

Let's first discuss adolescent-friendly health services

For a health facility to provide SRH services that are adolescent-friendly, the services must adhere to five principles—as shown in Figure J. In this figure, you will see the adolescent patient at the center of the adolescent-friendly services. All of the characteristics of the facility, competencies of the staff, and quality of the services delivered impact the adolescent's decision to seek and/or return back for SRH information and services. The five adolescent-friendly principles are described more fully in Table 5, along with how to apply these principles toward providing SRH services for adolescents in humanitarian settings.

Figure J: Principles of Adolescent-Friendly Services

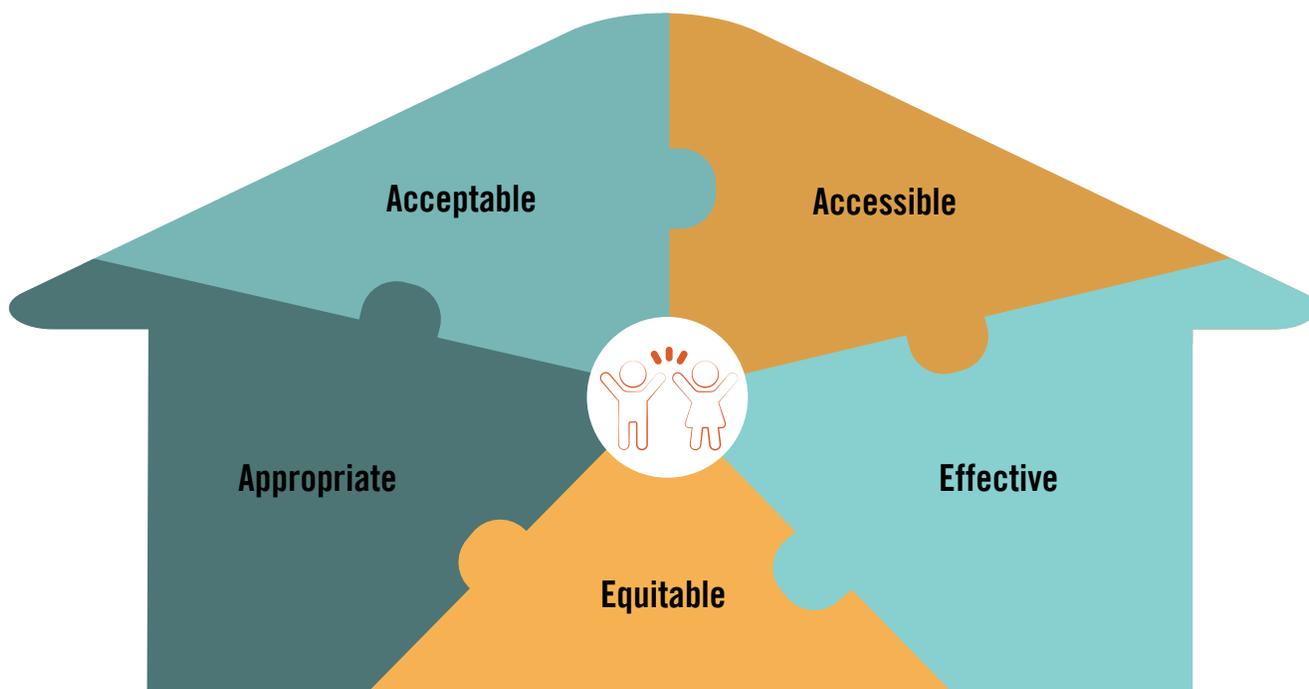


Table 5: Adolescent-Friendly Principles

PRINCIPLE

ACCESSIBLE

DESCRIPTION	APPLICATION
<p>There are policies & procedures in place that ensure health services are free or affordable for adolescents.</p>	<p>Adolescents in humanitarian settings are likely to have limited financial means to take care of themselves and/or are required to take on the responsibility of also taking care of their family. Cost should not be a barrier for them to access services.</p>
<p>The facility has convenient working hours.</p>	<p>The facility should be open in the early morning or in the late evenings—ideally 24 hours where possible—to accommodate adolescents who may need to take on additional responsibilities (childcare, jobs to provide for family, attending education or vocational classes, etc).</p>
<p>Adolescents are well informed about the range of SRH services available and how to obtain them.</p>	<p>Understanding what services are available can encourage adolescents to use those services. CHWs, community mobilizers, or other means of connecting health services to the community should be utilized for raising awareness about the types of services adolescents can receive. CHWs and other staff should be educated on what services adolescents can receive at the facility and be able to dispel any myths about SRH services for adolescents.</p>
<p>Community members understand the benefits that adolescents will gain by obtaining the health services they need and support their provision.</p>	<p>Community members can be gatekeepers for adolescents' access to SRH services. If community members do not understand or trust the services provided, they are likely to be a large impediment to adolescents seeking or receiving services. In some contexts, this may be the first time communities have been introduced to the idea of providing SRH services to adolescents. Engaging community members is important for establishing trust and creating understanding about the services provided. This is discussed fully in Chapter 3 under Community Participation.</p>
<p>Some health services and health-related commodities are provided to adolescents in the community by selected community members, outreach workers, and/or adolescents themselves.</p>	<p>Due to social or cultural norms, adolescents may be hesitant to visit a health facility to receive SRH services. Offering services and commodities, such as condoms and menstrual hygiene management (MHM) products, at other delivery points in the community and from people adolescents can relate to will increase potential SRH entry points and access to SRH services and information for adolescents. See the MHM in Emergencies Toolkit from the International Rescue Committee (IRC) for additional guidance on implementing MHM in humanitarian contexts.</p>

PRINCIPLE

ACCEPTABLE

DESCRIPTION

Policies & procedures are in place that guarantee patient confidentiality.

APPLICATION

