GUIDELINES FOR

YOUTH FRIENDLY SEXUAL & REPRODUCTIVE HEALTH SERVICES

RutgersWPF

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AwazCDS

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GUIDELINES

FOR

YOUTH FRIENDLY

SEXUAL AND REPRODUCTIVE

HEALTH SERVICES

TABLE OF CONTENTS

ACKNOWLEDGEMENT

This document is an endeavor to provide assistance to all institutions, organizations and service providers that work for the sexual and reproductive health of youth of Pakistan.

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I am obliged to Rahnuma-Family Planning Association of Pakistan, Health and Nutrition Development Society (HANDS), Aahung and Awaz CDS and government health departments of Multan, Karachi and Matiari for their for their support in the adoption and implementation of these guidelines.

Rutgers WPF Pakistan is committed to the promotion of sexual and reproductive health and rights of young people for sustainable human development.

Sincerely,

Qadeer Baig

Country Representative for Pakistan,

Rutgers WPF

THE GUIDING PRINCIPLES

At the core of these guidelines is an understanding that sexual and reproductive health and rights are basic human rights; every young person is unique with varying needs for health information and services based on a number of factors such as their age, gender, culture, life experiences, social economic situation, disabilities etc. The guidelines adhere to a rights based approach which views young people as important actors and not just mere recipients of services. These guidelines also adhere to the rights of young people as stated in the various international declarations and conventions[1] (Pakistan is also a signatory to some of these).

These sexual and reproductive health and rights include:

- The right to life
- The right to health
- The right to privacy and confidentiality
- The right to liberty
- The right to equality
- The right to freedom of thought
- The right to be protected from harmful practices
- The right to protection from disease and violence
- The right to decide freely whether and how to control fertility and other aspects of their sexual health
- The right to be treated with respect and dignity
- The right to freedom from abuse, exploitation and discrimination
- The right to information and education
- The right to health care and health protection
- The right to be free from torture and Ill treatment
- The right to participation
- The right to access services regardless of race, gender identity, sexual orientation, marital status, age, religious or political belief, ethnicity or disability
- The right to recognition everywhere as a person before the law

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[1] Rights as stated in the Child Rights Convention (CRC), International Cairo Conference on Population and Development (ICPD), UNFPA framework for action on adolescents and youth, IPPF charter on Sexual and Reproductive Rights, Universal Declaration of Human Rights (UDHR).

1. WHAT ARE YOUTH FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES?

According to World Health Organization (WHO), the adolescent friendly SRH services should be *'safe, effective and affordable; meet the individual needs of young people (adolescent males and females) who return when they need to and recommend these services to friends'.*[2]

Youth Friendly Services are those that effectively attract young people, respond to their needs and retain young clients[3][4][5]. Understanding of what young people want in the context of their community and society is an essential aspect of this definition.

Ideally, youth friendly SRH services should include a wide range of services with referral to specialists and specialized services. Some of these youth friendly SRH services include:

- Information about SRH issues
- Counseling
- Services for those who experience sexual, physical or emotional violence
- Family planning services
- Pre and post natal care
- Pregnancy testing
- Contraceptive provision including emergency contraception
- Post abortion care
- STI/HIV testing and treatment.

The services could be provided through a variety of settings such as in places where young people meet, like schools or youth centers or through the provision of adolescent only hours in the existing facilities such as hospitals, clinics etc. Formal structures through which services are provided to young people constitute a **youth friendly centre.** The centers can be accessed by young people to obtain SRH specific information and services as well as address other needs such as life skills and recreational activities. The centers can be in a permanent place or mobile, separate or part of a hospital, association etc. Studies about the effectiveness of these centers in other countries indicate that they are highly valued by young people as they fulfill their recreational as well as sexual and reproductive health needs.[6]

Any person who is trained to provide any sort of clinical and counseling services is a service provider. These would include doctors, nurses, community health workers, paramedics, psychologists trained to work with young people on SRH issues.

