

# YOUTH-FRIENDLY HEALTH SERVICES FACILITATOR MANUAL 2023



REPUBLIC OF THE MARSHALL ISLANDS

## **Youth-Friendly Health Services (YFHS) Training Package**

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## **Version**

Version 1: 2023

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# 1

## DAY 1 SESSIONS

Session	Learning objective	Activities	Resources
<b>Session 1</b> (90 minutes) <b>Introduction</b>	Introduce and provide an overview of the training program	1.1 Prayer and welcome (15 minutes) 1.2 Housekeeping (5 minutes) 1.3 Pre-training documents (15 minutes) 1.4 Aim, objectives of the training and agenda (10 minutes) 1.5 Participant introductions and expectations (20 minutes) 1.6 Group agreement (10 minutes) 1.7 Introduction to the YFHS Guidelines (15 minutes)	- Marker pens - Masking tape - Large pieces of paper - Pre-training documents - Media consent form - Enrolment form - Pre-training evaluation form
<b>Break (30 minutes)</b>			
<b>Session 2</b> (90 minutes) <b>Young people</b>	Understand young people's sexual and reproductive health (SRH) and developmental needs	2.1 Who are young people? (10 minutes) 2.2 Frameworks for adolescent health and case studies (20 minutes) 2.3 Empathy mapping priority groups (30 minutes)	- A3 Empathy Map handout - YFHS Guidelines: <b>Glossary</b>
<b>Lunch (60 minutes)</b>			
<b>Session 3</b> (45 minutes) <b>What are YFHS?</b>	Familiarise group with updated Youth-Friendly Health Services National Operational Guidelines	3.1 What are YFHS? (30 minutes) 3.2 SRHR Quiz (15 minutes)	- Empathy maps from previous session - <b>Video:</b> Let's make it happen from UNFPA (3:39) <a href="http://bit.ly/3Wgaplt">http://bit.ly/3Wgaplt</a>
<b>Break (15 minutes)</b>			

Session	Learning objective	Activities	Resources
<b>Session 3 continue</b> (75 minutes)  <b>What are YFHS?</b>	Familiarise participants with updated YFHS Guidelines	3.3 Apply YFHS Guidelines <b>Section A: At the facility</b> to priority groups of young people (35 minutes)  3.4 Develop community linkages (35 minutes)	- YFHS Guidelines <b>Section A: At the facility</b>  - YFHS Guidelines <b>Section B: In the community</b>
<b>Session 4</b> (15 minutes)  <b>Reflection</b>	Consolidate learning from the day		

# 2 DAY 2 SESSIONS

Session	Learning objective	Activities	Resources
<b>Session 1</b> (45 minutes) <b>Introduction</b>	Introduce and provide an overview of the training program	1.1 Prayer and check in (15 minutes) 1.2 Aim, objectives of the training and agenda for the day (10 minutes) 1.3 Review Day 1 training (10 minutes) 1.4 Review group agreement (10 minutes)	- Marker pens - Masking tape - Large pieces of paper
<b>Session 2</b> (45 minutes) <b>Young people's rights</b>	Explore a rights-based approach to identifying and reducing barriers for young person accessing SRH services	2.1 Young people's rights brainstorm (10 minutes) 2.2 Develop an information, education and communication (IEC) plan to promote young people's rights (35 minutes)	- YFHS Guidelines <b>Section C: Information, education and communication</b>
<b>Break (30 minutes)</b>			
<b>Session 3</b> (90 minutes) <b>Exploring values</b>	Reflect on personal values and their impact on providing inclusive YFHS	3.1 Values clarification (45 minutes) 3.2 Explore YFHS <b>Guidelines Section D: Equal Access for all young people</b> and <b>YFHS Guidelines Section F: Health worker competencies</b> (45 minutes)	- YFHS Guidelines <b>Section D: Equal access for all young people</b> and - YFHS Guidelines <b>Section F: health worker competencies</b>
<b>Lunch (60 minutes)</b>			
<b>Session 4</b> (60 minutes) <b>Trauma-informed care</b>	Explore key concepts of TIC when working with young people	4.1 Gender-based violence (GBV) (10 minutes) 4.2 Define trauma (10 minutes) 4.3 Understanding TIC (10 minutes) 4.4 Applying TIC (30 minutes)	- YFHS Guidelines - <b>Video:</b> UK Trauma Council: Childhood trauma on the brain (5:10 minutes) <a href="https://bitly/3PpOUCI">https://bitly/3PpOUCI</a> - <b>Video:</b> Providing trauma-informed care: A case study of Weave Youth and Community Services (3:26 minutes) <a href="https://shorturl.at/hikpP">shorturl.at/hikpP</a>

