

# STANDARDS ON YOUTH FRIENDLY REPRODUCTIVE HEALTH SERVICES

SERVICE DELIVERY GUIDELINE

&

## MINIMUM SERVICE DELIVERY PACKAGE ON YFRH SERVICES



FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA  
MINISTRY OF HEALTH





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# acronyms

AAC:	Anti AIDS Clubs
AIDS:	Acquired Immune Deficiency Syndrome
ANC:	Antenatal Care
ARH:	Adolescent Reproductive Health
ARHC:	Adolescent Reproductive Health Clubs
BCC:	Behavioral Change Communication
CBD:	Community Based Distribution
CBRHA:	Community Based Reproductive Health Agents
CHA:	Community Health Agents
FGD:	Focus Group Discussions
FMOH:	Federal Ministry of Health
FP:	Family Planning
GMP:	General Medical Practitioner
HCT:	HIV Counseling and Testing
HIV:	Human Immunodeficiency Virus
IEC:	Information, Education and Communication
ISY:	In School Youth
NGO:	Non-Governmental Organization
PMTCT:	Prevention of Mother to Child Transmission
RH:	Reproductive Health
SRH:	Sexual and Reproductive Health
STI:	Sexually Transmitted Infections
TBA:	Traditional Birth Attendants
VCT:	Voluntary Counseling and Testing
YF:	Youth Friendly
YF-SRH:	Youth Friendly Sexual and Reproductive Health
YFS:	Youth Friendly Services
YSDP:	Youth Sector Development Plan



# acknowledgements

The Family Health Department of the Federal Ministry of Health would like to thank the following organizations and their staff for their support in the development of this document.

The United Nations Children’s Fund (UNICEF) for their technical and financial support.

The United Nation Population Fund (UNFPA) who provided technical support in the development of this assessment survey.

To Amhara, Oromia, Tigray and SNNP Regional, Zonal and Woreda Health Bureaus and Office staff.

To the Adolescents and Youth and community at large, without whom the assessment would have not been successful in generating actual facts.

The staff of the Family Health Department for their dedicated work.

A handwritten signature in blue ink, appearing to read 'T. Belay', is centered on the page.

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## Introduction

Ethiopia has an estimated population of 73,043,510 and young people aged 10-24 constitute over one third of the total population of the country (CSA 2006 projection). Such a young population structure places immense challenges for the country to provide the required social services such as health service, education and economic opportunities (FMOH, ARH Strategy 2006). The problems the youth section of the society are faced with goes much deeper into different and complex issues and situations, including gender inequalities, sexual coercion, rape, and harmful traditional practices like early marriage, abduction, female genital cutting and the like. A considerable proportion of the youth in country practice sex at early age and practice unsafe sex. Consequently the majority of them are highly vulnerable to sexual and reproductive health problems that include pregnancy and child bearing at early age, complications of unsafe abortion, sexually transmitted infections and HIV/AIDS (Govindasamy et al 2002, Attwell k. 2004).

Though young people are faced with immense Reproductive Health (RH) problems, they have limited access to quality RH services and information that are specially designed to meet their needs (FMOH, ARH Strategy 2006). Available reproductive health services are adult-centered thus making them less accessible to adolescents. Factors like non youth friendliness of the existing service outlets and the limited economic and physical access this section of society have to the available services are the other factors contributing to their low access and utilization of existing services.

The existing RH services meant for the youth are small scale and not well organized to meet the RH service needs of this section of the population. The existence of a clear mismatch between the available services and RH needs of this section of the population was also observed. In this regard, most of the youth focused ARH programs in the country reach youth in school and those residing in urban areas while 85% of the population lives in rural areas and most adolescents in rural areas are not enrolled in school. Other sub section of the youth population including street kids, young female adolescents 10-14 years of age, married adolescent girls, young girls who migrated to urban centers to escape early marriage and/or for employment reasons i.e. including housemaids constitute the under-served section of the youth who do not have access to proper information and counseling services, all of which as a result suffers from poor decision-making on reproductive health choices and practices (FMOH, ARH Strategy 2006).

The various national policies and strategies including the national youth policy issued in 2000 and the Youth Sector Development Plan (YSDP) covering the period 2006-2010 that address the issue of youth from various angles are conducive, but not widely disseminated and implemented.

There is a general lack of awareness among health service providers, teachers, parents and the community at large about the reproductive health needs of youth. Moreover, in the existing network of the public and private health system, much has not been done to make the health services youth friendly. The few available general services are also branded by the majority of youth as not being youth friendly. The socio-cultural and religious norms and practices were also found to be constraints to the promotion and provision of adolescent friendly services.

The establishment of Ministry of Youth and Sports, the formulation of a youth policy, and the launching of the youth sector development plan (YSDP) are some of the major steps taken by the government of Ethiopia to foster the development and well-being of the youth to a healthy and productive adults. As part of the government's commitment to make the policies and sector plans into practice, different strategies are being prepared and implemented. Thus, this manual addressing three major and interrelated issues i.e. Standards on Youth Friendly Reproductive Health Services, Youth Friendly Service Delivery Guideline and Minimum Service Delivery Package is prepared to be used as a guide for the effective implementation of the Adolescent and Youth Sexual Reproductive Health Strategy prepared by the Federal Ministry of Health.



# the process of developing the standards

## 2

### The process of developing the Standards on Youth Friendly Reproductive Health Services, Service Delivery Guideline & Minimum Service Delivery Package

Absence of service standards and guidelines impede the provision of uniform and quality RH services in the various service delivery outlets. Recognizing the needs for such standards and guidelines, the Federal Ministry of Health and its implementing partners including relevant UN agencies and other NGOs spearheaded the preparation of this document to guide the provision of Sexual and Reproductive Health Services for the youth in Ethiopia.

During the preparation of this document several local and international documents written on similar issues were reviewed and representatives of NGOs, government agencies and stakeholders working in the area of youth RH were consulted. Before being finalized and made ready for use, the document had been commented on by individual experts working in the area of youth reproductive health and was presented and commented on in a workshop organized by the Federal Ministry of Health to get views and comments of partners and stakeholders working in the area of sexual and reproductive health of youth.





## Intended Audiences

This document is prepared with the intention to provide information and guideline on youth sexual and reproductive health related services to those working for the betterment of the health and well being of youth in the country. These groups include:

- » policy makers
- » service providers
- » program managers
- » educators, and
- » Others like local and international NGO's, religious and community based organizations.



## 4. Purpose, targeted beneficiaries and guiding principles

### 4.1 The purpose:

The purpose of the guideline and service standard was setting clear standards and guidelines that would delineate which adolescent reproductive health services would be provided, in which setting, by whom, and at what age.

