National Adolescent Sexual and Reproductive Health Program

Program Implementation Guide

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Government of Nepal
Ministry of Health and Population
Family Health Division

किशोरकिशोरी
मैत्री स्वास्थ्य सेवा

Chapter One

Introduction

1.1 Background

Nepal, as a signatory of the ICPD Plan of Action (1994) and related international treaties and conventions, has recognized sexual and reproductive health as a crucial aspect of overall health. In this context, the Government of Nepal, Ministry of Health and Population has prepared and since implemented the National Reproductive Health Strategy and Plan of 1998, which clearly states adolescent sexual and reproductive health (ASRH) as one of the major component of reproductive health.

Family Health Division (FHD) developed the National Adolescent Health and Development (NAHD) Strategy in 2000, in line with National Reproductive Health Strategy, with a broader aim to address the health and development needs of adolescents. The 2007 Implementation Guidelines on adolescent sexual and reproductive health (ASRH) was also developed by FHD based on the NAHDS with the aim to guide district health managers in implementing the strategy at the district and below district level health care settings, educational institutions, NGOs and civil society organizations.

The National Health Sector Programme (NHSP) II has the target to implement the National ASRH Program in 1000 public health institutions by 2015. This National ASRH Program Implementation Guide 2011 were developed based on the directions provided by the NAHDS and the findings of a detailed review of national and international documents including WHO guidelines on ASRH service as well as a series of consultations with national and international ASRH experts and service providers. The findings and lessons learnt from the RHIYA (Reproductive Health Initiative for Youth in Asia) program in Nepal supported by the European Union and UNFPA and the ASRH pilot program implemented by FHD with the technical and financial support of GIZ (formerly GTZ) in 26 health facilities of Baitadi, Bardiya, Surkhet, Dailekh and Jumla districts in the Mid and Far western development regions of Nepal were also incorporated.

It being the national guideline, all governmental, non-governmental and private agencies should follow this implementation guide while designing and implementing programmes and activities related to ASRH so as to avoid duplication.

The National Health Training Center (NHTC) has already provided training on ASRH issues to service providers of health facilities in all the 75 districts. Basic health services provision to the adolescents had been started, but the concept of upgrading public health facilities into adolescent-friendly services (AFSs) was started in 2009/2010 in accordance with NSHP II as services were not utilized by the target group as expected. In future, operation research will be conducted on the effectiveness of the National ASRH Program and in particular of the adolescent friendly sexual and reproductive health services.

1.2 Goal and objectives of the National ASRH program

The National ASRH Program is supporting MoHP in the achievement of the following goals and objectives of the National Adolescent Health and Development Strategy (NAHDS) 2000 so as to promote the overall adolescent reproductive health. The goal and objectives of the NADHS strategy are:

Goal

The overall goal of NAHDS 2000 is to promote the health and socio-economic status of adolescents.

Objectives

- To increase the availability and access to information about adolescent health and development, and provide opportunities to build skills of adolescents, service providers and educators.

- To increase accessibility and utilisation of adolescents health and counseling services for adolescents, and

- To create safe and supportive environments for adolescents in order to improve their legal, social and economic status.

Note: The goal and objectives are in line with NHSP II. Based on these two documents the programme will be monitored and evaluated using the following indicators:

- Increase age at marriage
- Increase in use of modern methods of family planning
- Decrease unmet need for family planning
- Reduce adolescent pregnancy
- Reduce adolescent fertility rate
- Decrease prevalence of HIV infections

Chapter 2

National Standards and Characteristics of Adolescent Friendly Services

The following are the standards and characteristics of adolescent friendly services (AFSs) as recommended and outlined by the ASRH Program Implementation Guide 2007:

2.1 National standards for adolescent friendly services

Adolescent friendly services are not a separate or additional service. It is a friendly environment and condition in which adolescents can comfortably and easily access ASRH services. Therefore the following national standards should be followed while implementing ASRH programs:

1. **The specified package of health services, that adolescents need, should be provided by the health service delivery points (Service Delivery Packages)**

Needs and demands of the adolescents and youth may differ from place to place (urban, rural) and level of health care settings. So, the specified package of health services should be developed by the district health manager involving adolescents and youth at districts. General Service package is given here which may not always be able to address the local needs and demands.

2. **Health service delivery points should provide effective health services to adolescents and youth (Organizing Effective Services)**

In many places, health services are not provided effectively by service providers for a variety of reasons, as for example, service providers are not in place, they do not have the required competencies, they are not motivated to provide services, the required supplies, equipment and basic facilities are not available etc. This standard, therefore, stresses that health facilities are well equipped and they are delivered services to adolescents as per their needs and demands.

3. **Adolescents and youths should find the environment at health facilities conducive to seek services (Conducive Environment at Health Facilities)**

Adolescents and youth will not seek health services if the physical environment, the procedures, staff (both health workers and other staff) are not friendly to them. This standard focuses on ensuring that a reasonably conducive environment exists in health facilities for adolescent and youth to access these services. For this, the barriers to seeking health services should be identified. Health workers should make an attempt to address the barriers to make the environment conducive.

4. **Service providers should be capable to address the needs of adolescents and are motivated to work with them (Capacity Building of Service Providers)**

Due to a variety of reasons (e.g. judgmental attitudes of service providers), many adolescents do not hesitate to seek health services. Service providers are to be technically competent and motivated to provide services to adolescents as per their needs. This standard seeks to ensure that the service providers can demonstrate appropriate attitudes and behaviors to reassure the adolescents and youth in addressing their needs. The standard therefore seeks to address issues relating to service providers' attitude and motivation. Service providers here mean both health-care providers and the support staff. Both should be competent and motivated to work for the adolescents and youths.

5. **An enabling community environment exists in the community for Adolescents and youth to seek the health services they need (Building Enabling Environment)**

In many situations, community members (parents, teachers, religious leaders, political leaders, etc) are not aware of the value of providing comprehensive sexual and reproductive health services to adolescents and youth. They do not believe that adolescents and youth should have access to the health services. This discourages service providers from providing health services to adolescents. The standard seeks to address these enabling environment building factors to support the efficient delivery of the intended health services.

6. **Adolescents are well informed about the availability of good quality health services from the service delivery points (Communication with Adolescents)**

Adolescents are generally unaware of where they can get good quality health services. The standards seek to address the gaps in knowledge and awareness among adolescents on health, sexual and reproductive health issues and emphasizes the importance of seeking timely quality services from the service delivery points. Peer education networks can be built and utilized to promote service seeking practices.