Session	Learning objective	Activities	Resources
<b>Break (15 minutes)</b>			
<b>Session 5</b> (60 minutes) <b>Applying rights to practice – decision-making and consent</b>	Apply concepts of privacy and confidentiality, informed consent, and evolving capacity, to working with young people	5.1 Privacy and confidentiality brainstorm (5 minutes) 5.2 Privacy and confidentiality activity (5 minutes) 5.3 Informed consent and evolving capacity (20 minutes) 5.4 Supporting decision making activity in pairs (30 minutes)	- YFHS Guidelines <b>Section G: Decision-making and consent</b>
<b>Session 6</b> (15 minutes) <b>Reflection</b>	Consolidate learning from the day		

# 3

## DAY 3 SESSIONS

Session	Learning objective	Activities	Resources
<b>Session 1</b> (30 minutes) <b>Introduction</b>	Introduce and provide an overview of the training program	1.1 Prayer and check in (15 minutes) 1.2 Aim, objectives of the training and agenda for the day (10 minutes) 1.3 Review Day 2 training (10 minutes) 1.4 Review group agreement (10 minutes)	
<b>Session 2</b> (60 minutes) <b>Holistic approach to service delivery</b>	Explore minimum services required for holistic service delivery for young people	2.1 Minimum service package offered to young people (45 minutes)	- YFHS Guidelines <b>Section E: Appropriate package of services</b>
<b>Break (30 minutes)</b>			
<b>Session 3</b> (90 minutes) <b>Inclusive approaches to YFHS</b>	Discuss key principles for delivering disability inclusive services and programs to young people	3.1 Inclusivity background (15 minutes) 3.2 The social model of disability (15 minutes) 3.3 <b>Video:</b> Voices of children with a disability, PNG (15 minutes) and debrief (15 minutes) 3.4 Case scenarios and discussion (30 minutes)	- <b>Video:</b> Voices of children with a disability, PNG (In Tok Pisin, with English subtitles) (12:59 minutes) <a href="http://bit.ly/3FS1kjQ">http://bit.ly/3FS1kjQ</a>
<b>Lunch (60 minutes)</b>			



Session	Learning objective	Activities	Resources
<b>Session 4</b> (60 minutes) <b>Communicate effectively with young people</b>	Apply communication skills to working effectively with young people	4.1 Brainstorm communication needs for young people (15 minutes) 4.2 Brief intervention model (15 minutes)	
<b>Break (15 minutes)</b>			
<b>Session 4 continued</b> (60 minutes) <b>Communicate effectively with young people</b>	Apply communication skills to working effectively with young people	4.3 Role play practice (60 minutes)	
<b>Session 5</b> (15 minutes) <b>Reflection</b>	Consolidate learning from the day		

# 4 DAY 4 SESSIONS

Session	Learning objective	Activities	Resources
<b>Session 1</b> (15 minutes) <b>Introduction</b>		1.1 Prayer and check in (15 minutes) 1.2 Aim, objectives of the training and agenda for the day (10 minutes) 1.3 Review Day 3 training (10 minutes) 1.4 Review group agreement (10 minutes)	- Marker pens - Masking tape - Large pieces of paper
<b>Session 2</b> (60 minutes) <b>Strengths-based approaches to SRHR</b>	Reflect on strengths-based approaches to young people's sexuality, through a human rights lens	2.1 Apply sex positive approaches (40 minutes)	
<b>Break (30 minutes)</b>			
<b>Session 3</b> (90 minutes) <b>Voice of young people in services</b>	Explore strategies for increasing youth participation to inform development, monitoring and evaluation of youth-friendly services and programs	3.1 Young person's sharing (15 minutes) 3.2 Young people's participation in service development and monitoring (30 minutes) 3.3 Young people in improving service performance (45 minutes)	- YFHS Guidelines <b>Section H: Young people's participation in service development</b> - Client feedback survey
<b>Lunch (60 minutes)</b>			

Session	Learning objective	Activities	Resources
<b>Session 4</b> (60 minutes) <b>Data and quality improvement</b>	Explore the importance of quality data collection, analysis, and management for service utilisation by young people	4.1 Data informed decision-making (60 minutes)	- Health Information System (HIS) monthly reporting form print out - YFHS Guidelines: <b>Appendices</b>
<b>Break (15 minutes)</b>			
<b>Session 5</b> (60 minutes) <b>Reflection</b>	Consolidate learning from the week	5.1 Recap learnings from the week (30 minutes) 5.2 Post training evaluation form (30 minutes)	



### Learning objective

- Understand young people's SRH and developmental needs
- Discuss youth culture and the key SRH issues young people face in RMI

### Learning outcomes

By the end of the session participants will be able to:

- define youth, adolescents, and young people
- identify key youth risks and protective factors
- reflect on key SRH issues facing young people, particularly those from priority groups