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[2] Adolescent-Friendly Sexual and Reproductive Health Service Checklist

[3] Guide for developing Policies on Sexual and Reproductive Health and Rights of Young People in Europe

[4] Comprehensive Youth Friendly Services-*good practices in sexual and reproductive health and rights for young people*

[5] Youth-Friendly Sexual and Reproductive Health Services: An Assessment of Facilities-Tanzania

[6] *Springboard:* A hands-on guide to developing youth friendly centers-*IPPF*

2. COMMUNITY AND ADULT INVOLVEMENT

SRH services for young people, especially those for unmarried young people, are a relatively new concept in Pakistan due to a general lack of information as well as discomfort around discussion on SRH issues of young people. This leads to many misconceptions, doubts as well as fears about the purpose of the services. Therefore provision of information about the rationale and benefits of services through regular dialogue with important stakeholders such as parents, teachers and community workers etc. becomes important. While this can help create support for the services in the community, it should be done in a manner that the values of protection, maintaining confidentiality of services and promotion of SRH rights are not compromised. Information services can also be provided to parents at a separate time, to cater to their needs and to help decrease the communication gap between parents and adolescents.

3. ADRESSING VULNERABILITIES AND GENDER ISSUES

In Pakistan, young people's right to health care and health services is a much neglected right. According to 'A Research Study on Status of Sexual and Reproductive Health and Rights of Young People in Pakistan', analysis against other SRH Rights shows that the Right to Healthcare and Health Protection is significantly worse off when compared to the Rights to "Life", "Privacy", "Choose", "Decide" "Benefits of Scientific Progress" and "Freedom from Torture and Ill-treatment". [7]

Experience shows that a group of young people will face more barriers and challenges in accessing the youth friendly SRH services as well as sexual health threats due to biological characteristics such as age, sex; physical or mental conditions and disabilities or social characteristics such as class, race, religion, ethnicity, occupation, identity in the society etc. These variables may give rise to unequal power relations, thus increasing vulnerabilities. A youth friendly SRH service would need to be aware of these vulnerabilities so that these can be dealt with extra care and sensitivity. These vulnerable groups include: adolescents, young married girls, young people who been sexually abused; involved in commercial sex; refugees and migrants; out of school, working children; street living and working children; those using alcohol or drugs; young people with mental or physical disabilities; gay, lesbian, bisexuals, transgender etc. Since Pakistan is prone to both natural and manmade disasters, adolescents and young people affected by such disasters also become a vulnerable group.

Studies done globally as well as in Pakistan highlight the gender discrimination faced by adolescent and young girls such as limited education, health and career opportunities; restrictions in mobility; child marriages; harmful traditional practices, honor killing; domestic violence; sexual violence and harassment. Lack of information, limited access to health services and social support also increase the risk of pregnancy related complications and maternal mortality. Thus adolescent and young girls, become a vulnerable group requiring special attention. SRH services need to be aware of

Young People and Disaster Situations

Pakistan is prone to both natural and manmade disasters with the earthquake of 2005, floods of 2010 and 2011 and the internal security and IDP crises of 2009 and 2010, being some of the most recent examples. Such emergencies lead to disruption in the family and societal structures, including separation from the family and friends, disruption in educational, social, cultural and livelihood activities. The emergencies may lead to injury and disabilities, thus bringing about a change in the roles and responsibilities of young people.

Adolescents and young people also become more vulnerable to violence, exploitation and abuse in such circumstances. Trafficking and selling of young girls, early marriages etc. are also reported. The stress and changes brought about in the lives of young people due to the crises situation also makes young people prone to high risk sexual behavior as well as poor health seeking behaviors. The health related services offered post emergencies tend to focus on maternal health or family planning, with limited or no intervention to address the needs of young people.

