

AwareNest

Be kind to young people, so they feel at home December 2021

Since August 2021, we share Aware Nest with you quarterly. It always follows the same sections.

Watch or Listen has videos or podcasts.

Read has articles, including policies, position papers and research.

Discover has material, curricula and modules that are ready to be used with adaptations to your local context.

See has images and cartoons to inspire you.¹

In the Spotlight has a special feature on one of our grantee partners.²

Last but not least, Act has an invitation for you to do something.³

The hourglass stands for any material that you can look at if you have time. This could be within any section.

 $\boldsymbol{\hat{\mathcal{V}}}$

Q

The little arrow hides the download link.⁴

The little magnifier leads you to a website. ⁵















AwareNest logo, icons and layout by Amuthan Vethanayagam.

¹ Icon created by Alice Design from the Noun Project.

² Icon created by Arthur Lacote from the Noun Project.

³ Icon created by Stephen Borengasser Lacote from the Noun Project.

⁴ Icon created by Denis Klyuchnikov from the Noun Project.

⁵ Icon created by Alice Design from the Noun Project.

What you will find in this issue...

From the EMpower team	3
AwareNest Príncíples	4
Watch or Lísten	5
Read	6
If you have time	9
See	10
In the spotlight	12
Act	14





From the EMpower team ...

Many young people lack access to Sexual and Reproductive Health (SRH) services and subsequently suffer a disproportionate burden of poor SRH and access to related SRHR. A study carried out in Vanuatu in 2013⁶ identified that socio-cultural norms and taboos regarding adolescent sexual behaviour were the most significant factors preventing adolescents from accessing services. These contributed to adolescents' own fear and shame coupled with judgmental attitudes of service providers, and disapproval from parents and community gate-keepers. Lack of confidentiality and privacy, costs, and adolescents' lack of SRH knowledge were other important barriers.



As advocates working in the SRHR sphere, we are all acutely aware that creating access to needed SRHR products and services for adolescents is often hard enough, let alone making them youthfriendly and under the current COVID-19 context.

However, at a transitional and volatile time in their lives, the young people we aspire to serve are least likely to access these services if they don't cater to their needs.

It is no surprise that the research in Vanuatu identified "friendly service provider" as the most important feature of a youth-friendly health service. A whole range of other aspects have been identified and include availability of bike racks, afterschool operating hours, confidentiality and privacy, free or affordable services, the look and feel of the waiting room where youth see themselves and their diversity represented in the interior design and walk-in appointments amongst others (ibid, Adolescent Health Initiative and the HHS Office of the Assistant Secretary for Health, Region 4, 2018⁷).

As one of the young people in the research said "the more we feel comfortable, the more we will want to come back"! Let's make this a reality for the young people we work with and for in our programs.

Let's ensure that services we link to or we offer ourselves meet (international) minimum standards and that we have listened to young people's voices on what matters the most to them. Let's additionally broaden our horizon and include to work with external service providers as pharmacies and drug shops, where relevant, and make them youth-friendly (see materials on page 8). Let's also consider the COVID-19 context with an expansion in the number of online SRH services (see also page 8).

As always, we have an invitation for you at the end for a small "Act"... a first step of shared reflection.

⁷ <u>https://www.mivideo.it.umich.edu/media/t/1_44f8mkz4</u>



⁶ https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-455

AwareNest Principles

We will understand and respect that sexuality is deeply private, personal and can bring up different feelings, fears, anxieties, sometimes bad memories or experiences. Sexuality can be hard to talk about. True for parents, teachers, health care professionals, religious leaders, etc. and each of us reading this newsletter. We will consider and present multiple perspectives, not binary choices.

learners.

We will ground our work in latest evidence and best research data available. We will be centred in human rights and grounded in numerous international treaties: To enjoy safe and satisfying sexual lives, young people must be able to exercise their basic human rights (to dignity, bodily safety, access to health information and services). Promoting sexual and reproductive rights also encourages young people to take responsibility for protecting the health and well-being of others.

We will embrace an affirmative view on sexuality – not only about avoiding risk but rather "sex positive", talking about sexuality as a healthy normal life force. It is voluntary, mutually respectful and with consent.

We will recognize cultural differences, act culturally appropriate, yet push the envelope on who is it that defines culture. In the name of culture and religion, women are oppressed, circumcised, violated. We need to embrace and amplify an inclusive, nonjudgmental perspective. We are all experts.

We will centre the voices and perspectives of youth: not for them but with and by them.