7. **Adolescents and youth should be provided skills-based Sexual and Reproductive Health Education (Skills for Health)**

Adolescents and youth can engage in learning experiences that help them prevent disease and injury. It also fosters their healthy relationships. They can acquire the knowledge and skills they need for example to negotiate and make health decisions about sexual and reproductive health choices, listen and communicate well in relationships. School and organizations working in non-formal education sector may be the principal partners for this standard. This standard is a part of the FRESH (Focusing Resources for Effective School Health) framework.

8. **Adolescents and youth enjoy their sexual and reproductive health rights**

Young people, at most of the places, have been discriminated in obtaining information, education and services. For example, young unmarried girls are still facing difficulties to get safe abortion services, despite the legalization of abortion services. Similarly, LGBTs have also been

stigmatized and discriminated. This standard scales up and builds of programs to protect and promote sexual and reproductive rights.

9. Health Management systems are in place to improve and sustain the quality of health services

Information generated at sub-health posts, health posts, primary health care centers and district hospitals is generally sent to the centre for analysis and utilization. However, district health managers can also analyze the information for their planning, implementation and monitoring purposes. A strong feedback mechanism is vital to accomplish this. District health manager can be a bridge to send feedback to the community level and relay information to the central level. This standard also focuses on the importance of monitoring system to ensure that interventions are effectively implemented as planned and that appropriate feedback mechanism are in place.

2.2 Characteristics of adolescent friendly services:

2.2.1 Adolescent friendly services (AFSs)

Adolescent-friendly services refer to the environment and condition in which adolescents can easily access and utilize ASRH services in a friendly manner. Therefore it must be understood that AFS are services sought by adolescents being provided without any discrimination by the health facility and health service providers. For example: when adolescents come to the health facilities they expect a warm welcome and a quick response. They also probably want to access the services without having to get permission from their parents and be assured that their privacy and confidentiality are maintained appropriately. Likewise, they also expect the services to be located at an appropriate place at the appropriate price (free if possible or affordable) and available in the right style and at their convenient time.

For the services to be truly adolescents friendly, certain basic characteristics should be met by the health programme (planning and management), the health facility and health service provider as defined by WHO and other agencies. Therefore, adolescent-friendly services must be understood as the type of service that meets these criteria.

In the context of Nepal, adolescent friendly services have to have the following characteristics based on the WHO defined standards and ASRH Implementation Guide 2007.

2.2.2 Characteristics of adolescent friendly services:

For the services provided to be called adolescent-friendly, the following characteristics should apply:

1. **Programmatic characteristics of adolescent-friendly services**

    - Involvement of adolescents in program development and implementation
    - Male and female adolescents are both welcomed and treated equally
    - Unmarried clients are welcomed and served without any prejudice
    - Parental involvement is encouraged but not compulsory
    - Adequate supply of contraceptives

- Short waiting time
- Availability of IEC materials at the health facility
- Services should be set up in locations frequented by adolescents (such places should be given priority); details about the adolescent-friendly services should be well-promoted in the community
- Schools, youth clubs, child clubs and other similar institutions must be coordinated with.
- Provision of alternative ways for adolescents to access information, counseling and services outside of routine health care delivery system

2. Characteristics of an adolescent-friendly health facility

- Convenient service time (hours) for adolescents
- Convenient location of the health facility (in case of new health facilities to be constructed, this should be considered)
- Adequate space
- Appropriate place for registration procedures and waiting space
- Ensured sufficient privacy: well-equipped, separate or curtained off clinic and counseling rooms with sufficient privacy (others should not be able to overhear the discussion of problems and should not be able to see inside the examination room)
- Welcoming environment (no noise, availability of clean drinking water, clean functional toilet etc.)
- Availability of IEC/BCC materials

3. Characteristics of the health service providers:

The characteristics of the service providers are as follows:

- Possess in-depth knowledge and skills regarding counseling, physical examination and awareness of referral mechanisms
- Trained on ASRH issues (should have received the ASRH training provided by National Health Training Center)
- Shows respect to the adolescents without any prejudice
- Ensures the privacy and confidentiality of adolescents
- Spends adequate time with the clients during discussion
- Trained and capable of providing counseling on ASRH issues

Confidentiality of Adolescent Friendly Sexual and Reproductive Health Services must be maintained:

The service provider who provides ASRH services will get to know the various SRH problems of adolescents. Such sensitive and intimate health concerns/problems should not be shared with other persons without the consent of the concerned adolescent. Sexual and reproductive health problems of adolescents are completely personal/private issues. It is everyone's human rights to keep their problems private and confidential. Every service provider must respect this right. If the personal problems of an adolescent are shared and get socially publicized it could negatively affect the adolescent and could even ruin their life. In such a condition, adolescents may get deeply hurt, be unable to concentrate on their studies, have problems and conflicts within their family and friends which could lead them to depression, psychological problems and even suicide. Therefore, all information should be kept confidential and secrecy maintained. This characteristic is mandatory for the service provider who provides ASRH services.

Chapter 3

National ASRH Program Implementation

3.1 Central level activities for implementation of National ASRH Program

The following activities will be conducted at the central level for the implementation of the National ASRH Program:

3.1.1 Budget allocation and district selection

Family Health Division (FHD) will allocate budget, select the districts, and organize orientation programs for the regional and district level health managers and assigned ASRH focal persons.

3.1.2 ASRH orientation programs for regional and district health managers and ASRH focal persons

FHD will organize a two day orientation program for the regional health director, district health officers/public health officers, public health nurse and family planning supervisors (one of these will be the ASRH focal person at district level). The orientation program will be based on the details outlined in the specific orientation package.

Objective of the orientation program for district health managers

The overall objective is to enable the district health/public health officers, public health nurse, and family planning supervisors of the selected districts to implement the National ASRH Program by increasing their knowledge, attitude and skills so that they can develop a conducive environment, strengthen local coordination and generate and mobilize local resources for the programme.

Participants

The orientation program should include:

- ASRH focal person (Regional Health Directorate) – 1
- District Health/Public Health Officers - 2,
- Public Health Nurse -1
- Family Planning Supervisor - 1

Budget provision

The necessary budget for this program will be as per the allocation made in the Annual Work plan and Budget of FHD.

3.2 District level activities for implementation of the National ASRH program

3.2.1 Selection of health facilities to be upgraded to AFSs

In each of the districts selected for scaling-up the National ASRH Program, the District Health Office should select 13 health facilities for the provision of AFSs. Priority should be given to district hospital or other hospitals with functional Integrated Family Planning Center (IFPSC) or Maternal Child Health (MCH) clinics, Primary Health Care Centers (PHCCs) and Health Posts.