The guidelines cover the basics that can help organizations, institutions, service providers offering services in emergencies. However it is recommended, owing to the specific SRH related dynamics and needs in post emergency situations, that the available specialized manuals and guidelines such as the '**Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings'** developed by UNFPA and Save the Children, USA, be consulted.

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[7] A Research Study on Status of Sexual and Reproductive Health and Rights of Young People in Pakistan, by Rutgers WPF Pakistan, available at http://wpfpak.org/html/publications.html

these vulnerabilities so that these can be responded to through measures at the level of health facility, service and program design characteristics.

It is also recommended that services provided through the centers can help do away with gender stereotypes through addressing gender issues in its awareness raising campaigns, material, publications; introducing activities in the facilities and centers thought to be exclusively for boys or girls; as well by generating debate and discussion among young people on gender discrimination and related issues.

4. ABOUT THE GUIDELINES

The guidelines below have been divided into three major components, focusing on

a. Health facility characteristics
b. Service provider characteristics and
c. Program design characteristics

There may be some repetitions in the three components, which are just to emphasize the importance of the suggestion/recommendation being proposed. It is recommended that these guidelines be formally adopted by organizations and systems and procedures should be put in place to ensure the practical applications of these guidelines. Staff orientation to these guidelines is also recommended.

A.   HEALTH FACILITY CHARACTERISTICS

Location

- Ensure that the service facility is located at a place which can be easily accessed by diverse groups of young people including both boys and girls (married and unmarried) of the community/locality/city as well as marginalized groups of that community.

Environment

- The environment should be comfortable and clean with sufficient place for people to wait till they meet with the service provider.
- Youth friendly reading material, posters etc. should be placed in the facility so that young people have opportunities to gain information about a wide range of issues.
- Unrelated staff from other departments (especially if located in a health facility) should have limited access to the youth facility in order to make the environment more comfortable for young people.
- Interaction with young people should only be limited to those assigned for dealing with their concerns for example, staff at the reception, and service providers.
- The waiting time should not be long or the waiting place must not be overcrowded as this may make young people feel uncomfortable due to fear and apprehension that they may be seen seeking services by someone they know.

Timings

- Timings of the facility should be such that they suit most of the young people. For example, it would be important to ensure that the closing time of the services do not clash with the school, college timings.
- In order to ensure that services are availed by out of school youth, working young people, making services available in late evenings and over the weekend can also be considered for certain communities.

- Young people may not necessarily take appointments to seek services and there may be drop-in clients, thus services must be equipped to deal with the influx of drop-in clients.

Separate spaces and time schedules

- If the service for young people is part of the mainstream health service, it is suggested that there is either separate timings or/and separate space to provide young people services.
- Additionally, consideration for separate time and space for young adolescents as well as girls may be needed in a particular community in order for these groups to feel more comfortable in accessing services.
- Young people must also have a choice of whether they want the services from a male or female provider, keeping in consideration the cultural and gender dynamics.

Privacy and Confidentiality

- The rooms where counseling and clinical services are provided should ensure privacy in order for young people to talk openly. The separation should not be artificially created through putting up a curtain, or in a room with glass walls as both auditory and visual privacy is required.
- Interruptions during examination and counseling and noise outside the rooms should also be avoided.
- Contraceptives can be kept in the basket at the facility in case young people are hesitant to ask the service providers for these.

Affordability

- Services for young people should ideally be free of cost or if that is not possible, they should be affordable.
- The fee for specialized services such as clinical examination, treatment can be charged based on a sliding scale developed keeping in mind the type of service required, socio-economic status as well as vulnerabilities of young people.

Infrastructure and supplies

- The services must be located in a facility where the waiting area is sheltered from rain and sun, with availability of clean drinking water.
- The counseling and clinical procedures must be undertaken in a private room/place.
- It is suggested that separate washrooms for male and female clients, clearly marked as such, must be available.
- The medical equipment and supplies should be available for the services being offered.
- The service providers and staff should also have a place/room where they can meet during breaks and for discussions.