### 4.2 Targeted beneficiaries:

In principle all youth in Ethiopia living both in rural and urban areas, in and out of school should benefit from any Sexual and Reproductive Health (SRH) programs and intervention. However, as described in the ARH strategy document, there are certain groups of youth that deserve special attention while providing youth friendly reproductive health service, and these include:

- » Rural youth,
- » Out of school youth,
- » Orphans and street children,
- » Disabled youth,
- » Young female adolescents 10-14 years of age,
- » Married adolescent girls,
- » Young girls who migrated to the urban centers to escape early marriage and/or employment i.e. including housemaids,

### 4.3 The guiding principles:

This document has been developed on the basis of the following guiding principles:

- » Every young person is unique and belongs to a heterogeneous group with different needs, for health information and services based on a range of factors that include their age, race, gender, culture, life experiences, social situation, and physical and mental disability;
- » Reproductive health services are the basic human rights for all people and the youth have inherent sexual and reproductive rights, including the right to a full range of reproductive health information and services,
- » Gender inequities and differences that characterize the social, culture and economic lives of the youth influence their health and development. Thus, youth friendly reproductive and sexual health services must promote gender equality and equity
- » The health needs of the youth are best addressed by a holistic approach that takes into consideration their physical, mental and social well being;
- » The management of the needs of youth SRH includes the promotion of healthy sexual development, the prevention and treatment of SRH problems, as well as the response

to specific SRH needs;

- » The participation of parents, community members and other stakeholders is crucial to sustainable youth health services and programs;
- » The participation of youth in the Planning, Implementation, Monitoring and Evaluation of services and programs meant to address their SRH needs is essential to ensure that their needs are addressed fully and in appropriate manner.



## Services intended to be provided as a package in the Youth Friendly Services

The type of SRH services intended to be provided at different service outlets varies and involves service delivery points both within and outside the public health system. However, with the establishment of appropriate referral linkages between the different service outlets, it would be possible to ensure that youth get a combination of different promotive, preventive, curative and rehabilitative services rendered at the different service outlets. In this regard, the range of comprehensive SRH services youth need to get should include the following:

1. Information and Counseling on Reproductive and Sexual Health issues, and sexuality.
2. Promotion of healthy sexual behaviors through various methods including peer education.
3. Family Planning information, counseling and methods including emergency contraceptive methods
4. Condom promotion and provision.
5. Testing Services: Pregnancy, HCT.
6. Management of sexually transmitted infections.
7. Antenatal care, Delivery Services, Postnatal Care and PMTCT.
8. Abortion and Post Abortion Care.
9. Appropriate referral linkage between facilities at different levels

Note: The counseling and other related services should give special emphasis to victims of sexual violence/abuse and other psychosocial needs of the special groups like disabled, street children, housemaids etc



## Service delivery points

Reaching both urban and rural youth with a range SRH services demands availing a range of SRH services at different service outlets and making the existing formal and informal outlets youth friendly. In this regard, the majority of the clinical and non clinical services could be provided at static and formal outlets, whereas the non-clinical services like information and counseling, condom promotion and provision of contraception could easily be handled by non-formal outlets likes community outreach services. Moreover, with appropriate referral linkages, the role that the community outreach services, health extension workers and schools could play in reaching the rural and the hard to reach section of the youth would be immense. The various services outlets considered to reach the youth with YF-SRH-service include the following:

1. *Hospitals:* Public, Private, Faith Based Organizations and Non Governmental Organizations;
2. *Health Centers:* Public, Private, Faith Based Organizations and Non Governmental Organizations;
3. *Clinics/Health Stations:* Public, Private, Faith Based Organizations and Non Governmental Organizations, Universities, Schools;
4. *Health posts:* Public;
5. *Dispensary (Pharmacy, rural drug vendors):* Public, Private, Faith Based and Non Governmental Organizations, Universities, Schools;
6. *Other/ community outlets:* Youth centers, the in and out of school youth Anti AIDS and Reproductive Health Clubs, Health Extension workers, and community and school outreach services.



# designating convenient time for service provision

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## Designating convenient time for service provision

Designating the convenient time and availing the service at a convenient location is another important aspect of the service that need to be considered in making the exiting and would be establishing services youth friendly. In this regard local health authorities and health service providers should work together with youth representatives in their respective localities to select the convenient location and time where youth including those who are vulnerable and hard to reach could be reached with SRH information and services.



## Youth Friendly Service Standards

### 8.1 Standards:

These youth friendly service standards are developed by reviewing similar international and regional set standards, the characteristics of youth friendly services as identified by youth themselves (during the regional youth friendly service surveys) and considering the existing health system of the country set to render health services to the majority of the rural population.

The youth friendly service standards:

1. The service outlets provide the type of services supported by the existing national policies and processes that give due attention to the rights of the youth,
2. Appropriate health services that cater to the Reproductive and Sexual Health needs of the youth are available and accessible,
3. The service outlets have physical environment and are organized in a conducive way for the provision of youth friendly health services,
4. The service outlet has drugs, supplies and equipment necessary to provide the essentials service package of youth friendly health care,
5. Information, education and communication (IEC)/ Behavioral Change and Communication (BCC) consistent with minimum service package is provided.
6. The service providers in all service outlets have the required knowledge, skills and positive attitudes to effectively provide youth friendly RH services.
7. Youth receive an adequate psychosocial and physical assessment and individualized care based on the national standard case management guidelines/ protocols.
8. The service outlet has a system that ensures that the necessary referral linkage is made and ensures continuity of care for youth.
9. Youth participate in designing and implementing youth friendly services and mechanisms are created to enhance the participation of parents and members of the community to contribute towards a sustainable YFS services in their receptive localities.

► The service outlets provide services supported by the existing national policies, guidelines and other processes that give due attention to the rights of the youth.

## I.1 Rationale for the Standard:

- » Most youths are not well aware of their sexual and reproductive health rights.
- » Most parents, caretakers and community members are not well aware about the reproductive health rights and needs of the youth.
- » Health professionals and other staff of the health facilities working at different level are not well aware of the reproductive health needs and rights of youth.
- » Health facilities in the country found at different level are not organized in a way that they would be able to cater to the SRH needs and rights of youth.

It is strongly believed that because of the above mentioned reasons there is a need for the youth themselves, their parents and the rest of the community as well as the health care providers working at different service outlets to be informed and made aware about the sexual and reproductive health needs and rights of youth. Mover, it is expected for the health facilities both in the public and private sectors are organized in such a way that they would be able to cater to the sexual and reproductive health (SRH) needs and rights of the youth.

## I.2 Underlying Assumptions:

Once youth, the general community and health workers know that youth has the right to get appropriate SRH information and services, all would contribute and will work towards fulfilling the SRH needs and rights of the youth.

## I.3 Criteria:

- » Youth are made aware and know about their sexual and reproductive health rights.
- » Most parents, caretakers and community members are made aware about the reproductive health rights and needs of youth.
- » Staffs of health facilities are made aware and know the sexual and reproductive health rights and work towards openly promoting these rights in public.
- » Staffs of the health facilities provide services that are in line with national policies, guidelines and processes that are put in place to address the SRH needs and rights of youth,



# standard 2

► Appropriate health services that cater for the sexual and reproductive health needs of the youth are available and accessible.

## 2.1 Rationale for the Standard:

- » Most of the youth are not aware about the type of SRH services available in the existing service outlets.
- » Those youth who are aware of the existence of such services do not have adequate information about when these services could be accessed, who provides the services, and how they would be treated when they have access such services.
- » The majority of the youth do not have access (physical and economic access) to service outlets that cater for the RH needs of youth.
- » The majority of the health facilities provide SRH services in a settings and conditions that are not appropriate for the youth.
- » The referral system that exists between the health facilities are either weak and/or are not particularly convenient for youth clients.