Watch or Listen

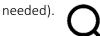
Promoting Youth-Friendly Services & Culturally Responsive Care for Adolescents (the Adolescent Health Initiative and the HHS Office⁸ of the Assistant Secretary for Health, Region 4)

Shared by Rachel Brauer on January 15th, 2021. This webinar from 2018, identifies and discusses key concepts about providing culturally responsive health care to young people and reflect on various cultural norms unique to adolescence. The content starts at minutes 05:34.





At a macro level, it also shares an approach called "Sparks", which are mini trainings of 15-30 minutes that can spark reflection. You can have access to the PowerPoint slides, facilitator script, participant handouts and sparklers (follow up activities) and use them directly with staff (with translation as



Why do we need quality service for youth?

Watch this short video of Nelly articulate why quality services are important.



Now make your own speech⁹. Start by making a list of at least 4 reasons why this is important. Try to explain these 4 reasons out loud, just like Nelly did in the video. You can do this in front of the mirror or record it with your cell phone. Practice until it is exactly right, because then you will be able to convince other people as well of why quality services are important!

Doing 'IT': Episode 22: Inclusive Language

A podcast episode about making SRHR clinic services and education information more inclusive and accessible for young people.



⁹ Icon created by Creative Stall from the Noun Project.





Read



Policy

Standards for improving the quality of care for children and young adolescents in health facilities (WHO, 2018)

The goal of this publication is to ensure that the care given to all children, including young adolescents, in health facilities is evidence-based, safe, effective, timely, efficient, equitable and appropriate for their age and stage of development. The standards were developed in the best interests of children, in recognition of the fact that their requirements are different from those of adults and to ensure their right to high-quality health care. The standards are applicable to all facilities that provide health care to children and adolescents.

that provide health care to children and adolescents. Download it here:

The WHO shares the following framework for quality of care (page 7, figure 1);



Global standards for quality health-care services for adolescents: a guide to implement a standardsdriven approach to improve the quality of health care services for adolescents (WHO & UNAIDS, 2015)

Volume 1	Standards and criteria
Volume 2	Implementation guide
Volume 3	Tools to conduct quality and coverage measurement surveys to collect data about
	compliance with the global standards
Volume 4	Scoring sheets for data analysis
Lookhoro	

Look here:

Q

Sexual and reproductive health of young people in Asia and the Pacific - A review of issues, policies and programmes (UNFPA, 2015)

Access to quality SRHR services, particularly for unmarried young people, is limited in the region, contributing to low use of condoms and contraceptives and delayed care seeking. Pages 80 - 92 cover how this can be addressed. Download here:



Position Paper and Standards

Keys to youth-friendly services (IPPF, 2012)

The following mini-reports can not only help you make the services you offer more youth and adolescent friendly, but also to "assess" service providers to who you link young people and serve as a basis to get in a dialogue with them on their service approach.

The Keys to youth-friendly services series explores what IPPF considers to be the key elements for 'unlocking' access to SRH services for young people. IPPF believes that if every health professional and health-providing institution adopted these elements in the day-to-day implementation of their work, it would go a long way in eradicating the stigma and other barriers that prevent young people from accessing the services, information and support that they are entitled to receive.

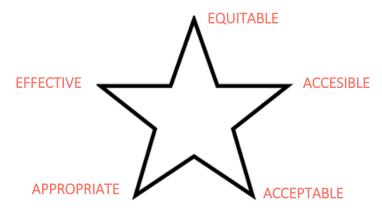
- Introducing the series. Download here:
- Obtaining informed consent. Download here:
- Ensuring confidentiality. Download here:

Youth-Friendly Services. A manual for service providers (Engender Health, 2002)

This manual includes training activities that can be conducted with various levels of staff who provide SRH services to adolescents. The activities can be adapted and tailored to address the participants' specific needs. Engender Health recognises that a variety of issues must be addressed in order to make reproductive health services more youth friendly. First, all staff at a health facility, from reception staff to physicians, must think about and assess their own beliefs about adolescent sexuality. Many service providers do not fully understand the psychosocial context in which adolescents live because they may not have had sufficient interaction with youth or have not had training specifically related to young people. The quality of care given to youth may increase substantially when providers understand cross-cultural issues of adolescent development. These include autonomy, identity development, body-image concerns, and peer-group identification. Download here:

Quality assessment guidebook: A guide to assessing health services for adolescent clients (WHO, 2009)

This guidebook contains a detailed list of adolescent-friendly characteristics that could contribute to making health facilities and other points of health service delivery more adolescent-friendly. They are organized according to the five broad dimensions of quality.