B. SERVICE PROVIDERS' CHARACTERISTICS

Hiring and Recruitment

- The hiring and recruitment process for the service providers must keep in mind a number of factors such as the past experience of working with young people; relevant educational background; age (young people should be given a preference*); gender and other specific characteristics due to which young people would feel comfortable coming to the services.

*The mere fact that the service provider is young does not make a service 'youth friendly'. It is required that the provider believes in the rights of young people to choose and access services, and exhibits a nonjudgmental and respectful attitude, free of personal biases.

- While the above mentioned factors are important, the most critical aspect to be considered in hiring of service providers is their attitude towards young people, especially regarding sexuality and their willingness and interest to work with young people. Their awareness about their own values and beliefs and how this need to be separated during their work with young people on SRH to create a non-judgmental and neutral atmosphere must also be assessed during the 'hiring and recruitment' process.

- Reference checks of the potential staff/service provider must consider the above mentioned traits. Reference check must also include questions about past record of violations related to child protection issues and harassment (mentioned in detail in Program Design Characteristics, *systems, procedures and policies*)

A major reason for SRH services being of poor quality or underutilized is the service providers' imposition of his/her own values while providing services to young people. Preaching is not part of a 'youth friendly service'.

- Hiring of young people as *peer educators* and *counselors* must also be considered as experience has shown that young people are more comfortable seeking information and services from other young people, who have the required attitude, knowledge and skills related to SRH issues.

Trainings and Refreshers

- To provide effective services on SRH issues to young people, it is suggested that service providers be provided with trainings that address three important components: their personal attitude, knowledge and skills.

- Some topics to be essentially covered during the training include:
  - Youth Friendly Services and their role as service providers
  - Self-awareness including understanding of personal stressors, biases etc.
  - Views and beliefs regarding young people especially related to sexuality and gender identity.
  - Personal comfort around sexuality issues

- o Personal comfort (of both male and female) in dealing with transgender and young people with varying sexual identity.
- o Importance of confidentiality, privacy, respect, non-judgmental attitude
- o Adolescent development including feelings, body image, relationship issues, adult-adolescent relationship, peer pressure, bullying, gender dynamics etc.
- o Youth SRH issues including bodily changes, myths and misconceptions around the issue
- o Sexual identity and practices
- o Family planning and contraception
- o STDs and HIV/AIDS
- o Drug abuse
- o Domestic violence and sexual abuse
- o Gender sensitization and prevention of gender based violence
- o Communication skills
- o Age of consent, parental consent and laws and regulations that affect SRH service provision to young people
- o Basic counseling skills including information about mental health issues
- o Crisis management skills (including rape, suicide, post abortion care, mental illnesses etc.)
- o Stress management
- o Ethics and personal code of conduct
- o Developing and following up on the referrals
- o Dealing with vulnerable groups and their special needs (including young people with disabilities, transgender, as well as those living/working on the streets, taking drugs or with different gender and sexual identity)
- o Abortion related issues for married and unmarried youth
- o Laws and regulations
- o Ways of improving and expanding comprehensive sexuality education

> **Being Youth Friendly does not mean that the service provider:**
>
> - Shares personal information and details
> - Takes or gives any favors, gifts etc.
> - Becomes friends with the young person
> - Shares jokes, remarks, gestures that are of sexual nature
> - Develops intimate, romantic or sexual relationship with the young person
> - Misuses his/her position to get any sort of favors from the young person

- A system should be put in place which ensures training at the time of induction as well as for regular refresher trainings for staff.
- Training for non-medical, non-clinical staff such as the people at the reception, guards etc. on 'interpersonal communication skills' and basic 'youth SRH issues' must also be conducted.

Interaction with Young People

- The providers need to ensure that:
  - o They maintain privacy and confidentiality of the young person seeking SRH services.