## 2.2 Underlying Assumptions:

When young people are aware of the range of services available in particular health facilities, receive the services in convenient time, in a youth friendly environment and with affordable cost; would utilize the services to the best of their needs and benefits.

## 2.3 Criteria:

- » Information regarding the type of SRH services provided for the youth, the location, timing (including days and specific hours) should be available in the service outlets in a location where anyone interested could look at them at any time of the day.
- » Staff of the health facilities should provide the youth with detailed/enough/adequate information about the available services.
- » The service outlets should provide SRH services within the time frame that are convenient for the youth.
- » Health workers and other staff of the health facilities should provide the services in non-judgmental, caring and supportive attitude/manner.
- » SRH services for the youth should be provided at an affordable cost or for those who can not pay for free

Depending on the standard and guidelines set at national level for the different services outlets in the health system, each health facility should provide a range of services 'included in the minimum service delivery package' for the youth (Refer section 5: Services intended to be provided as a package in the Youth Friendly Services)

# standard 3

► The service outlets have physical environment and are organized in a convenient way for the provision of Youth Friendly Sexual and Reproductive Health Services.

## 3.1 Rationale for the Standard:

- » The location and physical settings of most of the existing health facilities are not convenient and the facilities are not organized taking into consideration the special needs of youth.
- » Most youth consider the physical environment of the existing services outlets as unfriendly.
- » In the majority of the cases, the counseling and other clinical services provided to the youth are not rendered in settings that ensure the comfort and privacy of the youth.

## 3.2 Underlying Assumptions:

The mere fact that the SRH services in the service outlets are provided in welcoming, safe, clean, convenient and youth friendly environment can enhance the health seeking behavior of the youth.

## 3.3 Criteria:

- » The service outlets provide clean, comfortable and attractive environment where youth can get comprehensive services including information, counseling and other clinical services.
- » The waiting areas of the service outlets should be organized in such a way that youth would not mix with adult clients and have access to reading and audiovisuals materials that can keep them busy while waiting for their turn to get into the service providers room.
- » Consultations including counseling with youth clients should take place in a room that ensures privacy.
- » Provision of very essential services like counseling, pregnancy and HIV testing, dispensing of different contraceptive methods should be carried out as much as possible by a single service provider or in an arrangement that ensures the privacy of the youth client.

# standard 4

► The service outlets have the necessary drugs, supplies and equipment required to provide the essential services that are set as a package for youth friendly sexual and reproductive health service.

## 4.1 Rationale for the Standard:

- » The health facilities and other service outlets are frequently faced with shortage of essential drugs, supplies and medical equipment that are necessary to render the required SRH services to their youth clients.
- » Youth clients are frequently sent back without receiving the services they demand for lack of these essential inputs.
- » Some of the services like counseling on different SRH issues, information dissemination, distribution of common contraceptive methods including condom could be rendered in non clinical settings like ARH clubs, youth centers and at community level in the outreach service outlets by health extension and CBRH agents.

## 4.2 Underlying Assumptions:

By ensuring the availability of adequate quality and quantity of the essential drugs, commodities and services at different outlets, it would be possible for the different service outlets to provide the SRH services in a manner that would address the needs and expectations of the youth.

## 4.3 Criteria:

- » All the necessary drugs, supplies and medical equipment are available at different service outlets including in the non formal outlets like Anti AIDS Clubs (AAC), Adolescent Reproductive Health Clubs (ARHC), youth centers, with health extension workers, and CBD agents.
- » The availability of the types of drugs, supplies and medical equipment at different outlets should take into consideration the national standards set for the type of services rendered at each service outlet.

► Information, Education and Communication (IEC)/ Behavioral Change and Communication (BCC) consistent with minimum service package is provided.

## 5.1 Rationale for the Standard:

- » Most youth do not have access to adequate and appropriate information on issues related to their sexual and reproductive health rights and needs.
- » Most youth do not have access to information on issues that have greater impact on their reproductive health needs and problems like early sexual debut, unprotected sex, condom, sexually transmitted infections, HIV/AIDS, unwanted pregnancy, abortion, sexual violence etc.
- » Most of the existing IEC/BCC materials are not tailor made to address the needs and problems of the youth.
- » Most youth do not have access to a variety of communication channels.
- » The majority of service providers do not have proper information and skill on how to effectively communicate and counsel their youth clients.
- » Most of the service outlets do not have IEC/BCC materials prepared to address the SRH needs of adolescents.

## 5.2 Underlying Assumptions:

Providing accurate, specific and tailor made information on youth SRH rights, needs, problems and the available services etc to the youth, health workers, family member and the rest of the community would have its own contribution to bring the desired positive SRH behavior and associated SRH, HIV/AIDS risk reduction among the youth.

## 5.3 Criteria:

- » Accurate and tailor made information are prepared on different and relevant issues (taking into consideration the social and geographical settings, languages, age, sex, level of vulnerability of the youth) and are made available and disseminated using variety of communication channels to ensure that the needs and rights of the youth are properly addressed.
- » The health facilities and other service outlets made available adequate quantity of the different IEC/BCC materials with appropriate information on SRH (including the RH rights of youth) for the youth,
- » Youths are given a central role in disseminating information on SRH issues to their peers.
- » Youths are get adequate orientation, information and skill on how to communicate and counsel their peers on different SRH issues.
- » Service providers get adequate orientation, information and skill on how to communicate and counsel their youth clients on different SRH issues.

- » IEC/BCC and advocacy campaigns shall be made to increase the awareness of the community about the SRH needs of youth and youth friendly services.

# standard 6

► The service providers in all service outlets have the required knowledge, skills and positive attitudes that are required to effectively provide youth friendly RH services.

## 6.1 Rationale for the Standard:

- » Health workers do not have adequate information about the SRH needs and rights of youth.
- » Most health workers do not have the required knowledge and skills and information on how to handle youth clients.
- » Most staffs of health facilities are labeled by their youth clients as unfriendly and not giving adequate attention to the needs of their youth clients and handle their youth clients in a disrespectful and judgmental way.

## 6.2 Underlying Assumptions:

Providing the necessary training and guidance to health workers and other staff of the service outlets would help them to realize that youth have special SRH needs and problems. It would also encourage them to develop the readiness, the necessary attitudes and skills to provide the required SRH service to their youth clients.

## 6.3 Criteria:

- » Health workers and other supportive staff in the service outlets get the necessary orientations, trainings and skills to provide youth friendly SRH services available in the facilities.
- » Health workers are trained to provide services in a non-judgmental and friendly way.

# standard 7

► Youth receive adequate psychosocial and physical assessment and individualized care based on the national standard case management guidelines/ protocols.

## 7.1 Rationale for the Standard:

- » Health workers do not allocate adequate time to do the necessary physical and psychosocial assessment for their youth clients.
- » Most of the existing health care settings are not organized in a way that could ensure privacy, comfort and dignity to the youth clients.
- » Service providers do not have standard service delivery guidelines and operating procedures that guide their action while providing SRH services and information to their youth clients.
- » Service providers do not have the required job aids that would help them to manage conditions appropriately and to refer their clients to the next step of the service delivery point.