Basis for selecting the health facilities:

The following criteria should be fulfilled by the health facility in order to be selected to be included in the National ASRH program:

1. **Availability of health service providers**

   Health facilities should be selected on the basis of regular availability of both male and female service providers. The service provider should ideally be less than 30 years of age keeping in mind that this program is targeted at adolescents. However, it is not mandatory.

2. **Minimum physical facilities**

   The health facilities to be selected for implementation of this program should have the minimum prerequisites such as the availability of safe drinking water and toilets and adequate special provisions to maintain privacy and confidentiality. Here, the term privacy is used to refer to the availability of a separate room or a room with curtained windows so that the service users and the service providers will not be visible from the outside and the discussion between the two is not audible to others in the health facility.

3. **Availability of educational institutions in close proximity**

   Health facilities should be located near to schools (lower secondary/secondary/+2 level).

4. **Existing provision of family planning services, safe abortion services, delivery services (birthing centre) and STI, HIV and AIDS related counseling and treatment services**

   Priorities should be given to those health facilities which are already providing clinical services in the field of reproductive health such as delivery services, family planning services, safe abortion services and STI, HIV and AIDS related services.

5. **Capacity and motivation of health workers**

   The health workers of the selected health facilities should be interested and motivated to implement AFSs in their health facility. Likewise, health facilities having service providers who have received 4 days training on ASRH provided by NHTC should be given more priority.

6. **Motivation of Health Facility Operation and Management Committee (HFOMC)**

HFOMCs of the health facility to be selected must have keen interest and strong commitment to provide necessary support to establishing and offering AFSs in their health facility.

7. **Supportive VDCs**

The VDCs where the health facilities are located should be supportive to provide necessary support for establishing and providing AFSs.

8. **Presence of CBOs and NGOs**

Priority should be given to those health facilities having CBOs or NGOs working on ASRH issues nearby. Likewise, priority should be given to health facilities that have Youth Information Center, and other related programs being implemented under District Women Development Office and School Peer Educator program within the VDC.

9. **Proximity to especially vulnerable adolescents**

For the implementation of AFSs, health facilities to be selected should ideally be located in proximity to settings where vulnerable groups of adolescents gather. Focus should be given to such groups who are vulnerable to STI, HIV and AIDS, unwanted pregnancy. (Such areas include brick factory, restaurant, dance bar, trade mill, slum areas etcs)

10. **Availability of other adolescent related programs:**

It would be appropriate to give priority to health facilities that have adolescent related programs in their vicinity (for example, programmes of the Women and Child Office (WCO) focusing on adolescent girls; the ASRH component of the local level population programme of the Population Division) and other programs being implemented by other agencies.

The health facilities should be selected by the DHO on the basis of information collected through the health facility assessment checklist given in Annex 1.

3.2.2 District level orientation programs for the implementation of ASRH programs

Orientaton programs as outlined below should be conducted before the initiation of AFSs: one for district level stakeholders, one for service providers and one for HFOMC staff and local stakeholders in the districts where AFSs are to be provided.

3.2.2.1 ASRH orientation program for district level stakeholders

This orientation program will be organized by the DHO for the district level stakeholders. The orientation program will be based on the details outlined in the specific orientation package. The objective, participants and budget management of the orientation program for district level stakeholders are as follows:

Objective of the orientation program

The objective of this orientation is to inform the district level stakeholders about the National ASRH Programme implementation, to mobilize local resources and to create and enabling environment.

Participants

The members of the reproductive health coordinating committee (RHCC) and individuals or organizations at district level who can play crucial roles in making the provision of AFSs more effective through publicity, referral, creating supportive environment etc. should be involved in this orientation program. More specifically this includes:

- RHCC members and other stakeholders, journalists - 15
- Adolescents who are actively working on ASRH - 2 (1 male and 1 female)
- Local school teachers - 2
- Medical superintendents of District Hospital and service providers working in Maternal and Child (MCH) clinic and Integrated Family Planning Center (IFPC) - 7
- Administrative staff of DHO - 2

Budget provision

The required budget for the conduction of the orientation program will be as per the provisions made in Annual Work Plan and Budget of FHD.

3.2.2 ASRH orientation program for health service providers

This orientation is for service providers working in health facilities selected for implementation of National ASRH program. The orientation program will be based on the details outlined in the specific orientation package. The objective, target group and budget for the orientation program are as follows:

Objective of the orientation program for service providers

The objective of this orientation program is to enhance the knowledge and attitude of the service providers of the selected health facilities for the implementation of National ASRH program. In this orientation program, information on how to provide adolescent-friendly services is provided to the service providers.

Participants

This orientation will be provided to a total of 39 participants of 13 health facilities of each district where AFSs are introduced. The orientation should be conducted in two batches both including female and male health service providers. The orientation participants will be as follows:

- Hospital (MCH clinic/Integrated Family Planning Center): In-charge, staff nurse, assistant health workers (AHW) or auxiliary nurse midwife (ANM) from the selected health facilities - 3
- Health facility in-charge of other selected health facilities (PHCC, health post, sub health post) – 12

- Health service providers of each health facility (AHW and ANM) - 2 (Total: 24)

Note – All health facilities must bring with them the completed form of Annex 6 to determine the benchmark of service utilization by adolescents

Budget

The required budget for the conduction of the orientation program will be as per the provisions made in Annual Work Plan and Budget of FHD.

3.2.3 ASRH program orientation for HFOMC and local stakeholders

This orientation will be organized for the members of the HFOMC of the health facilities selected for implementation of National ASRH program. The orientation program will be based on the details outlined in the specific orientation package. The objective, target group and budget for the orientation program will be as follows:

Objective of the orientation program for HFOMCs

The overall objective of this orientation program is to inform the HFOMC members and local level stakeholders about the implementation of the National ASRH program. This orientation program will also help in creating an enabling environment and obtain the support from the HFOMC members to implement AFSs in their health facility.

Participants

The HFOMC members and other individual or organization who can play crucial role in effective implementation of ASRH program in terms publicity, referral, creating supportive environment etc. will be the participants of this orientation program.

- Members of HFOMC - 9
- Adolescents - 6 (3 male and 3 female- including out of school adolescents)
- FCHVs – 9
- Local teachers – 2
- Local social worker and influential persons – 3
- Representatives from NGO/CBOs - 2

All staff of the selected HF will be the participants for this orientation program. Number of male and female staff should be equal if possible.