This guidebook is a companion to the 2012 WHO publication "Making health services adolescent friendly" (see just below).

These two guidebooks are part of a set of tools to standardize and scale up the coverage of quality health services to adolescents. Download here:

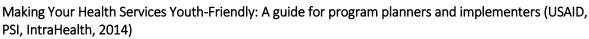
Making health services adolescent friendly: Developing national quality standards for adolescent friendly health services (WHO, 2012)

The WHO publication is intended for national public health programme managers, and individuals in organizations supporting their work. Its focus is on managers working in the government sector, but it will be equally relevant to those working in NGOs and in the commercial sector.

This publication has in **Annex 1** a checklist on characteristics of youth-friendly services.

This guidebook is a companion to the 2009 WHO publication "Quality assessment guidebook: A guide to assessing health services for adolescent clients" (see just above).

These two guidebooks are part of a set of tools to standardize and scale up the coverage of quality health services to adolescents. Look here:



A step by step guide on how to make your service youth friendly. Download here:

In times of COVID-19

Standards for Online and Remote Providers of Sexual and Reproductive Health Services (The faculty of sexual and reproductive healthcare of the Royal College of Obstetricians and Gynaecologists, 2019) The rapid expansion in the number of providers of online Sexual and Reproductive Health services has enabled and empowered users to access their healthcare in more ways than through a face-to-face consultation with the health care professional. This transition has accelerated during the pandemic. Whilst recognising the enormous potential, the guidelines such as this ensure that standards of care and quality of services are maintained. Look here:

Working with external service providers: Youth-friendly Pharmacies and Drug Shops

Youth-Friendly Pharmacy Program Implementation Kit: Guidelines and Tools for Implementing a Youthfriendly Reproductive Health Pharmacy Program (Path, 2003)

This is intended to guide the development of a sustainable, pharmacy-based initiative. You can find the five part documentation here:

Drug Shops and Pharmacies: Expanding contraceptive choice and access in the private sector (HIP, 2013)

This brief report is about a promising high-impact practice in training and supporting pharmacies and drug shops to provide family planning information and a broad range of quality contraceptive methods. Download here:













Best Practices for Youth-Friendly Sexual and Reproductive Health Services in Schools (Advocates for Youth, 2012)

Schools are in a unique position to provide their students with comprehensive health services and referrals to community-based health centres, due to their accessibility to students and their ability to provide health education and services targeted specifically for young people. Schools have the important responsibility of addressing the needs of students by helping them succeed academically. Studies show healthy students learn better. Providing access to health services will enable them to lead both healthy and successful lives. Download here:

$\overline{\mathfrak{P}}$

If you have time



Effective Strategies to provide Adolescent Sexual and Reproductive Health Services and to increase demand and community support (Journal of Adolescent Health, 2014)

Access to youth-friendly health services is vital for ensuring SRH and well-being of adolescents. This study is a descriptive review of the effectiveness of initiatives to improve adolescent access to and utilization of SRH services in low- and middle-income countries. It has examined four SRH services intervention types: (1) facility based, (2) out-of-facility based, (3) interventions to reach marginalized or vulnerable populations, (4) interventions to generate demand and/or community acceptance. Download here:



Assessing youth-friendly sexual and reproductive health services: a systematic review (Mazur et al. BMC Health Services Research, 2018, 18-216). Download here:

$\overline{\mathfrak{Y}}$

Adolescent and Youth-Friendly Health Services Modular Training Facilitator Manual (USAID, 2017)

This training programme developed for the Ministry of Health of Lesotho has content, visual support, timing available to be adapted and rolled out. Download here:

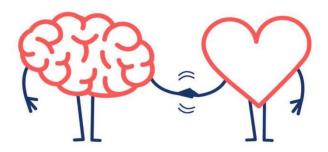
 $\overline{\mathfrak{Y}}$



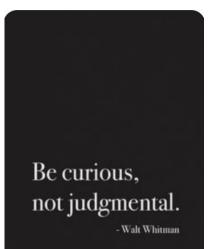




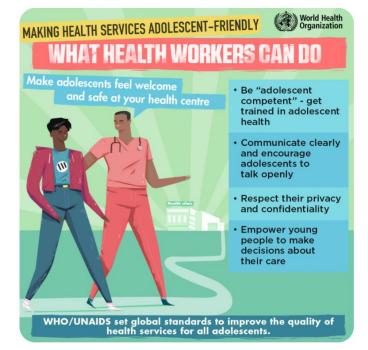
APATHY IS BORING™







Being NoN-Judgemental ?!