## 7.2 Underlying Assumptions:

Appropriate and adequate physical and psychosocial assessments would pave the way for the provision of individualized care that takes into account the different factors contributing for the problems youth are faced with. Moreover, the availability of service delivery guidelines/ protocols for services included in the essential service delivery package would ensure that youth get standard services, and individualized care.

## 7.3 Criteria:

- » Case management guidelines for the essential service package are available and used.
- » Health care providers take appropriate history and perform appropriate physical examination and laboratory investigations that commensurate with the set standards in case management guidelines / protocols.
- » Service providers have the required job aids to manage conditions and provide services incorporated in the essential service delivery packages.

- ▶ The service outlets have a system that ensures the necessary referral linkages are made and appropriate care is given for youth clients in a continuous manner.

## 8.1 Rationale for the Standard:

- » The existing referral and back referral system between most of the service delivery outlets catering for youth RH service is weak.
- » Youth does not receive adequate and appropriate information about when, where and how they could get the type of services they were not able to get from one service delivery point.
- » The newly initiated community level services run by health extension workers as well as youth centers and RH and Anti AIDS clubs that provide non clinical services could serve as a potential first point for a well-established and functional referral and back referral system for youth RH services.

## 8.2 Underlying Assumptions:

Strengthening and establishing the referral system and networking between the different service outlets would ensure youth to get the necessary RH services from the service outlets at different levels. In this regard the community level and non-clinical service outlets i.e. youth center, health extension workers, ARH and AA clubs would have a greater role to play.

## 8.3 Criteria:

- » A formal and functional referral linkages are established between the different service outlets starting from the community level.
- » Appropriate referral formats are developed and used to facilitate the referral linkages between the different service delivery points.
- » Youth receive adequate and appropriate information and support about the when, the where and the how of the type of services they could not get from one service delivery point.



► Youth participate in designing, planning, implementing, monitoring and evaluation of youth friendly services and mechanisms are created to enhance the participation of parents and members of the community to contribute towards a sustainable youth friendly services in their respective localities.

## 9.1 Rationale for the Standard:

- » Youth involvement in the designing and implementing youth friendly services is not a widely implemented practice.
- » Parents and community members are less informed and involved about the SRH needs and on how to alleviate the RH problems of the youth.
- » Parent child communication on sexual and reproductive health issues is very limited.
- » Parents and communities do not have the necessary information and skills that would help them lead their children in to a healthy and risk free sexual life.
- » Less informed and unaware parents and members of the community could be an obstacle to the effort made to provide an all rounded RH services to the their children (youth).

## 9.2 Underlying Assumptions:

- » The involvement of youth starting from defining the type of YFS feasible to their setting and in Planning, Implementation, Monitoring and Evaluation of the services that are appropriate to their needs and problems would enhance the realization of a sustainable YF services that are convenient to their settings.
- » Informing parents and members of the community about the RH needs and problems of youth and involving them at different level of the program implementation would enhance their contribution towards the realization of a wider reaching and well effective YF services.

## 9.3 Criteria:

- » Youth are involved in the realization of a functional and an all-reaching YF SRH service in their localities.
- » Formal and informal service outlets that cater different SRH services to the youth establish links with parents, community groups and leaders.
- » Parents and community members are informed about the RH needs and problems of the youth.
- » Mechanisms are created to involve parents, representatives and leaders of communities in the provision of relevant and suitable RH service in different service outlets.
- » Health workers play significant role in bridging the existing gap in parent and child communication on RH issues.



## Youth Friendly Service Guideline

### 9.1 Objectives of the YFS Guideline:

This YFS guideline is developed with the following objectives:

- » To set clear guidelines that would delineate which of the services will be provided, in which setting, by whom, and at what age.
- » To ensure that the service standards outlined in section I of this document are followed.
- » To guide service providers working at various service outlets provide appropriate services to the needy youth.

### 9.2 Youth Friendly Service (Definition):

The ideal Youth Friendly Service Environment/ Youth Friendly Sexual and Reproductive Health Services and its Components:

The World Health Organization describes Youth Friendly Services (YFS) as: “Services that are accessible, acceptable, and appropriate for adolescents. They are in the right place, at the right price (free where necessary) and delivered in the right style to be acceptable to young people. They are effective, safe and affordable. They meet the individual needs of young people who return when they need to and recommend these services to friends.” The eleven recommended characteristics of adolescent friendly health services, based on the WHO global consultation in 2001 and discussions at a WHO expert advisory group in Geneva in 2002 is attached in Annex I

Identifying and meeting the needs and expectations of the youth and the communities they belong to is an important feature of any successful youth friendly initiative. Youth involvement and participation (YIP) is considered crucial to the success of any YFS initiative. Services must be designed and implemented to meet the needs and aspirations of the youth clients as beneficiaries.

### 9.3 Types of services addressed through this YFS guideline:

- » Information and Counseling on Reproductive and Sexual Health issues.
- » Testing Services for HIV.
- » Management of STIs.
- » Testing Service for Pregnancy, Antenatal Care including PMTCT, Delivery Service and Postnatal Care.
- » Abortion and post abortion care.
- » Family Planning Service (Contraception).
- » Condom Promotion and Provision.

- » Referrals.

### 9.3.1: Information and Counseling on Reproductive and Sexual Health Issues:

#### Service Objective:

To provide youth with quality information and counseling services on different issues incorporated in the RH package and encourage the youth to know about their RH rights and adopt sustainable behavior change so as to protect themselves from different RH risks including HIV/AIDS.

#### Types of information and counseling services youth should get:

- » Body, physiological and psychosocial changes occurring during adolescence and at the time of youth.
- » Types of services rendered at different service delivery points including referrals and procedures.
- » Risks associated with premarital sex.
- » Contraception.
- » Condom.
- » Harmful Traditional Practices.
- » Pregnancy (including testing service).
- » Abortion
- » ANC including PMTCT.
- » STIs including HIV/AIDS.
- » VCT, and PMTCT.
- » Drug addiction and alcohol use.
- » RH rights of youth etc

#### Service Eligibility:

Any person in the youth age category requesting for any RH related information should be considered mature enough to get any information and counseling on issues related to the services included in the YFS delivery package.