Note: Involvement of adolescents in the implementation of AFSs

HFOMC should include adolescent representatives. Though not compulsory according to the HFOMC guideline, at least 1 male and 1 female adolescent can be included as an invitee member of the HFOMC. For this, HFOMC can choose any male and female adolescents (below 19 years of age) as a representative from the community. Besides this, HFOMC should involve adolescents and youths in any type of activity related to ASRH.

Budget provision

The required budget for the conduction of the orientation program will be as per the provisions made in Annual Work Plan and Budget of FHD.

3.3 Activities at the level of local health facilities

For implementation of the ASRH program, the health workers should implement several activities in phasewise manner. Annex 3 can be referred to by the health facility in-charge to for reference and guidance.

3.3.1 Citizen charter

The health facility where the ASRH program has been implemented should make the appropriate arrangement to inform the adolescents and youths about the availability of AFSs. For this purpose the health facility should include these services in the Citizen Charter Board.

In addition, as given in Annex 3, the standard operating procedures (SOP) for implementing an adolescent friendly health service should be printed on flex or board and kept in a highly visible place in the health facility so that it helps the service delivery.

3.3.2 AFSs display board

The health facility should prepare a board (sample given in Annex 2) with the details regarding AFSs and it should be placed visibly.

3.3.3 Use of AFS logo

The AFS logo developed for the National ASRH program should be used properly. This logo can be used only by health facilities where the National ASRH program is implemented and AFSs are provided. The sample AFS logo is given in Annex 4. A specific guideline developed by FHD should be followed by each and every health institution that uses this logo.

Summary of the activities to be conducted during implementation of the National ASRH program

In summary, the following activities should be conducted at different levels to implement the ASRH program:

Level	Responsibilities
Family Health Division Director and the ASRH Focal Person	• Continuity and scaling up of the program • Budget allocation and disbursement • District and regional health manager orientations • Program review during annual performance reviews • Regular monitoring and supervision
Regional Managers (Director and ASRH focal person)	• Regular program supervision and monitoring • Program reviews at the annual performance review meeting • Assist the implementation of district level stakeholder orientation program
District level health managers (D(P)HO and the ASRH focal person)	• Orientation to district level stakeholders • Health facility selection • Orientation to health service providers • Regular supervision and monitoring • Regular monthly information collection, use of the collected data at the district level as required, and report to regional and central levels • Program review at the annual performance review meeting
Health facility in-charges and the focal person	• Orientation to HFOMC and local stakeholders • Include AFSs in the citizen charter • Ensure placement of the display board and AFSs logo at the health facility • Provision of adolescent friendly ASRH services • Maintain records of the service statistics • Ensure regular monthly reporting • Upgrading (Facility) of HFs to make the services adolescent friendly • Implement demand creation activities • Coordinating role at the local level • Mobilizing FCHVs to increase service utilization • Deliver possible ASRH information and services through the PHC ORC
FCHVs	• Increase awareness about availability of AFSs • Provide information and referral services to the adolescents and young people • Provide FP services to the target population as appropriate

Chapter 4

Health Facility Strengthening to deliver Adolescent Friendly Health Services

Studies done so far have shown that poor health seeking behavior of adolescents in government health facilities is due to the unfriendly environment of health facilities. So, to implement the National ASRH Program, selected health facilities will be upgraded to adolescent friendly health services by adding some basic equipment. A minimum amount of budget has been allocated for the initial phase to accomplish this. The allocated amount may not be sufficient to make the services completely adolescent friendly. However, it has been provisioned to fulfill the basic requirements to implement the ASRH program. Financial support can also be obtained from the concerned VDC to make the health facility adolescent friendly in line with overall quality improvement steps taken by a health facility.

The budget can be utilized to manage the following basic requirements of AFSs:

1. Production of display board about availability of ASRH service (Annex 2)
2. Availability of safe and clean drinking water
3. Weighing machine
4. Height machine
5. Curtain for maintenance of privacy
6. Furnished counseling and waiting rooms
7. IEC/BCC materials on ASRH

If the above mentioned equipments and materials are already available in the health facility then the budget can be used in purchasing other relevant materials that are required to provide adolescent friendly services.

Note: In addition to the above, health facilities where the Health Facility Quality Improvement guidelines are observed can submit the list of needed equipment to make the health facility adolescent friendly when they prepare their health facility quality improvement plan.

Chapter 5

Health services to be available and programmatic support to providing AFSs

5.1 Services to be available in the health facilities

The National ASRH Programme aims at making health facilities friendly so as to improve the utilization by adolescents of existing sexual and reproductive health services available at public health facilities. Generally, the following services should be available in the adolescent friendly health facilities, but these can be added gradually as per the local need of the health facilities, the physical facilities available in the health facilities, capacity of the health service providers and level of the health facilities. In addition, the scope of services can be gradually increased in the coming years. The details of such additional services are suggested in Annex 9.

5.1.1 General ASRH counseling

The general ASRH counseling refers to the counseling that is to be provided to all the adolescents coming to the health facilities. It should be provided on the issues given below.The health workers should use the ASRH flipchart for providing general counseling on ASRH.

Area of Services	SHP and HP	District Hospital and PHCC	Reference
General ASRH Counseling	Issues to be included on ASRH counseling: - Puberty and bodily changes - Relationships - Genital and menstrual hygiene - Nutrition - Avoiding early pregnancy - FP counseling - life skills counseling - tobacco and alcohol counseling - gender Note: the adolescents should be encouraged to read ASRH IEC booklets either before or after the counseling	Issues to be included on ASRH counseling: - Puberty and bodily changes - Relationships - Genital and menstrual hygiene - Nutrition - Avoiding early pregnancy - FP counseling - life skills counseling - tobacco and alcohol counseling - gender Note: the adolescents should be encouraged to read ASRH IEC booklets either before or after the counseling	ASRH flipchart and IEC booklets on ASRH produced by NHEICC

5.1.2 ASRH Information and Services

The following are specific information and services to be delivered at the different level of health facilities as per existing program implementation guidelines, current clinical services guidelines and treatment protocols and the 'Basic Health Care Package' developed by the MoHP**.** In delivering these information and services, guidance should be taken from the WHO Job Aid on ASRH for health workers to provide the services below more adolescent-friendly:

Area of ASRH	SHP and HP	District Hospital and PHCC	Reference
Family Planning	Condom Counseling and distribution FP counseling and provision: OCP and Depo-Provera Emergency Contraception	Condom Counseling and distribution FP counseling and provision: OCP and Depo-Provera, Norplant and IUCD Emergency Contraception	National ASRH implementation guideline 2007
Pregnancy	ANC (TT, Fe tablet and de-drugs for de-worming distribution) Safe institutional delivery/SBA PNC Post-partum FP Neo-natal care counseling	ANC (TT, Fe tablet and de-drugs for de-worming distribution) Safe institutional delivery/SBA PNC Post-partum FP Neo-natal care counseling	National ASRH implementation guideline 2007
Abortion	Referral to CAC site Post-abortion FP counseling	CAC Post-abortion FP counseling	National ASRH implementation guideline 2007
Reproductive Tract Infection, Sexually transmitted Infections, HIV and AIDS	VCT: Refer to nearest VCT centre Referral for OI treatment Referral to nearest ART services (Zonal, Regional, Central Hospital) PMTCT services: Refer to nearest PMTCT service sites (district, zonal or regional hospital) For STI services: • SHP: Referral to nearest Health Post • HP: Physical and Laboratory examination , diagnosis, treatment	VCT services OI treatment services ART treatment as per National Anti-Retroviral Therapy Guidelines (NCASC) For STI services: • Physical and Laboratory examination , diagnosis, • treatment and education	National ASRH implementation guideline 2007 National Guidelines on PTMTC in Nepal National ART service guideline

	and education		
GBV	Physical Assessment and Examination Genito-Anal Examination (if suspected of sexual abuse) Treatment including: - pregnancy prevention and management - STI case management - HIV counseling and testing (HCT) - Hepatitis B immunization Follow-up care Referral to community resources: - Shelters/safe house - Legal aid - Psychologists or therapists - Financial assistance agencies - Support groups - HIV counseling - Social service agencies	Physical Assessment and Examination Genito-Anal Examination (if suspected of sexual abuse) Treatment including: - pregnancy prevention and management - STI case management - HIV counseling and testing (HCT) - Hepatitis B immunization Follow-up care Referral to community resources: - Shelters/safe house - Legal aid - Psychologists or therapists - Financial assistance agencies - Support groups - HIV counseling - Social service agencies	Management Protocol for Health Service Providers (FHD)
General Health Services	Treatment of general health problems Management of menstrual problems (dysmenorrhe, heavy bleeding, anemia, irregularities) TT Immunization for all female adolescents	Treatment of general health problems Treatment of referral cases Management of menstrual problems (dysmenorrhe, heavy bleeding, anemia, irregularities) Regular laboratory services Pregnancy test	

		TT Immunization for all female adolescents	
Information, Education and Communication	Health education on Healthy pregnancy, Safe delivery and new born care, breast feeding etc Information and education about protection of signs of Sexual abuse Health education on prevention and control of RTI, STI, HIV and AIDS BCC on SRHR, healthy sexual relationships, masturbation, etc	Health education on Healthy pregnancy, Safe delivery and new born care, breast feeding etc Information and education about protection of signs of Sexual abuse Health education on prevention and control of RTI, STI, HIV and AIDS BCC on SRHR, healthy sexual relationships, masturbation, etc	National ASRH implementation guideline 2007

Services to be delivered from PHC Outreach Clinics (PHC-ORC)

Under the National ASRH program, the following services can be delivered through the PHC-ORC:

- Health education and counseling on gender equality and adolescent reproductive rights
- Health education and counseling on contraceptives and its availability
- Health education and counseling on risks of marrying at a young age, the importance of communication between adolescent and parents and the possibilities and risks of pregnancy at a very young age
- Health education and counseling regarding infections of the reproductive organs and STIs
- Education and counseling on condom use and distribution of condoms
- Referrals to health facilities for any other necessary counseling and services

Services to be provided by the Female Community Health Volunteers:

FCHVs are playing an important role in the community as health education provider, referrer, and health care services provider at the community level. Therefore, they can contribute to increasing access to information, education and services targeting the adolescents.

As per the National FCHV Strategy 2010, ASRH is not a core activity, but included under add-on activities. These are defined as FCHVs providing information and education on adolescent reproductive health through mothers groups (including topics of puberty, physical and emotional changes, conception and methods of contraception).

The National ASRH program provisions that FCHV will be included in the one day orientation program designed for HFOMC and local stakeholders of the health facility selected to provide adolescent friendly ASRH services. The role of the FCHVs, according to the ASRH program, will be as follows:

- Create awareness and refer adolescents to the adolescent friendly ASRH services
- Distribute contraceptives such as oral contraceptive pill and condoms as needed

5.2 Reference material and guidelines for the provision of AFSs

The following materials will be made available through the FHD to the concerned D(P)HO to implement the AFSs in their district:

1. Guidelines and Forms

S. No.	Guidelines/Tools	Purpose of the tool	For whom
	Manuals/Guidelines		
1.	National ASRH program guide 2068 (2011)	Share information about the National ASRH program	Director FHD, Chief ASRH program FHD, DHM and FH in charge
2.	Orientation guideline for district health managers	To inform the DHM about National ASRH Program and their role and responsibility	Director FHD, Chief ASRH program FHD
3.	Orientation guideline for district stakeholders (RHCC)	To provide information on National ASRH Program and their active participation in mobilizing local resources for the implementation of National ASRH program	DHM
4.	Orientation guideline for service providers	To enhance the knowledge, attitude and skills of the service providers of the selected health facilities for the implementation of National ASRH program	DHM
5.	Orientation guideline for HFOMC and local stakeholders	To create an enabling environment for the implementation of ASRH program by providing information to the HFOMC members and local stakeholders on ASRH	DHM and HF in-charge
6.	Standard Operating Guidelines for AFSs	To increase the effectiveness of ASRH program implementation	HF in-charge
	Forms		
1.	Health Facility Selection Checklist	To select the health facilities to implement the National ASRH program	DHM and HF in-charge
2.	Bench mark check list	To evaluate the service utilization by adolescents before the implementation of AFSs	DHM and HF in-charge
3.	Self assessment form/chart of ASRH program	Monthly assessment of ASRH services	HF In-charge
4.	ASRH program reporting form	Monthly progress report of ASRH program	HF in-charge
5.	ASRH program	Periodic supervision of ASRH services	FHD director,

	monitoring and supervision form	to improve the quality of services	ASRH focal person, DHM

2. IEC and BCC materials

Materials produced by NHEICC and NGOS such as:

- Counseling Flipchart on ASRH (NHEICC)
- IEC booklet sets on ASRH (NHEICC)
- BMI Chart along with nutrition education / information

Along with this, other communication materials should/can be made available as directed by National ASRH Communication Strategy 2011 on topics such as:

- Puberty: physical and psychological changes
- Gender, healthy relationship, attraction, love.
- Life skills
- Prevention of early marriage
- Prevention of early pregnancy
- Consequences of early pregnancy
- Emergency contraceptives pills
- Sexuality
- Adolescent Sexual and Reproductive Health and Rights
- Safe abortion
- Safe sex
- Nutrition
- Sexual abuse and violence

Chapter 6

Increasing Public Awareness and Demand Creation for AFSs

The national ASRH program aims at increasing the access to and utilization of AFSs, by increasing the public and community awareness and engaging in demand creation in the community. There is no separate budget allocated for such activities, therefore, the health facility needs to mobilize local resources for these types of activities at the local level.