Confidentiality is defined by WHO as “the duty of those who receive private information not to disclose it without the patient’s consent.” This means that any information the adolescent shares with the service provider is not shared with anyone else and all collected information from the adolescent is kept in a safe and secure place. Providers will refrain from discussing what patients have shared, including what service(s) adolescent patients were seeking or if they received any services. In humanitarian settings, adolescents are often displaced from their homes and the provider may be the only person they trust to confide in, so it is paramount to foster and maintain that trust.

Point of service delivery ensures privacy.

WHO defines privacy as “the right and power to control the information (about oneself) that others possess.” This means that adolescents have a right to discuss information without fear of someone seeing them (physical privacy) or hearing them (auditory privacy). In a health facility, it is important to ensure that consultation rooms have sheets or barriers to separate patients and those in the waiting room and prevent them from seeing each other. In addition, the facility should be organized so that people in the waiting room cannot hear what adolescent patients are saying during consultations.

Healthcare providers are nonjudgmental, considerate, and easy to relate to.

As provider bias and attitudes can significantly affect adolescents’ decisions to seek or receive services, it is important to hire, train, mentor, and supervise staff that are welcoming, respectful, and nonjudgmental toward adolescents. Providers should be trained on how to create a trustful atmosphere for adolescents seeking SRH services, which includes respecting their autonomy, maintaining confidentiality and privacy, as well as other competencies discussed in Chapter 6 under *Training and Capacity Building of Staff*.

Point of service delivery ensures consultations occur in a short waiting time, with or without an appointment, and (where necessary) swift referral.

Adolescents have reported facing stigma in the waiting room as an impediment to seeking SRH services. In some emergencies, adolescents may have to travel longer distances and/or face additional security risks to obtain SRH services. They may have restricted freedom of movement to travel where they want to go. This is why it is important that once adolescents arrive for SRH information or services (despite barriers they may have faced to get there), humanitarians must ensure they receive prompt attention to encourage adolescents to seek these services without the deterrence of long waiting lines.

Point of service delivery has an appealing and clean environment.

Maintaining a clean and proper facility is important for all patients. For adolescents, health staff should think about ways to make the facility more welcoming and attractive. This includes ensuring all staff (including receptionist) understand where adolescents can seek services. The facility may have a discreet entrance for adolescents or a special card/bracelet for adolescents to show providers what services they are requesting to expedite seeing a provider and to avoid having to tell others why they are there.

Point of service delivery provides information and education through a variety of channels.

Adolescents have differing learning needs, with some who are not literate and others who process information better through pictures. Adolescents may be embarrassed to ask questions; providing SRH information through a variety of channels will allow them to obtain information on topics that their parents or community members may be unwilling to discuss.

Adolescents are actively involved in designing, assessing, and providing health services.