Service outlets, types of service providers required, types of information / counseling and methods of delivery of the Service:

Service Outlet	Type of providers/ health personnel available/ required	Types of Information / Counseling Services	Methods of Delivery the Service
Hospitals (All level)	Trained Counselor (adults, youth), health professionals (Nurses, physicians)	Body and psychosocial changes occurring during adolescence and at the time of youth, types of services rendered at different service delivery points including referrals and procedures, Pregnancy (including testing service), abortion, ANC including PMTCT, STIs including HIV/AIDS, VCT, and PMTCT, Contraception, Condom, Harmful Traditional Practices, Drug addiction and alcohol use, RH rights of youth etc	IEC materials on site and to take, /Telephone hotline
Health Center	Trained Counselor (adults, youth), health professionals (Nurses, physicians)	Same as above,	IEC materials on site and to take, Group discussion, counseling
Clinics	Trained Counselor (adults, youth), health professionals (Nurses, Physicians)	Same as above,	IEC materials on site and to take, Group discussion, counseling
Health Stations	Trained Counselor (youth/adults), health professionals (Nurses)	Same as above,	IEC materials on site and to take,
Health Posts	Nurses, HEW	Same as above,	IEC materials on site and to take
Dispensary	Health Workers/ Pharmacy professionals	Same as above,	IEC materials to take
Youth Centers	Peer educators/ counselors	Same as above,	IEC materials on site and to take, Group discussion, peer educators/counseling /Telephone hotline
Clubs (ARH, AAC),	Peer educators/ counselors	Same as above,	IEC materials on site and to take, Group discussion, peer educators/counseling
Community outreach Services:			Group discussion,
Health Extension Workers	HEW	Same as above,	IEC materials to take, peer and adult counseling
Community Based Distribution Agents	CBD Agents	Pregnancy (including testing service), abortion, ANC including PMTCT,,VCT, Contraception, Condom, RH rights of youth etc	IEC materials to take, peer and adult counseling

### 9.3.2. Testing Services for HIV (Voluntary Counseling and Testing)

#### Service Objective:

To ensure that youth have access to quality VCT and other related services incorporated in the YFS package and encourage youth to utilize the available services so as to protect themselves, their partners and others from HIV/AIDS and related risks.

#### Service Eligibility:

1. Testing youth below 13 years (15 years) should be conducted with the knowledge and consent of their parents or guardians with exceptional groups indicated on number 2.
2. Young children between 13-15 years who are married, pregnant, commercial sex workers, street teenagers, and child headed family members and children with a history of established sexual relations are regarded as “mature minors” and should be considered eligible to give consent for HIV testing. The counselor should make an assessment of their readiness for HIV testing.
3. Any client age 15 years and above requesting VCT should be considered as mature enough to give full informed consent for voluntary counseling and testing.

#### *Service Characteristics for Youth Friendly VCT Service:*

1. The privacy and autonomy of children and youth shall be respected in all situations involving HIV counseling and testing.
2. When the issue of testing children aged 12 years and below arises, either parents or guardian shall be given the test results together, if possible.
3. Children who have been sexually abused shall receive adequate counseling and be encouraged to test for HIV infection and access appropriate services.
4. The results are the property of the child tested and shall not be disclosed to third parties unless otherwise for a clear benefit of the child.
5. No youth must be discriminated against any reasonable circumstances because of being HIV infected or affected
6. Youth friendly VCT services shall be made widely available to the in and out of school youths to facilitate informed decisions on issues relating to reproductive health, sexuality and HIV/AIDS.
7. Peer education and peer support system and interpersonal communication skills shall be promoted among youth to foster HCT services
8. Abstinence, faithfulness and condom use must be promoted and condoms should be provided

#### *Characteristics of Providers for Youth Friendly VCT Service:*

1. Counselors should be trained on youth-specific issues and how to be youth-friendly. Education materials that focus on youth issues should be available.
2. Provide ‘user friendly’ services. Offer services in a safe, non-threatening

3. Be age-appropriate, use language and situations youth could easily understand.
4. Respect the dignity and confidentiality of the young person.

Service outlets, types of service providers required, types of information / counseling and methods of delivery of the Service:

Service outlets	Type of providers/ health personnel available/ required	Types of services	Methods of delivery the service
Hospitals (All levels)	Trained Counselor (adult, youth), health professionals (Nurses, Physicians)	Pre test Counseling, Testing and post test counseling,	IEC (Education materials that focus on youth issues) on site and to take, Individual and Group Counseling, testing
Health Center	Trained Counselor (adult, youth), health professionals (Nurses, physicians)	Same as above,	IEC (Education materials that focus on youth issues) on site and to take, Individual and group Counseling, testing
Clinics	Trained Counselor (adult, youth), health professionals (Nurses, Physicians)	Same as above,	IEC (Education materials that focus on youth issues) on site and to take, Individual and group Counseling, testing
Health Stations	Trained Counselor (youth/adult), health professionals (Nurses)	Pre and post test counseling,	IEC (Education materials that focus on youth issues) on site and to take, Individual and group Counseling
Health Posts	Nurses, HEW, Peer educators/counselors	Pre and post test counseling,	IEC (Education materials that focus on youth issues) on site and to take, Individual and group counseling, Testing,
Youth Centers	Peer educators/ counselors	Pre and post test counseling,	IEC (Education materials that focus on youth issues) on site and to take, Individual and group counseling, testing
School/Community Based Clubs (ARH, AAC),	Peer educators/ counselors	Pre and Post test counseling, HIV testing could also be carried out in schools students can receive the testing service based on the service eligibility criteria.	IEC (Education materials that focus on youth issues) on site and to take, Individual and group counseling, testing
Community outreach Services:			Group discussion,
Health Extension Workers	HEW,	Pre and post test counseling,	IEC (Education materials that focus on youth issues) on site and to take, Individual and group counseling

### 9.3.3 Management of STIs:

#### Service Objective:

To ensure that youth have adequate access to services including information, diagnosis and treatment for Sexually Transmitted Infections so as to protect themselves and their partners and others from STIs including HIV/AIDS and related risks.

#### Service Eligibility:

Any youth irrespective of their age, marital status and occupation should have the right to access to services including information, diagnosis and treatment for Sexually Transmitted Infections

Service outlets, types of service providers required, types of information / counseling and methods of delivery of the Service:

Service Outlet (Level of Care)	Type of providers/ health personnel available/ required	Types of services	Methods of delivery of the service
Community	Traditional birth attendants (TBAs), community health workers (CHAs), community-based reproductive health agents (CBRHAs)	Recognize signs and symptoms of the common STIs Provide education on different issues including signs and symptoms of the common STIs, HIV/AIDS, safe sex, condom use, Inform communities and youth about the sites where STI services are available, Refer affected youth to medical units where they can get proper medical care	Outreach service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling
Health posts/ stations	Frontline health workers (health extension workers)	The above activities plus: Carry out physical examination and provide appropriate treatment based on the guideline for syndrome management of STIs Refer youth with signs of resistance for Anti biotic and other STI related complications,	Facility based and outreach service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the require clinical care
Health Centers	Health officers, midwives, clinical nurses, public health nurses, laboratory technicians	The above activities plus: Microscopic determination of the causative agent Administer antibiotics and IV fluids, Provide second line drug for antibiotic resistant agents, Counseling, Train community-level workers and junior health professional about STIs and management of STIs	Facility based and outreach service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care (minor surgery)

District/ Zonal hospital	Same as above, plus General medical Practitioners (GMPs), with or without an obstetrician-gynecologist	The above activities plus: - Laboratory determination of drug resistance, - Perform surgical procedures for minor complications of STIs like abscess	Facility based, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care
Referral hospitals	Same as above plus Obstetrician gynecologists	The above activities plus: Treatment of severe STI related complications (including scrotal abscess, fistula, tetanus, penile gangrene, severe sepsis)	Facility based service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care
Private facilities:			
Lower clinics	Staffed by nurses and assistants	Perform functions described under health posts/ stations	Facility based service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical care
Medium clinics	Staffed by a health officer or GMP and a team of other health workers	Perform functions described under health centers	Facility based service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care
Higher clinics	Staffed by a specialist or a GMP and a team of other health workers	Perform functions described under health centers	Facility based service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care
MCH centers and hospitals	Staffed by specialists (obstetricians / gynecologists), a GMP and a team of other health workers	Perform functions described under district and referral hospitals	Facility based service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care



### 9.3.4. Testing Service for Pregnancy, Antenatal Care (including PMTCT), Delivery Service and Postnatal Care:

#### Service Objective:

To ensure that youth have access to Testing Service for Pregnancy, Antenatal Care (including PMTCT), Delivery Service and Postnatal Care available both in the formal health system and community outreach services so that they enjoy a time which is safe and free from risks related with pregnancy, child birth and postnatal period.