**TIMING**  
**90 MINS**



### Activities

2.1 Who are young people? (10 minutes)

2.2 Frameworks for adolescent health (45 minutes)

2.3 Empathy mapping priority groups of young people (35 minutes)



### Resources

- YFHS Guidelines: **Glossary**
- A3 Empathy map handout (4 copies)

## 2.1

Who are young people?<sup>(2,3)</sup>

10 MINS

1. Introduce this session by saying something like:

“World Health Organisation (WHO) definitions of adolescence, youth, and young people and are listed in your participant workbooks. Please note, we may use the terms ‘teenagers, adolescents, young people, youth’ interchangeably during this training”.

Definition	Ages
Adolescents	<b>10-19 years</b>
Youth	<b>15-24 years</b>
Young people	<b>10-24 years</b>

2. Introduce the three stages of adolescence by reading out the information below to participants.

## Stages of adolescence

Definition	Ages
Early	<b>10–14 years</b>
Mid	<b>15–17 years</b>
Late	<b>15–19 years</b>

**“Early adolescence**

Is the first stage where puberty usually begins. Young people experience rapid changes in their bodies and start to worry about their physical appearance. They may experience shyness, modesty, and a greater interest in privacy. Risk taking is heightened during this stage with experimentation with smoking and alcohol use.

**Mid adolescence**

By the second stage puberty has passed and young people are extremely concerned about how they look and think others are concerned also. Relationships are changing including a need to exert independence.

**Late adolescence**

Young people’s bodies continue to grow and develop, including the brain which can results in young people being more analytical and reflective. Risk taking declines during this stage, as the ability to evaluate risk is developed. Young women are more likely to experience depression than young men due to gender-based discrimination and abuse.”

3. Ask the group: “What do you think defines adolescence?”

4. After the group shares their answers, say something like:

“Adolescence is defined as a dynamic period of development marked by rapid physical and psychosocial changes as young people transition from childhood to adulthood”.

5. Read out the following information to the group:

“Adolescence is a period of development with rapid physical and psychosocial change between childhood and adulthood. These changes include the following:

- **Physiological** – increases in height, acquisition of muscle mass, the distribution of body fat and the development of secondary sexual characteristics. Underlying these physical changes is a wide spectrum of endocrine changes (gonadarche and adrenarche), including hormones that affect gonadal maturation and the production of gonadal sex steroids. The growth spurt during early and mid-adolescence is regulated by the complex, inter-related production of several hormones.
- **Psychological** – psychological changes are linked to hormonal and neurodevelopmental changes, including emotional changes and increased cognitive and intellectual capacities.
- **Cognitive** – adolescents are developing and consolidating their sense of self. With this increasing self-identity, including their development of sexual identity, comes growing concern about other people’s opinions, particularly those of their peers.
- **Emotional** – young people may have an increased interest in relationships and show desire to be more independent from their parents. Young people may also experience sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems.
- **Sexual** – during this stage of physical maturation, adolescents may be more sexually active.
- **Social** – as adolescents become more confident during this stage, the influence of friends and peers may grow creating opportunities to further develop social skills for relationships.
- **Economic** – adolescents may have the opportunity to gain employment due to their age. This may impact on the adolescent’s sense of independence, and pride for being able to provide financial support to their family and community.”

6. Lead the participants in a group discussion by asking them the following questions.

- “What else do you think defines adolescence – was anything missed in the above definitions?”
- “How would you define adolescence to someone who had not heard the term before?”
- “How might adolescence differ for males and females?”
- “Are there key milestones in your culture that mark adolescence?”

7. Finish up the session by sharing the following key messages about adolescence to the group.

- adolescence begins with the onset of puberty
- adolescence culminates with the acquisition of adult roles and responsibilities
- adolescence entails several developmental tasks
- adolescence is culturally determined – it varies between societies and cultures