The following strategies can be used to raise public awareness and generate demand:

1. Implement the ASRH program in coordination with the local population management programme being conducted by the Population Division of the MoHP.

    - Mobilize existing peer educators trained under the local population management program to disseminate information about AFSs
    - Install anonymous query box for adolescents to drop the queries regarding ASRH problems in the community and provide answers on their queries organizing information sessions
    - Provide information on AFSs/ASRH through mobilizing the existing peer educators at schools and community

2. Coordinate with the school health education activities of NHEICC to inform about availability of AFSs

3. Disseminate information about AFSs availability through locally existing youth information centers being operated by different NGOs in schools and communities. The following activities can be conducted for this purpose:
    - Install anonymous query box in school to collect the queries of adolescents regarding ASRH problems and answer them, organize discussions
    - Conduct classes on ASRH by coordinating with school authorities. Organize quiz contest, debate competition to relay information about ASRH program.
    - Mobilize Peer Educators of different NGOs to disseminate information on AFSs

4. Provide information and education on ASRH through the community level youth organizations, youth clubs, health clubs, organizations working on ASRH issues and other organizations.
    - Information on ASRH can be disseminated by coordinating with other awareness programs like street drama, quiz contest, debate competition that are carried out by different NGOs

5. Following activities can be conducted by mobilizing FCHVs to disseminate information about AFSs and raise awareness on SRH issues:

    - Mobilize FCHVs to disseminate information about AFSs
    - Mobilize FCHVs to inform and sensitize parents regarding the need of ASRH program and to create an enabling environment to implement the ASRH program in their community

- Information, education, counseling on sexual and reproductive health issues and referral to the health facility

6. Support from parents is very important to inform, educate and provide service regarding SRH to the adolescents. Parents are those who are responsible for creating enabling environment to seek the SRH services. Information on ASRH and AFSs can be provided to the parents by meeting personally with them or by disseminating the information related to ASRH in programs targeting mothers groups, user group meetings, etc.

7. Relationship between service provider and adolescents: It has been shown that the active involvement of adolescents in IEC/BCC activities contributes to the increased access to and utilization of services. The relation between the service provider and adolescents should be respectable and socially acceptable. Adolescents get easily influenced, try to gain empathy whenever they are in trouble or get support to solve the problem. Therefore, service providers need to be capable of engaging with them appropriately. Access to services and its utilization can be increased if service providers can develop good bonding with the adolescents, generate trust and are able to provide information, education and services with ease.

Chapter 7

Recording, Monitoring and Supervision

7.1 Records and reports

For the recording and reporting of AFSs, both the existing and specifically created new recording formats and registers should be used. The total number of adolescents who come for health services needs to be recorded in miscellaneous column of HMIS register for OPD. For the reporting of overall AFSs being utilized, a separate monthly reporting form (given in Annex 5) should be used and sent with the HMIS 32 to the district, region and center accordingly.

7.2 Monitoring and Supervision

Regular monitoring and supervision should be conducted for the effective implementation of ASRH program. It is very important to know about the effectiveness of the program by analyzing the rate of service utilization before, during and after the implementation of program. Similarly, regular monitoring and supervision needs to be conducted to find out the effectiveness of ongoing programs, quality of services being provided and problems being faced during service delivery and the requirements to increase the quality of services. Therefore the monitoring and supervision should be in line with the following three procedures:

7.2.1 Before implementing the ASRH program in the health facilities, it is important to find out the current status of utilization of the available SRH services and document this. On the basis of such records, it will be possible to monitor the service utilization rate by the adolescents during and after program implementation. For this, the form given in Annex 6 should be filled up by the health facility and its copy should be submitted to the D(P)HO. On the basis of this form, D/PHO will monitor the program. In each of the FY, the data of previous year should be taken as the baseline/pre-assessment status.

7.2.2 Health facilities where ASRH program is being implemented should record the number of adolescents using what type of service to find out how many among the target group has accessed AFSs during a particular month. The health facilities should monitor the progress by using such information. For this purpose, the health facilities should fill the form given in Annex 7 and this form should be displayed in the health facility.

7.2.3 For ensuring effectiveness of ASRH program, the focus should be given to regular monitoring and supervision of the program. For this purpose, certain budget has been allocated. If the allocated budget is insufficient then, additional budget can be used from the available regular supervision and monitoring budget. Along with the Integrated Supervision Checklist being used for monitoring and supervision, an AFS-specific checklist *(*Annex 8) should be used for monitoring and supervision of ASRH program. This type of monitoring and supervision will be carried out every six months (twice in a year).

7.2.4 Performance Review
Overall performance of the program will be reviewed in quarterly and annual reviews at the district, regional and central level.

Chapter 8

Budget Management

The Department of Health Services will allocate and release a lump sum budget for each district to implement the national ASRH program. The budget should be divided and used at the district level based on the guidelines and financial rules and regulation. For the district with the ASRH program, the allocated budget can be spent to improve the health facility (one time), conduct orientation programs, supervision and monitoring and to purchase essential equipments required to implement AFSs.

FHD will also allocate fixed amount of budget to ensure the continuity of the provision of AFSs. This budget will have to be spent on improving the quality of AFSs and to continue to upgrade the HFs in terms of the friendliness.

Annex 1: Health facility selection checklist

Government of Nepal
Ministry of Health and Population
Family Health Division

Health facility selection checklist

DHO …….
District……
VDC Name……..

Health Facility Name…….
Type of Health Facility……
Date Checklist filled……..

S.No.	Description	Availability		Remarks
		Yes	No	
1.	Availability of both male and female health care service providers preferably below 30 years of age			
2.	Necessary minimum physical facilities (separate room for confidentiality or curtained room, drinking water) available			
3.	Functional toilet available			
4.	Availability of school in proximity			
5.	Near a location frequented by vulnerable adolescents			
6.	Availability of delivery services			
7.	Health personnel motivated to implement ASRH program			
8.	Health facility management committee motivated to implement ASRH programme			
9.	Possibility of assistance from VDC			
10.	Presence of NGOs working in the field of sexual and reproductive health			
11.	Health service providers at the health facility have received 4 day ASRH training by NHTC			

Prepared by:
Signature…….
Name……..
Position…….