#### Service Eligibility:

Female youth irrespective of their age, marital status and occupation should have the right to access to health services related with pregnancy, child birth and any maternal and child health care services.

Service outlets, types of service providers required, types of information / counseling and methods of delivery of the Service:

Service Outlet (Level of Care)	Type of providers/ health personnel available/ required	Abortion services	Methods of delivery of the service
Community	Traditional birth attendants (TBAs), community health workers (CHAs), community-based reproductive health agents (CBRHAs)	Recognize signs and symptoms of pregnancy provide education on different issues including safe pregnancy and delivery, pregnancy related risk, maternal and child nutrition including breast feeding, importance of vaccination for the mother and children, HIV/AIDS, PMTCT, danger signs during pregnancy, complication readiness and birth preparedness inform communities and women on the pregnancy and related services including where PMTCT services are available, refer women to ANC, delivery service, PMTCT	Outreach service, IEC/BCC materials, (Education materials that focus on youth, pregnancy and childbirth issues) on site and to take, individual counseling
Health posts/ stations	Frontline health workers (health extension workers)	The above activities plus: Check vital signs and other physical measurements, provide Iron and foliate supplementation, provide TT vaccine, demonstrate on proper child feeding assist normal delivery, provide basic PNC services refer women with signs of pregnancy related complication and complicated delivery refer women for PMTCT service,	Facility based and outreach service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the require clinical care

Health centers	Health officers, midwives, clinical nurses, public health nurses, laboratory technicians	The above activities plus: Pregnancy testing, hemoglobin, blood type, RH factor general physical and pelvic examination, administer antibiotics and IV fluids, anti hypertensive provide normal delivery, including assisted instrumental delivery, episotomy counseling including for PMTCT service, provide complete PMTCT service and the required follow-up, train community-level workers and junior health professional in pregnancy related issues and services	Facility based and outreach service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the require clinical and appropriate surgical care
District/ Zonal hospital	Same as above, plus GMPs, with or without an obstetrician-gynecologist	The above activities plus: Treatment of most pregnancy related complications, - blood cross-matching and transfusion, - local and general anesthesia, - Cesarean section, laparotomy and indicated surgery - diagnosis and referral for serious complications such as peritonitis and renal failure, train all cadres of health professionals (pre- and in- service)	Facility based, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care
Referral hospitals	Same as above plus Obstetrician gynecologists	The above activities plus: Treatment of severe pregnancy related complications (including bowel injury, tetanus, renal failure, gas gangrene, service sepsis), Treatment of coagulopathy	Facility based service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care
<b>Private facilities:</b>			
Lower clinics	Staffed by nurses and assistants	Perform functions described under health posts/ stations	Facility based service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and appropriate surgical care

Medium clinics	Staffed by a health officer or GMP and a team of other health workers	Perform functions described under health centers	Facility based service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and appropriate surgical care
Higher clinics	Staffed by a specialist or a GMP and a team of other health workers	Perform functions described under health centers	Facility based service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and appropriate surgical care
MCH centers and hospitals	Staffed by specialists (obstetricians / gynecologists), a GMP and a team of other health workers	Perform functions described under district and referral hospitals	Facility based service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care

### 9.3.5. Family Planning Service (Contraception)

#### Service Objective:

The objective of the Family Planning component of the YFS is to enable youth have access to a range of contraceptive methods and information so that they would be able to decide on when and how they would be able to have children and get protected from unplanned pregnancy and its sequel.

#### Service Eligibility:

Any person male or female who can conceive or cause conception regardless of age or marital status is eligible for family planning services including family planning counseling and advice.

Service outlets, types of service providers required, types of information / counseling and methods of delivery of the Service:

Service Outlet (Level of Care)	Type of providers/ health personnel available/ required	Types of Service	Methods of Delivery the Service
Hospitals (All levels)	Trained in FP providers and counselors (Medical Doctors, Health Officers, Nurses etc)	NORPLANT, <b>IUCD</b> , Combined oral contraceptive pills, Progestin only pills, Injectables, Barrier and Natural Methods, advice and counseling on FP methods, education on FP and screening and treatment of sexually transmitted illness	Facility Based Service, IEC (Education materials that focus on youth issues) on site and to take, individual and group counseling, testing
Health Center	Trained in FP providers and counselors (Medical Doctors, Health Officers, Nurses etc)	NORPLANT, <b>IUCD</b> , Combined oral contraceptives, Progestin only pills, Injectables, Barrier and Natural Methods, advice and counseling on FP methods, education on FP and screening and treatment of sexually transmitted illness	Facility Based Service, IEC (Education materials that focus on youth issues) on site and to take, individual and group counseling, testing
Clinics/Health Stations	Trained health workers /FP providers and counselors (Medical Doctors, Health Officers, Nurses etc)	Combined oral contraceptive pills, Progestin only pills, Injectables, Barrier and Natural Methods, Advice and Counseling on different FP methods	Facility Based Service, IEC (Education materials that focus on youth issues) on site and to take, individual and group counseling, testing
Health Posts	Community Health Workers	Combined oral contraceptive pills, Progestin only pills, Injectables, all barrier methods except diaphragm, Natural Methods, Advice and Counseling on different FP methods	Facility Based Service, IEC (Education materials that focus on youth issues) on site and to take, individual and group counseling, testing

Youth Centers	Trained health workers /FP providers and counselors (Health Officers, Nurses, peer counselors, peer promoters etc)	Combined oral contraceptive pills, Progestin only pills, Condom,Advice and Counseling on different FP methods	Facility Based Service, IEC (Education materials that focus on youth issues) on site and to take, Individual and Group Counseling, testing
School/ Community Based Clubs (ARH,AAC),	Peer counselors, peer promoters etc	Advice and counseling on different FP methods, Condom	Institution based service IEC (Education materials that focus on youth issues) on site and to take, individual and group counseling, testing
Community outreach Services:			
CBD Agents	CBD Agents	Combined oral contraceptive pills, Progestin only pills, Injectables, all barrier methods except diaphragm, Natural Methods, advice and counseling on different FP methods	Outreach service, IEC (Education materials that focus on youth issues) on site and to take, individual and group counseling, testing
Health Extension Workers	Health Extension Workers	Combined oral contraceptive pills, Progestin only pills, Injectables, all barrier methods except diaphragm, Natural Methods,Advice and Counseling on different FP methods	Outreach service, IEC (Education materials that focus on youth issues) on site and to take, individual and group counseling, testing

### 9.3.6. Abortion and post abortion care:

#### Service Objective:

To ensure that all female youth obtain standard, consistent and safe termination of pregnancy and post abortion services as far as permitted by law.

