M. BARONDA, JR., M.D. City Health Officer II
	EDNA QUERUBIN Dept. Head -City Population Office



REPUBLIC OF THE PHILIPPINES
CITY OF ILOILO
OFFICE OF THE CITY MAYOR

Robinson's Place, Iloilo City 5000 Tel. (033) 337-3573 / 337-0085 * Fax (033)-0689
Official Website : www.iloilocity.gov.ph

MEMBERS:

DEPED
CHED
Central Philippine University
John B. Lacson Foundation Maritime University
(Molo & Arevalo)
UI-PHINMA
St. Therese College
St. Therese Hospital
Iloilo Doctors College
West Visayas State University
University of San Agustin
West Visayas Science & Technology
Western Institute of Technology
University of the Philippines Visayas
DILG
Sangguniang Kabatan
ICPO
CSWDO
FPOP
ABC President

YAHDP Coordinator: BARBARA C. HORTILLO

Consultant/Advisers: CHD6, POPCOM 6, PRISM2

Section 2: The Youth and Adolescent Health TWG will meet Quarterly, every 1st Month of the Quarter or as the need arises.

Section 3: Duties and Responsibilities:

A. City Health Office :

- B. Core group will prepare Agenda for the meeting
- Regular Attendance to the meetings
 - Communications should be sent to Head of Agencies a week before schedule meeting
 - Participate in planning and monitoring
 - Submit monthly reports
 - Provide feedback on the status of the program implementation

B. Academe:

- Submit reports, data information on the implementation of Youth and Adolescent Health Program using Adolescent Job Aid (AJA) tool
- Referral/networking of services to other facilities



REPUBLIC OF THE PHILIPPINES
CITY OF ILOILO
OFFICE OF THE CITY MAYOR

Robinson's Place, Iloilo City 5000 Tel. (033) 337-3573 / 337-0085 * Fax (033)-0689
Official Website : www.ilolocity.gov.ph

C. NGOS

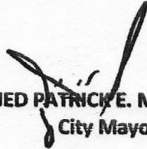
- Coordination with the CHO on activities, services offered
- Referral & Networking
- Submit reports and provide feedback

D. SK & other Government agencies

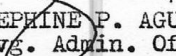
- Participate actively in Youth & Adolescents Health activities
- Share resources for Youth & Adolescents Health activities
- Networking & referral
- Organize Peer educators & counsellors
- Assist health related activities
- Masterlistings of Young people in the barangays
- Early referral of teenage pregnancies
- Integrate SK plans on youth & adolescent health related activities

This Executive Order will take effect immediately.

Done this 12th day of December 2012, in the City of Iloilo, Philippines.


JED PATRICIO E. MABILOG
City Mayor

ATTESTED BY:


JOSEPHINE P. AGUDO
Supvg. Admin. Offcr.

	Adolescent –Youth Health Services Provided	Age Group								Monthly Total
		10-13 y/o		14-16y/o		17-19y/o		20-24 y/o		
		MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
B.1										
B.2										
B.3										
C	REPRODUCTIVE HEALTH									
C.1	Teenage Pregnancy Prevention									
	- Modern Natural Contraceptive Methods									
	- Oral Contraceptive Pills									
	- Condom									
	- DMPA									
	- IUD									
	- NSV									
	- BTL (Mini-lap under Local Anesthesia)									
C.2	Sexually Transmitted Infections									
	- Bacterial									
	• Gonorrhoea									
	• Chlamydia									
	• Syphilis									
	• Chancroid)									
	- Viral									
	Genital herpes									
	Genital warts									
	Genital molluscum									
	Hepatitis B									
	HIV									
	- Protozoal (Trichomonas)									
	- Fungal (Candidiasis)									
	- Skin Parasites (pubic lice, scabies)									
C.3	Prenatal Care									
C.4	Delivery									
C.5	Post-partum care									
C.6	Gender-based Violence / VAWC									
TOTAL										