Involving adolescents in assessment activities and service provision ensures that programming is more sensitive and responsive to their needs. This topic is discussed more fully in Chapter 3 under [*Adolescent Participation*](#).

PRINCIPLE

APPROPRIATE

DESCRIPTION

The required package of healthcare is provided to fulfill the needs of all adolescents either at the point of service delivery or through referral linkages.

APPLICATION

All adolescents, regardless of their mental or physical capacities and heterogeneity status in the adolescent ecosystem—including unmarried girls, very young adolescents (VYAs), internally displaced persons (IDPs), adolescents with diverse sexual orientation and gender identity and expression (SOGIE), or other characteristics—should be able to receive health services that address their SRH needs from the health facility or from other points of delivery, such as a mobile health unit. Not every clinic or facility in a humanitarian context will be able to provide the full package of services from the beginning of the emergency, which is why a strong referral system is necessary to ensure adolescents receive the services they are seeking. This is discussed fully in Chapter 6 under *Tools for Establishing Referral Pathways*.

PRINCIPLE

EQUITABLE

DESCRIPTION

Policies & procedures are in place that do not restrict the provision of health services.

APPLICATION

In accordance with humanitarian principles, organizations should establish procedures and written policies that ensure no factor (sex, age, social status, etc) hinders the provision of services to all or some groups of adolescents or hinders the ability of all or some adolescents to obtain those services. These policies should include adolescent considerations that specify the services adolescents are entitled to and how they should be treated within the facility.

Principle of Capability

Adolescents who request SRH services can be considered capable of receiving SRH counseling and services without parental oversight. When applied to SRH care for adolescents, the Principle of Capability means that a young adolescent—who identifies that they want SRH services and voluntarily requests SRH care, such as maternal care, contraception, Human Immunodeficiency Virus (HIV)/sexually-transmitted infection (STI) care, or to terminate a pregnancy—is capable of consenting to services. This principle removes the expectation or assumption that service providers should determine if adolescents can receive the services they are requesting and appropriately puts the decision-making power in the hands of the adolescent patients.

Healthcare providers and support staff treat all adolescents with equal care and respect, regardless of status (age, sex, marital or social status, cultural background, ethnic origin, disability, or any other reason).

Cultural or social norms may affect how providers or support staff interact with and/or deliver SRH services to adolescents. In a humanitarian setting, providers may be asked to deliver services to a population from another country, belief system, or culture from their own. It is important to assess the attitudes and beliefs of all staff that interact with adolescents and educate staff on the SRH rights of adolescents and their facility's policies in providing equitable care to all adolescents. This is discussed further in Chapter 6 under *Training and Capacity Building of Staff*.

PRINCIPLE

EFFECTIVE

DESCRIPTION

Healthcare providers have the required competencies to work with adolescents and to provide them with the required health services.

APPLICATION

Adolescents are not a homogenous group. They have unique SRH needs, and providers should be trained on the clinical and counseling competencies, as well as the interpersonal skills required to deliver quality SRH services to adolescents. There are specific considerations providers will need training on, such as using more simple terminology and language with adolescents. This is discussed further in Chapter 6 under *Training and Capacity Building of Staff*.

Healthcare providers use evidence-based protocols and guidance to provide health services.

Providers should be following quality standard protocols of the country they are in and the organization they belong to. In contexts where the standards of the country are not in alignment with global standards, humanitarians should work toward updating and improving those guidelines.

Healthcare providers are able to dedicate sufficient time to deal effectively with their adolescent patients.

Adolescent patients may be hesitant to discuss why they are at the facility or find it hard to describe what their SRH needs are. They may also be unaware of why, what, or how their bodies are changing. Perhaps their sexuality education was disrupted or they never received any education at all. The provider needs to build trust, make the adolescent feel comfortable, and answer their questions before providing any SRH services they request. All of these tasks require adequate time to effectively meet adolescents' needs.

The point of service delivery has the required equipment, supplies, and basic services necessary to deliver the required health services.

Without the needed materials and supplies, healthcare providers cannot deliver quality SRH services. Adolescents may be hesitant to visit the clinic, may have faced tremendous barriers in reaching the facility, or overcame stigma and discrimination to meet with a provider. Lack of supplies or materials should not be an impediment for adolescents to obtain the services they need.