Holding the **Good** the **Bad** and the **Neutral** Without Preference









In the spotlight



We are delighted to spotlight the very impressive work of our grantee partner **Yayasan Kusuma Buana (YKB) in Indonesia** in setting the way forward for youth-friendly services. We had the opportunity to catch up with **Joedo Prihartono, Executive Director of YKB**. Some excerpts from our interview.

What made you choose to focus on youth-friendly services?

When we started our programme in Bongas, we observed that many young people with SRH issues declined to be referred to local Health Centres for medical services. We interviewed them to probe the reasons for the reluctance and found that youth feared the hostility of health providers, who tended to judge the young people of wrongdoing.

How did you decide on the metrics to focus on?

After researching various sources on good performance on youth reproductive health services, we identified the metrics that should be focused for youth-friendly training that was aimed at local Health Providers.



How did you bring many other service providers on-board to make these changes to their services? Young people with SRH concerns, who were motivated by trained peer educators to seek related assistance, certainly needed access to health facilities that offered youth-friendly SRH services. However, many young people were discouraged from seeking assistance due to the hostility of health providers toward young people with reproductive health problems. In order to address this, the YKB team organised a two-day workshop for local health providers, to comprehend the needs of young people and to address this in their services.

20 local health providers actively participated in this workshop training. We had 33% more participants than anticipated! The team facilitated the participants to interact and share their experiences in providing SRH services for young peoples. The trainers then introduced the essence of youth-friendly services to the participants and conducted a series of simulation games, group discussions and film presentations to facilitate the learning.

The evaluation of participants showed that all of the participants understood the actual SRH concerns of youth, but some participants continued to be constrained by their individual religious believes. This constraint significantly influenced their skill in counselling in particular. This was the focus of the next phase.

To further improve coordination and the quality of health services for adolescents, we conduct now regular meetings for service providers with the aim of equalising perceptions regarding the case handling process and a comprehensive service system. With the implementation of this activity, it is hoped that there will be more and more an increase in performance and achievements in referral services for adolescents.



One of the bigger achievements was getting some of the service providers in rolling out a mobile team service to reach boys and girls from hard-to-reach community groups, with particularly high risky sexual behaviour.

An important parallel piece was the advocacy. At first the Bongas team advocated with the subdistrict leaders to socialise the SRH challenges amongst Bongas' young people and their need for youth-friendly services. The advocacy was aimed to win their support and convince local health providers on such regional health services. The Bongas team then lobbied with the Chairperson of the local regional health centre and other private practitioners in the region to undergo training on youthfriendly SRH services.

What was the most difficult aspect to change?

The most difficult aspect to change was the previous judgmental perception of some health providers, especially those with fundamental religious believes that the SRH problems amongst young people were caused by their violation of expected norms of life! But if things were any better, we may not be needed in this field, right?

What was an unexpectedly rewarding experience?

After working hard in convincing the local health providers in Bongas regarding the need for youthfriendly SRH services, the Bongas team won positive support from the medical community in the region. This was because they observed the willingness of young people to seek medical services in health centres, which was previously very rare.

Another rewarding experience is the phenomenal growth of one of the health centres. The Bongas Health Centre's SRH services for youth were considered sub-optimal in 2017. There was no dedicated room for youth consultation with their privacy hugely compromised, no support from the director and no ownership for the youth programme, as it was believed to be only YKB's business! However because there was a senior nurse who we had trained, who was very committed to making a change, and we supported with the lobbying with the newly appointed director... things began to fall in place. This senior nurse was made the focal point of the youth programme. He initiated an innovative and systematic one stop SRH service. In this model, the youth will be screened and referred to different sections of the centre.

It is these wins that keep us hoping and working for more change.



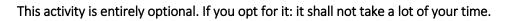
Mobile HIV Voluntary Counselling and Testing Services

Counselling at School Health Programme



Act

We would like to invite you to share with us a bit around your youth-friendly services. If you have time, use the following \underline{link} to see what we have prepared for you.



Based on your program to date and/or additionally based on the reading of this newsletter, can you tell us a bit more about these two aspects?

- 1. Which aspect of youth-friendly services your programme offers?
- 2. What you desire your sexuality education programme ensures in terms of youth-friendly services?

Please feel free to put your answers on the Jamboard using sticky note, text box, image, etc.