- They respect the young person seeking services, through their tone, body language and words used.
- The interaction with young people is not rushed, with sufficient time allocated for the young person to share his/her concerns and obtain information. Young people may feel shy in opening up immediately and would require time to share.
- Information and clarification related to the issue being discussed is provided to young people, for example information about bodily changes, myths and misconceptions related to it etc.
- The provider interaction does not perpetrate stigma and discrimination based on young people's sexual or/and gender identity, their status as HIV positive or when dealing with young people who are using drugs, sexually active, in commercial sex work.

C. PROGRAM DESIGN CHARACTERISTICS

Participation of young people

- Young people should not be merely seen as recipients of the service alone. They must be involved in all aspects of program design, i.e. starting from when the services are being planned, to their actual implementation, to the ongoing evaluation of the services for betterment and improvement. In addition, their role in policy level advocacy and meaningful engagement through youth-adult partnership must also be kept in consideration.
- Young people from varied backgrounds must be part of the program design process in order to ensure that they represent the varied groups of young people of the particular community.
- Some of the areas where young people's meaningful participation must be ensured include:
  - In identifying the needs especially the SRH needs of the particular community where the services will be offered
  - In identifying the special needs of male and females, married/unmarried, out of school/in school, vulnerable and disadvantaged groups
  - In determining the timings, location, fees etc.
  - In suggesting innovative ways of publicizing, promoting the services among young people
  - In helping monitor quality of services, giving feedback and suggestions for improving provider and client interaction. This could be done through anonymous feedback mechanisms by

> **An important reason for underutilization of the SRH services by young people is attributed to their lack of involvement in planning, implementation and evaluation of the services. As a result, young people feel that the services may not be addressing their needs.**
>
> **Their involvement should not be a mere *token representation* with no active, meaningful engagement and participation.**

placing a 'suggestion box' in the facility as well as through direct feedback by involvement of young people in planning meetings of the services, open feedback forums, exit interviews etc.
- o As peer educators and counselors.
- o In policy level advocacy

Nature of services and Referrals

- While designing the youth friendly SRH services, it is important that a range of services be offered such as:
  - o Information about SRH issues
  - o Psychological counseling
  - o Family planning, pregnancy testing, abortion related issues including post abortion care
  - o Post and antenatal care
  - o STI/HIV testing and treatment.
  - o Services for those who experience/ have experienced violence including emotional, physical (domestic violence), sexual violence (harassment, rape) etc.
- If all these services cannot be provided by a facility, linkages and referrals must be built with those who provide such services. Assessing the sensitivity and youth friendliness of the referral service would be essential before referring young clients.
- Referrals to social services must also be developed through networking with NGOs, community based organizations and other sectors. Some important referrals include:
  - o General health
  - o Drug rehabilitation centers,
  - o Crisis centers, orphanages and shelters
  - o Psychiatrists, mental health professionals
  - o Legal services, lawyers
  - o Police authorities
  - o Financial aid providing institutions, including income generation programs
  - o Gender based violence
- Feedback should be taken from young people availing referrals to assess sensitivity and quality of services at a regular basis.

Counseling as a core service

- It is recommended that counseling be included as a core component of the SRH service. Counseling provides young people an opportunity to process their thoughts and feelings regarding growing up issues, bodily changes, SRH services etc. It also provides them the space to overcome the inhibition and apprehension often experienced while sharing concerns, discussing sensitive issues, resulting in better insight about their feelings, behaviors and decisions etc.

- It would be ideal to have psychologists available in youth friendly SRH services. In addition the doctors, nurses, peer counselors must all be trained in basic counseling.

Opportunities to seek information through alternative means

- All young people may not be comfortable seeking information through face to face discussion with the service provider. Thus, making information,, publications and audiovisual materials available is recommended.
- Cultural sensitivity and youth friendliness of the material must be ensured in order to avoid backlash. Care must also be taken in deciding about how and to whom the information will be provided to.
- Opportunities to discuss SRH related issues with peer through supervised group discussions may also help young people gain information as well as gain an insight about how other young people may have similar or different experiences. However, all young people may not be comfortable in a group setting.
- Due to the challenges of access etc., getting young people to access SRH services in person may not be feasible. In such instances, availability of telephone help lines, online counseling services, services in schools, mobile services etc. can also be explored.