#### Service Eligibility:

Similar to the rest members of the community youth have the right to enjoy the following provisions stipulated under Article 551 of the Penal Code of the Federal Democratic Republic of Ethiopia .

Termination of pregnancy by a recognized medical institutions within the period permitted by the profession is not punishable where:

- » The pregnancy is a result of rape or incest; or
- » The continuation of the pregnancy endangers the life of the mother or the child or the health of the mother or where the birth of the child is a risk to the life or health of the mother; or
- » The fetus has an incurable and serious deformity; or
- » The pregnant women owing to a physical or mental deficiency she suffers from or her minority, is physically as well as mentally unfit to bring up the child.

*According to the implementation guide for Article 551 sub Article 1A; where the pregnancy is a result of rape or incest:*

- » Termination of pregnancy shall be carried out based on the request and disclosure of the women that the pregnancy is the result of rape or incest. This fact will be noted in the medical record of the women.
- » Women who request termination of pregnancy after rape and incest are not required to submit evidence of rape and incest and/or identify the offender in order to obtain an abortion services.

*According to the implementation guide for article 551 Sub article 1D, where the pregnant women, among other reasons her minority, psychically as well as mentally unfit to bring up that child:*

- » The provider will use the stated age on the medical record for age determination to determine whether the person is under 18 years of age or not. No additional proof of age is required.
- » Termination of pregnancy under Article 551 sub article 1D will be done after proper counseling and informed consent.

#### Types of services and their components:

As stated in the Technical and Procedural Guidelines for Safe Abortion Services in Ethiopia (FMOH, June 2006), there are two types of care related to termination of pregnancy which

youth could have access to: Women centered abortion care and post abortion care:

Women- centered abortion care is a comprehensive approach to providing abortion services that takes into account the various factors that influence a woman's individual mental and physical health needs, her personal circumstances, and her ability to access services. This care includes a range of medical and related health services that support women in exercising their sexual and reproductive rights.

Woman- centered abortion services have three key elements. These are:

- » Choice: which includes the right to determine if and when to become pregnant, to continue or terminate a pregnancy, to select between options, and to have complete and accurate information.
- » Access: Which includes having access to termination of pregnancy services that are provided by trained and competent providers with up-to-date clinical technologies and that are easy-to-reach, affordable, and non- discriminatory.
- » Quality: which refers to respectful, confidential services that are tailored to each woman's needs using accepted standards and appropriate referral procedures.

Post abortion care is a comprehensive service for treating women that present to health-care facilities after abortion has occurred spontaneously or after an attempted termination. Post abortion care has five essential elements, which are:

- ◇ Community- service provider partnerships involving the local community and informal health workers (CHAs, CBRHAs, TBAs) in addition to formal health personnel. These partnerships are designed to increase recognition of the signs and symptoms of pregnancy complications, to mobilize resources, and to address social and economic issues at the community level.
- ◇ Counseling whereby women are provided with accurate and complete information on reproductive health issue including FP, voluntary counseling and testing (VCT), and gender-based violence (GBV).
- ◇ Emergency treatment of incomplete abortion and its complications.
- ◇ Family Planning services based on free and informed choice and the availability of methods.
- ◇ Linkage of the above services with other reproductive health services including the diagnosis and treatment of sexual transmitted infections (STIs); information on breast feeding, child nutrition, and immunization; screening of reproductive tract cancer; and so on.

Several methods of termination of pregnancy are available. The best method for a woman depends on the duration of pregnancy, the general health status of the woman, the availability of each method, the distance from a referral center the knowledge and skill of provider, and the level of care.

### Place of termination of the pregnancy:

Termination of pregnancy as permitted by the law can be conducted in a public or private

health facilities that fulfil the pre set criteria. That is:

- ◇ All health facilities that have the skilled personnel, equipment and supplies as specified under Section X: “Abortion Services by Level of Care - Technical and Procedural Guidelines for Safe Abortion Services in Ethiopia-FDRE-MOH-June 2006” can perform termination of pregnancy as permitted by Article 551 for pregnancies less than 12 weeks of gestations from the first day of Last Normal Menstrual period.
- ◇ Termination of pregnancy between 13 and 28 weeks of gestations should be done in a secondary or territory level of care.
- ◇ Women who are eligible for pregnancy termination should have the necessary information to seek abortion care as early in pregnancy as possible.

Service outlets, types of service providers required, types of information / counseling and methods of delivery of the Service:

Service Outlet (Level of Care)	Type of providers/ health personnel available/ required	Abortion services	Methods of delivery of the service
Community	Traditional birth attendants (TBAs), community health workers (CHAs), community-based reproductive health agents (CBRHAs)	Recognize signs and symptoms of pregnancy, recognize signs and symptoms of abortion and its complications, provide RH education, including FP and the risks of unsafe abortion, distribute appropriate contraceptives, including emergency contraceptives, inform communities and women on the legal provisions for safe abortion, refer women to post abortion care and safe abortion services	Outreach service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling
Health posts/ stations	Frontline health workers (health extension workers)	The above activities plus: Check vital signs, provide pain medication	Facility based and outreach service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical care in the health facility



Health centers	Health officers, midwives, clinical nurses, public health nurses, laboratory technicians	The above activities plus: Counseling, general physical and pelvic examination vacuum aspiration up to 12 completed weeks of pregnancy, medical abortion up to nine completed weeks of pregnancy, administer antibiotics and IV fluids, train community-level workers and junior health professional in abortion service provision	Facility based and outreach service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care in the health facility
District/ Zonal hospital	Same as above, plus GMPs, with or without an obstetrician-gynecologist	The above activities plus: Uterine evacuation for second-trimester abortion, treatment of most complications, blood cross-matching and transfusion, local and general anesthesia, laparotomy and indicated surgery, diagnosis and referral for serious complications such as peritonitis and renal failure, train all cadres of health professionals (pre- and in-service)	Facility based and outreach service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care in the health facility
Referral hospitals	Same as above plus Obstetrician gynecologists	The above activities plus: Treatment of severe complications (including bowel injury, tetanus, renal failure, gas gangrene, service sepsis), Treatment of coagulopathy	Facility based and outreach service, IEC/BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care in the health facility
Private facilities:			
Lower clinics	Staffed by nurses and assistants	Perform functions described under health posts/ stations	Facility based and outreach service, IEC/ BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical care in the health facility
Medium clinics	Staffed by a health officer or GMP and a team of other health workers	Perform functions described under health centers	Facility based and outreach service, IEC/ BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care in the health facility

Higher clinics	Staffed by a specialist or a GMP and a team of other health workers	Perform functions described under health centers	Facility based and outreach service, IEC/ BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care in the health facility
MCH centers and hospitals	Staffed by specialists (Obstetricians / Gynecologists), a GMP and a team of other health workers	Perform functions described under district and referral hospitals	Facility based and outreach service, IEC/ BCC materials, (Education materials that focus on youth issues) on site and to take, individual counseling, provide the required clinical and surgical care in the health facility

Note: this section is adapted from the Technical and Procedural Guidelines for Safe Abortion Services in Ethiopia, FMOH, June 2006.