Verified by:
Signature……
Name……..
Position……

Annex 2: Sample of the AFS Display Board

Government of Nepal
Ministry of Health and Population
Family Health Division
District Health Office……..

Adolescent Friendly Sexual and Reproductive Health Service Clinic
……..Hospital/PHD/HP/ SHP
District ……..

Clinic opening day and time:

Day: Daily (except on public holiday)

Time: From …… To ……

Annex 3:

Standard Operating Procedures (SOP) for Health Facilities upgraded to Adolescent-Friendly Services (AFS)

This is not a clinical protocol but rather guidance for health workers and health facility in-charge and HFOMCs to help them deliver AFS on a day to day basis in line with the characteristics outlined in the National ASRH Programme Implementation Guide.

AFS Management	Remarks
Display the AFS logo outside of the health facility	The AFS logo is a symbol showing adolescents and the community that the HFs is now providing AFSs. The AFS logo should be prepared by the health facility once the orientation to the HFOMCs and the service providers has taken place. The health facility can have a opening ceremony if they wish and could invite key local stakeholders from surrounding schools, youth organizations etc.
Clearly communicate the scheduling and scope of AFS to the community	The opening times of the AFSs should be made visible outside the health facility using the format given in the National ASRH Implementation Guide.
Include the provision of AFs in the Citizens Charter	When updating the Citizen Charter, include the provision of AFSs and the right to ASRH in the Citizens Charter.
The AFSs at your health facility are well promoted in areas where adolescents gather and in the community	Adolescents do not yet know that AFS exist at your health facility so in order to create demand, the community and other institutions need to be informed about the availability of AFS. The use of local radio or other type of media to advertise the AFSs is also possible.
Linkages are established with schools, youth clubs, child clubs and other institutions that work with or for adolescents	Linking with other organizations and institutions means sharing resources and ideas to improve ASRH at the community level. It also means you can establish referral systems to and from other types of service providers addressing young people's social and economic needs if these are available.
Health workers receive support and supervision	HFOMCs need to ensure that the HFs has a space for private and confidential counseling by planning for and providing the necessary infrastructure. HWs should be supported by the HF in charge to conduct the service provision in an adolescent-friendly manner.
An adequate client record and reporting system has to be maintained	Recording and reporting is important to monitor whether the utilization of the health services provided is increased among adolescents in your catchment area. This will also help you assess whether your health facility is successful in attracting more adolescents.
Adolescents should be included in the HFOMCs as an invitee member	Adolescents can give advice on their needs and will help the health facility become more adolescent-friendly. They can also actively use their networks to support demand creation activities. Participation of adolescents in programmes that affect them is also good practice.

Delivering AFSs	Remarks
Ensure Clinic timing suits the needs of adolescents	Adolescents generally are attending school, so if possible put aside special opening hours just after school. If this is not possible, then display the general clinic opening times and add that adolescents are welcome.
Ensure the health facility is clean and comfortable for adolescents	This is a general quality criterion for health facilities but is also expressed as an important factor by adolescents.
Ensure privacy through a separate counseling room or the use of curtains	Ideally a spare room that is already used for other counseling purposes is used when providing counseling or services to adolescents. Alternatively, a curtain can be put up to avoid other people from seeing or listening to the conversation.
Appropriate and easy to understand IEC/BCC materials on ASRH are available in the waiting area	The 8 IEC booklets provided by NHEICC should be displayed in the waiting area and in the counseling room. During the time spent waiting, adolescents, their friends and care takers can read these IEC booklets. You can also try and get IEC materials of local NGOs or youth organizations and display them too.

Role of service provider	Remarks
Service providers give correct ASRH counseling (using ASRH flipchart or other tools)	The ASRH flipchart will help you in providing the correct and relevant information to the adolescent presenting with a specific SRH health problem.
Service providers use the Adolescent Job Aid for proper examination and case management	The Adolescent Job Aid is a useful tool that will help service providers to make the right treatment decisions when adolescents come to the health facility.
Service providers show respect to the concerns and needs of adolescents without any prejudice	Do not discriminate or judge adolescents based on their gender, marital status, age or sexual orientation when providing ASRH counseling or services related to SRH. Every adolescent has the right to appropriate and timely information on family planning, abortion, HIV and STIs etc.
Service provider spent adequate time with the adolescents and listen to them	Adolescents generally feel shy and uncomfortable and might take some time to explain their problems
Service providers ensure the privacy and confidentiality of adolescents	No one is allowed to hear about the problems or needs of a patient that is shared confidentially with a health worker. Ideally use a spare room or a room that is divided by a curtain to avoid other people from seeing or listening to the conversation. Kindly ask other people (including the person who accompanied the adolescent) to leave the room.

Annex 4: AFS Logo

Annex 5: ASRH program monthly reporting form

Government of Nepal
Ministry of Health and Population
Family Health Division

Adolescent sexual and reproductive health program
Monthly reporting form
(This form is to be submitted along with the HMIS reporting form)

District **Health facility name:** **Reporting month:** **Report submitted date:**

Part 1:

S.No.	Description of services	No. of service users			Referrals		Source of information	Remarks
		M	F	Total	M	F		
1	**Number of clients (10-19 years of age) who utilized services this month**						Main register	
	Number of clients (15-19 years of age) who utilized services this month						Main register	
	Number of clients (10-14 years of age) who utilized services this month						Main register	
	Information and education						OPD register	
	Counseling						OPD register	
	Treatment						OPD register	

Part 2:

S.No.	Description of services	Number of clients			Source of information	Remarks
		M	F	Total		
2	**Number of clients provided ASRH information, education and counseling services**				OPD register	
	Physical and mental changes during adolescence					
	Risky behavior (such as unsafe sex, injecting drug use etc)					
	Nutrition					
	Abortion				OPD register and CAC register	
	Sexual health problems				OPD register	
	Sexual abuse				OPD register	
	Menstrual problems				OPD	

					register	
	Other problems (Please describe)					
3	**Family planning**				Family planning register	
	Emergency contraception					
	Condoms					
	Depo					
	Pills					
	Implant					
	Others (Please describe)					
4	**RTIs, STI, HIV and AIDS**				OPD register	
5	**Services provided to pregnant female adolescents**				MCH register	
	Number of pregnant female adolescents provided ANC					
	Number of pregnance female adolescents given TT injection					
	Number of female adolescents provided abortion services				CAC register	
	Number of female adolescents provided safe delivery services					
6	**Referred services (please specify)**				OPD register	
7	**Other services (please describe)**					

Prepared by
Signature……..
Name……..
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Reviewed by
Signature……
Name……
Position…….