> **Young people can play an important role in promoting the services due to their interaction with other young people. Satisfied clients could be the best advocates and promoters of the services.**

Publicizing and promoting the services

- Publicizing the services including the type of services offered, timings and location etc. is essential to ensure that young people are aware of the existence of the services.
- This should be done through a variety of sources in order to ensure that a diverse group of young people (married/unmarried, in school/out of school, working boys and girls), is reached. These sources may include dissemination of information through print and electronic media or community orientations, and youth volunteers. Places suggested for promotion are those frequented by young men and women of the community such as schools, colleges, hostels, market places, workplaces etc.
- Promotional messages should be easy to understand and address some of the concerns young people may have about availing the services along with information about type of services, timings, location and confidentiality etc.

Systems, procedures and policies

- It is recommended that at the time of hiring, the contract of the service providers must include an *undertaking or code of conduct*[8] regarding professional ethics of ensuring a neutral, unbiased and non-discriminatory approach which is focused on helping young people make life decisions and SRH related choices instead of preachings based on personal values and beliefs.
- Global experience of work with young people, vulnerable groups etc. highlights the vulnerability to abuse by care givers and service providers. Thus it is important that a sexual harassment and a child protection policy are also put in place that the service providers formally sign and abide by these policies. These policies can also be made part of the code of conduct. Creating mechanisms to communicate these polices to young people to ensure transparency and accountability would also be important.
- System for assessing the service providers through a process that takes into account the feedback of supervisor, colleagues as well as the young people who avail the services, must also be built into the services. This would need to be done on regular intervals as well as through formal six monthly or annual appraisals. It is recommended that a *standard performance appraisal checklist* be developed for these assessments.
- Working with young people on SRH issues may evoke emotions in the service providers due to their own past experiences, beliefs etc. that could hamper the effectiveness of the services. In addition, dealing with crisis situations, or heavy case load may cause stress and eventual burn out. To deal with this, it is recommended that there be a system of 'case and stress debriefings' with experienced professionals and supervisors.
- Owing to the general taboo around SRH issues, ensuring safety of the service providers, staff of the facility as well as young people accessing services would be extremely important. Thus there should be careful assessment of such vulnerabilities in order to ensure that the service design, location, publicity of the services etc. keeps the identified considerations in mind.
- Counseling, Crisis Case Management, Clinical Management, Confidentiality (that covers record keeping of client information, permission for use of information, pictures etc.) policies are also recommended.
- The registration and other record keeping forms that the clients have to fill (or are filled by service providers in case young people cannot read or write) should not require unnecessary information that can make young people uncomfortable.

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[8] A suggested outline for the Code of Conduct, attached as Annexure 2

Monitoring, Evaluation and Research

- Monitoring and evaluating the quality and efficiency of the services must be undertaken through setting quantitative and qualitative indicators, and assessment checklists[9]. Some of the suggested indicators are:
  - number of young people availing services (age and gender breakdown)
  - type of services being availed,
  - number of repeat clients,
  - types of referrals made
  - source of information through which young people find about the service,
  - client's rating, exit interviews regarding the quality of service in terms of service providers and health facility characteristics (as mentioned in point a, b and c above)
- Monitoring mechanisms must also be made to ensure abidance by the systems, policies and procedures put in place.
- There is a dearth of SRH services for young people in Pakistan. Thus it is recommended that a well thought out research design be also included at the time of designing the program to evaluate the impact of the services on young people's SRH and overall improvement of SRH indicators. The research will also help in identifying emerging needs of young people and will help advocacy efforts for the provision of such services. It is recommended that baseline information be gathered, information about knowledge, attitude and behavior of young people be collected as well as qualitative research undertaken to analyze the social and contextual factors underlying the sexual behavior of young people, including gender norms, sexual and physical violence etc.