### 9.3.7. Referral:

Creating an effective referral linkage between the various service delivery points (including the public, private and non formal community outlets) demand establishing an effective and two ways formal communications between the lower and higher level service delivery points. In this regard, sending youth beneficiaries to the outlets at higher level and vice versa would follow the already established (existing) health service structure and referral linkage in the public and private health system.

Health centers would serve as the first point of referral for the community outreach services, health extension workers and other informal outlets like youth centers. However, the service outlets located in the higher learning institutions would be considered to the level designated by the local health authorities representing the Federal Ministry of Health.

The role that the community outreach services, health extension workers and schools could play in reaching the rural youth and the hard to reach section of the youth should not be underemphasized.

Creating an effective referral linkage between the various service outlets that provide SRH services to the youth require putting various components in place like:

- » Availing the essential services at different level.
- » Familiarizing the service providers at various service outlets with the standard operating procedures to guide their action in referring and receiving youth clients.
- » Creating an effective two ways communication system between the different service delivery points.
- » Popularizing the types of SRH services to the youth general youth



## Involvement of Youth, Parents and Members of the Community in YFS provision

The involvement of youth in designing and implementing youth friendly services and ensuring the participation of parents and community members to contribute towards a sustainable YFS in their respective localities require the creation of a mechanism that ensure formal linkage between the key actors like youth, parents, community members and health service providers. The role service providers could play in creating a network among the various groups and ensure the involvement of these groups in YFS provision is pivotal.

Youth who would be involved with the rest of the stakeholders in designing and implementing youth friendly services could be represented from youth associations, anti AIDS and RH clubs, school clubs etc

The representation of parents and community leaders for the purpose could come from community groups like Idirs, parent/teachers associations, prominent individuals, religious originations etc. These community representatives organized in the form of support groups/ committees could have a formal linkage (network) with the youth (the beneficiaries) and health workers working in SRH provision at various service delivery points located in specific localities/settings like Kebles and Woredas.

Their role being pivotal, health workers are expected to provide guidance and support to facilitate the inputs and actions of the support groups and youth representatives to contribute towards the provision of YF SRH services in their localities.



## Annex I: Characteristics of Adolescent Friendly Health Services

Adolescent friendly health services need to be accessible, equitable, acceptable, appropriate, comprehensive, effective and efficient. These characteristics are based on the WHO Global Consultation in 2001 and discussions at a WHO expert advisory group in Geneva in 2002. They require:

- I. Adolescent friendly policies that
  - » Fulfill the rights of adolescents as outlined in the UN Convention on the Right of the Child and other instruments and declarations,
  - » Take into account the special needs of different sectors of the population, including vulnerable and under-served groups,
  - » Do not restrict the provision of health services on grounds of gender, disability, ethnic origin, religion or (unless strictly appropriate) age,
  - » Pay special attention to gender factors,
  - » Guarantee privacy and confidentiality and promote autonomy so that adolescents can consent to their own treatment and care,
  - » Ensure that services are either free or affordable by adolescents.
2. Adolescent friendly procedures to facilitate
  - » Easy and confidential registration of patients, and retrieval and storage of records,
  - » Short waiting times and (where necessary) swift referral,
  - » Consultation with or without an appointment
3. Adolescent friendly health care providers who
  - » Are technically competent in adolescent specific areas, and offer health promotion, prevention, treatment and care relevant to each clients maturation and social circumstances
  - » Have interpersonal and communication skills
  - » Are motivated and supported
  - » Are non-judgmental and considerate easy to relate to and trust worthy.
  - » Devote adequate time the clients or patients
  - » Act in the best interests of their clients
  - » Treat all clients with equal care and respect,
  - » Provide information and support to enable each adolescent to make the right free choices for his or her unique needs.
4. Adolescent friendly support staff who are
  - » Understand and considerate, treating each adolescent client with equal care and respect,
  - » Competent, motivated and well supported

5. Adolescent friendly health facilities that
  - » Provide a safe environment at a convenient location with an appealing ambience,
  - » Have convenient working hours,
  - » Offer privacy and avoid stigma,
  - » Provide information and education material
  
6. Adolescent involvement, so that they are
  - » Well informed about service and their rights
  - » Encouraged to respect the right of others,
  - » Involved in service assessment and provision
  
7. Community involvement and dialogue to
  - » Promote the value of health services, and
  - » Encourage parental and community support
  
8. Community based, outreach and peer-to-peer services to increase coverage and accessibility.
  
9. Appropriate and comprehensive service that
  - » Address each adolescent's physical, social and psychological health and development needs
  - » Provide a comprehensive package of health care and referral to other relevant services,
  - » Do not carry out unnecessary procedures
  
10. Effective health service for adolescents
  - » That are guided by evidence- based protocols and guidelines,
  - » Having equipment, supplies and basic services necessary to deliver the essential care package,
  - » Having a process of quality improvement to create and maintain a culture of staff support.
  
11. Efficient services which have
  - » A management information system including information on the cost of resources,
  - » A system to make use of this information.



Adolescent Friendly Health Services: An Agenda for change. World Health Organization, 2003. Geneva.

Attwell k. 2004. Assessment of Youth Reproductive Health Programs in Ethiopia Going to Scale up in Ethiopia. Mobilizing Youth Participation in the National HIV/AIDS Program. Washington DC. Social and Scientific Systems, Inc./ The Synergy project

Govindasamy Pav, Aklilu Kidanu and Hailom Bantyrqu. 2002. Youth Reproductive Health in Ethiopia. Calverton, Maryland: ORC Macro.

Guidelines for Family planning Services in Ethiopia.: Federal Democratic Republic of Ethiopia, Ministry of Health., 1996.

Health and Health Related Indicators 2004/2005. Planning and Programming Department, Federal Ministry of Health

National Adolescent Youth Reproductive Health Strategy 2006-2015: Federal Democratic Republic of Ethiopia, Ministry of Health, July 2006, Addis Ababa.

National Guidelines for HIV Counseling and Testing in Ethiopia: Federal Democratic Republic of Ethiopia, Ministry of Health Addis Ababa., (Draft Document)

National Guidelines for PMTCT in Ethiopia., Ministry of Health: Federal Democratic Republic of Ethiopia, Addis Ababa, (Draft Document).

National Guideline for Provision of Youth Friendly Services (YFS) in Kenya: Ministry of Health Division of Reproductive Health. July 2005. Nairobi Kenya.

Service Delivery Guidelines for Adolescent Health (Draft): Ministry Of Health, Ghana. January 2002.

Standard on Adolescent Friendly Reproductive Health Services (Draft): Directorate of Preventive Services; Reproductive and Child Health Section, Ministry of Health, United Republic of Tanzania, 2004. Dar es Salaam

Standards for Youth Care: A Guided to Youth Friendly Service Initiative. IPPFAR. July 2002.

Technical and Procedural Guideline for Safe Abortion Services in Ethiopia: Federal Democratic Republic of Ethiopia, Ministry of Health, June 2006, Addis Ababa.

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