Approved by
Signature……
Name……
Position……...

Annex 6: Benchmark Checklist

Government of Nepal
Ministry of Health and Population
Family Health Division

Benchmark Checklist on AFSs Utilization

Health Facility Name: …….. **District: ……**
Date: ……..

Time period: Data from last year

This form should be filled out with the data from the past year prior to the implementation of the ASRH program. The objective of this form is to track the increase in service access by adolescents prior to the implementation of the ASRH program and after the implementation of the ASRH program. This form should be filled out each year. A copy should be kept at the health facility and another copy should be submitted to the relevant department at the district health office.

Services	**Total service user number**	**Number of 10-19 service user adolescents**	**Percent**	**Source of information**	**Remarks**
Current user of family planning methods				F.P. Register	
New acceptor of family planning methods				F.P. Register	
ANC visits (4 times)				MCH Register	
Safe delivery services				MCH Register	
Counseling services				OPD Register	
Outpatient services				OPD Register	
Safe abortion services				CAC Register	
Referral				OPD Register	
Emergency services				Emergency Services Register	
RTIs, STI, HIV/AIDS				OPD Register	

Prepared by
Signature……..
Name……..
Position……..

Reviewed by
Signature……..
Name……
Position…….

Approved by
Signature……
Name……
Position……...

Annex 7: Monthly self-assessment form/chart of ASRH program

Government of Nepal
Ministry of Health and Population
Family Health Division

Monthly self-assessment form/chart of ASRH program

Health facility:…… District:……. Fiscal Year: ……..

1. Population based on adolescent age groups (to be filled by the health facility with reference to the source of data)

Total Population	Ward No.									Total
	1	2	3	4	5	6	7	8	9	
Adolescent population aged 10 – 14 years										
Adolescent population aged 15 – 19 years										
Adolescent population aged 10 – 19 years										

2. Monthly account of adolescents who have utilized adolescent friendly ASRH services

S.No	Issues	Baseline	S	B	A	K	M	P	M	F	C	B	J	A	Remarks
1	Current FP user														
2	New FP acceptors														
3	ANC (4 times)														
4	Delivery services														
5	Counseling														
6	Outpatient services														
7	Safe abortion services														
8	Referral services														
9	Emergency health services														

3. Total number of adolescents who utilized adolescent friendly ASRH services

100												
90												
80												
70												
60												
50												
40												
30												
20												
10												
0	Baisakh	Jestha	Asar	Shrawan	Bhadra	Aswin	Kartik	Mangsir	Poush	Magh	Falgun	Chaitr

Annex 8: Supervision Checklist for AFSs

Government of Nepal
Ministry of Health and Population
Family Health Division

Name of the District: Date of assessment:
Name of the Health Facility: Supervision team members:

S.N	Assessment Criteria	Yes	No	Explanation if the answer is No:
A.	**AFS Management**			
1	The AFS logo is correctly displayed			
2	The opening times of the AFS are made visible outside the HF			
3	AFS has been promoted in the past 6 months through linking with other institutions (schools, youth clubs, child clubs etc.) and peer educators			
4	Health workers feel supported by the HFMOC and the HF-in-charge in providing AFSs			
5	The monthly reporting of use of services by adolescents is done using the given format			
6	The HF displays user statistics at the HF using the given format			
7	HFOMC minutes show that adolescents have participated in the meeting as an invitee.			
B.	**Delivery of AFSs**			
8	Separate opening hours for adolescents at least once a week are in place			
9	The health facility is clean and there is drinking water and there is clean drinking water			
10	Privacy when counseling or treating adolescents is maintained in the health facility either in a separate designated room or through a curtain			
11	IEC materials are displayed in the waiting room			
C.	**Assessment of service providers**			
12	HWs have received the training on ASRH through NHTC			
13	HWs have received the two day orientation on the national ASRH programme			
14	The HWs have a copy of the ASRH flipchart			
15	HWs report using the ASRH flipchart			
16	The HWs have a copy of the Adolescent Job Aid			

17	HWs report using the Adolescent Job Aid			

18	Suggestions for improvement given to the health facility (during supervision)
19	Conclusions of the supervisor

Annex 9: Additional services to be provided in future after introduction of National ASRH Programme

Additional services to be gradually provided after upgrading of health facilities.

Health facility level	Services to be implemented in phases		Assistance needed to implement services
	Services to be implemented in the first phase	**Services to be implemented in the second phase**	
Sub health post and health post level	Information and education • Demand generation: Generate demand for sexual and reproductive health services (through schools, mother groups) • Coordinate with schools, clubs and local organizations Services • School health programs and services • Community mobile services • Referral to local NGOs for necessary services	Information and education • Integration of gender and other violence issues • Prevention and being safe from sexual harassment and violence and education on legal recourses Counseling • Counseling on sexual and reproductive health and related rights • Counseling on the harmful effects of addictive injecting drug use • Counseling on sexuality, relationships, condom use and sexual harassment • Psychosocial counseling • Counseling for sexual misconduct victims • Psychosocial counseling for third genders Services • Management of adolescent sexual misconduct • Linkages and coordination with other agencies • Pilot one-step crisis centers for the survival of gender based violence in	IEC/BCC materials • Audiovisual materials Human resources and skills: • Training manuals for service providers • Training manual on ASRH counseling services • Injecting drug use counseling training manual • Mental health and psychosexual counseling training manual Trainings: • Adolescent friendly services training for all health services personnel • Comprehensive Counseling on ASRH for all health services personnel • Training for selected personnel on injecting drug use counseling • Whole site orientation for all personnel on adolescent friendly ASRH services

		adolescents • Mental health services • Treatment of adolescent victims of sexual misconduct Lab services: • Pregnancy tests	
PHC and District hospital level	Information and education • Demand generation: Generate demand for sexual and reproductive health services (through schools, mother groups) • Coordinate with schools, clubs and local organizations • School health programs outreach services • Referral to local NGOs and other agencies	Information and education • Integration of gender and other violence issues • Prevention and being safe from sexual harassment and violence and education on legal recourses Counseling • Counseling on sexual and reproductive health and related rights • Counseling on the harmful effects of addictive injecting drug use • Counseling on sexuality, relationships, condom use and sexual harassment • Psychosocial counseling for third genders Services • Linkages and coordination with other agencies • Pilot one-step crisis centers for the survival of gender based violence in adolescents • Mental health services