Are there systems and policies in place for?

- Referrals (identifying sensitive referrals with complete information about type of service, nature)
- Personal code of conduct (professional relationship, confidentiality , non-discrimination, respect and choice)
- Privacy (use of data/client's personal information, record keeping of client, media/press releases etc. informed consent when sharing information and in cases where parental involvement is required)
- Service providers and staff training
- Child Protection Policy
- Anti-Sexual Harassment Policy including harassment at work place
- Crisis Case Handling
- Stress debriefing and management
- Security of staff and young people including emergency responses
- Counseling policies
- SOPs for the clinical procedures including HIV/STI testing, post abortion care and emergency contraception
- Monitoring, Supervision, Feedback and Evaluation (including service providers' performance appraisals, client exit interviews)
- Recruitment (including reference checks, job descriptions with clear responsibilities)
- Storage and timely ordering of supplies

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[9] A sample checklist is attached as Annexure 3

Are the services gender sensitive?

Health Facility Characteristics

- Can the facility be easily accessed by young girls of the community from diverse backgrounds?
- Have the varying needs of young women and men considered in the overall environment of the facility? (Waiting area, timings, privacy, comfort in interaction between young men and women etc.)
- Are there separate washrooms for young men and women?

Service Provider Characteristics

- Do young men and women have the choice of male and female providers?
- Is the gender sensitivity of the service providers explored at the time of recruitment?
- Are service providers given gender sensitization trainings ,including exploration of their own attitude and expectations about how young men and young women should be/act?
- Do service providers have the skills to explore vulnerabilities during their interaction with young people?

Program Design Characteristics

- Are young girls given opportunities (at times more than young boys) to participate at all levels of the program design of the facilities?
- Are the services based on basics of *empowerment?*
- Do they represent a diverse group of young girls (age, marital & socio-economic status, education etc)?
- Are there sensitive referrals available for social support services including dealing with crisis cases etc.?
- Are the barriers to information, access etc. explored from the angle of the varying challenges experienced by young men and women?
- Are concrete measures taken to address access issues experienced by young girls (through provision of services at girls' schools, community centers, mobile services etc.)?
- Is the information, publications gender sensitive? And is there material and information available about gender discrimination and related issues?
- Are the policies addressing gender issues especially regarding child protection, sexual harassment etc.? Is there a Complaint Mechanism in place to report violations?
- Is gender disaggregating data collected? And is it used to make services more responsive to gender needs?
- Are gender dynamics explored as part of the research and analysis?
- Is there a mechanism in place to ensure privacy and confidentiality?
- Are the activities trying to change gender stereotypes (applicable to Youth Friendly Centers)?

ANNEXURE 1-LIST OF DOCUMENTS REVIEWED

- *Springboard:* A hands-on guide to developing youth friendly centers-*IPPF*
- National Standards and Implementation Guide For Youth Friendly Health Services
- *Investing in our future*- a framework for accelerating action for the sexual and reproductive health of young people
- UNFPA Framework for Action on Adolescents and Youth
- Guide for developing Policies on Sexual and Reproductive Health and Rights of Young People in Europe
- Comprehensive Youth Friendly Services-*good practices in sexual and reproductive health and rights for young people*
- Adolescent-Friendly Sexual and Reproductive Health Service Checklist
- Provide: *Strengthening youth friendly services-IPPF*
- Rozan- *Counseling Policy*
- Protocols for Community Based Youth Friendly Health Services (YFHS)for Rural Youth in the context of HIV/AIDs
- *Friends* – A Youth-Friendly Health Services Project, in Tigri slum, New Delhi, India
- Assessment of the Referral and Counseling Network: Youth-Friendly Services , Comprehensive Adolescent Care within Reach Vientiane, Lao PDR August 2008
- Youth-Friendly Sexual and Reproductive Health Services: An Assessment of Facilities-Tanzania

- Respect all young person seeking services regardless of personal values, religious background, cultural norms etc.
- Do not perpetrate stigma and discrimination based on young people's sexual or/and gender identity, their status as HIV positive or when dealing with young people who are using drugs, sexually active, in commercial sex work.
- Do not judge the actions and decisions taken by young people
- Support them in making healthy choices but do not preach or insist on own point of view
- Maintain privacy and confidentiality of the young person seeking SRH services (includes privacy within the service, use of information about the young person outside the service, keeping records safe under 'lock and key'.) Seek permission from young person in case any personal, identifying information including photographs are being shared outside the service.
- Maintain a professional relationship with the young person (includes norms within and outside the service; receiving and giving gifts, other benefits; sharing of service provider's own personal details etc.).
- Do not use of drugs or any other intoxicant at the service
- Do not indulge in any sexual or romantic relationship with the young person seeking services
- Do not sexually, physically harass the young person (includes inappropriate conversation of sexual nature, sexual jokes, remarks, gestures, sexual acts, abuse of authority and creating a hostile environment etc.)
- Avoid any physical contact with the client (except if the medical condition, disability requires such interaction)
- Do not make fun of/put down the young person seeking service.

***Note:** This is a suggested outline for a Code of Conduct and these points can be further elaborated by the service providing organization/institute. It is also suggested the Code includes a complaint mechanism relevant to the organizational/management structure of the service. The Code of Conduct should be mandatory for all staff, service providers, volunteer etc. to sign.

Areas for Assessment	Rating					Comments
	0 (Excellent)	1 (Good)	2 (Satisfactory)	3 (Poor)	4 (Negligible)	
Accessibility of facility						
Accessible clinic hours						
Comfortable gender-sensitive Clinic environment						
Youth friendly Staff attitude & behavior						
Staff capacitated to deal with youth issues						
Range of Services provided						
Services provided to key populations						
Services provided to unmarried youth						
Support provided by Peer education/counseling						
Availability/Display of Educational material						
Youth involvement in policy making & implementation						
Supportive policies in place						
Awareness among young people about the existence of these						

policies						
Facilitative Administrative Procedures						
Publicity/promotional activities to highlight youth services & confidentiality being undertaken						
Flexibility in fees charged						

ANNEXURE 4-LIST OF ORGANIZATIONS PROVIDING SRH RELATED SERVICES TO YOUNG PEOPLE

ame: Rahnuma-Family Planning Association of Pakistan **Contact Information:** **Email :** info@fpapak.org http://www.fpapak.org/	**Name:** Rozan's Youth Helpline **Nature of services provided:** Telephone and email/letter counseling on youth SRH related issues. Toll free number, operational seven days a from 10.00 a.m. to 8.00 pm **Contact Information:** Helpline: 0800-22444 Email: awaz@rozan.org
Name: Aahung **Contact Information:** **Email:** info@aahung.org www.aahung.org	**Name:** Rutgers WPF **Contact Information:** **Email:** office@rutgerswpfpak.org www.rutgerswpfpak.org
Name: PAVHNA (Pakistan Voluntary Health & Nutrition Association) **Contact Information:** www.pavhna.com	**Name:** SACHET (Society for Advancement of Community Health, Education and Training) **Contact Information:** **Email:** sachet.pakistan@gmail.com www.sachet.org.pk/
Name: Sahil **Contact Information:** **Email:** info@sahil.org www.sahil.org/	**Name:** Marie Stopes Society **Contact Information:** Tel. 0215803262 Helpline: 111-538538 **Email:** mariestopes@msspk.org
Name: Madadgaar **Contact Information:** Helpline: 021-111-911-922 **Email:** madadgaar@cyber.net.pk	