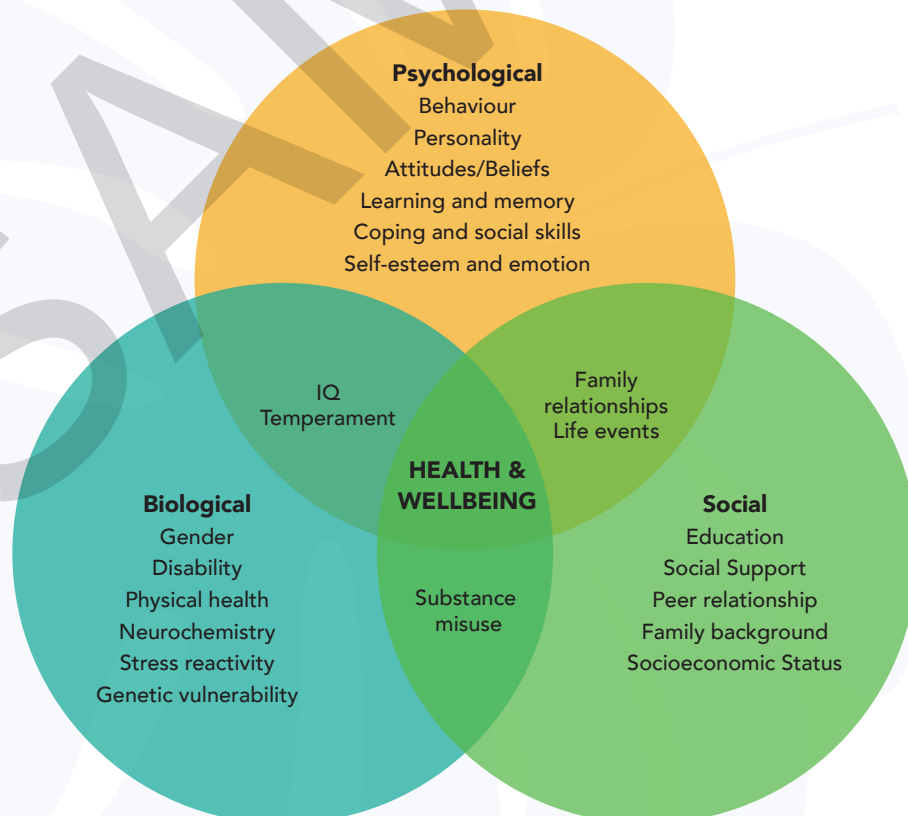
## 2.2

Frameworks for adolescent health<sup>(4)</sup>

20 MINS

1. Start by telling the group you will introduce two different models for considering adolescent health and wellbeing.
2. Ask if anyone has heard of the biopsychosocial model of adolescent development.
3. Explain the biopsychosocial model of adolescent development by saying something like:  
 “Adolescent development involves the interaction between factors within three areas of development that impact an adolescents’ health and wellbeing or illness:
  - biological
  - psychological
  - social

In adolescence, social and environmental factors can play a stronger role than in adulthood. There is a distinction between puberty and adolescence. Puberty is characterised by physical changes, whereas adolescence is characterised by social changes in roles, privileges, and responsibilities. Most young people’s health problems are psychosocial. This means there is an interaction between risk-taking consequences and exposure to social and environmental factors.”



4. Introduce the second model by asking the group if anyone has heard of the risk and protective factors framework.
5. Explain the risk and protective factors framework and how it can be helpful in considering how to best support young people.

Share the following definitions of protective and risk factors with the group.

Protective factors
• Protect against potential limited consequences of risk factors
• Prevent first risks occurring
• Interrupt the risks compounding (one risk leading to another)
Risk factors
• Risk taking is a normal part of adolescent development
• Allow a young person to test limits, learn skills and develop independence
• Can increase harmful psychosocial and health issues

6. Ask the group: "What is the role of health workers within a protective and risk factors model?"

#### Example answers

- Health workers can provide young people with advice about SRH so they can make informed decisions about their sexual activity.
  - Health workers can act as a trusted adult for young people to speak to if they start engaging in risky behaviours and can make referrals with consent from the young person.
7. Ask the participants to break into two groups and provide each group with a large piece of paper.
  8. Introduce the activity by saying something like:  
"As health workers, we can provide support to strengthen protective factors and minimise risk factors."
  9. Ask one group to use the paper provided and list as many examples of protective factors that they can think of.
  10. Ask the second group to use the paper provided and list as many examples of risk factors that they can think of. Let both groups know they will spend five minutes brainstorming as many factors as possible.
  11. Once the two groups have spent time brainstorming, ask them to use the second piece of paper provided to write answers to the following questions.
    - "How can YFHS strengthen protective factors?"
    - "How can YFHS minimise risk factors?"



12. Bring the group back together and ask participants to share their ideas and experiences of this activity.

## Facilitator notes

Below are some examples of both protective and risk factors you can use to prompt participants if they need some guidance.

### **Example protective factors to be strengthened**

- Connectedness to school, peers, church, and community
- A supportive and caring family environment
- Supportive relationship with at least one trusted adult
- Achievements and sense of belonging at school
- Social skills, positive self-esteem
- Sense of purpose and meaning

### **Example risk factors to be minimised**

- Socio-economic disadvantage
- Poor parenting, family conflict and breakdown
- School failure, bullying
- Lack of meaningful relationships with adults and peers
- Individual characteristics – e.g., low self-esteem, poor social skills
- Exposure to trauma, violence, and crime
- Racism and discrimination

## Case Studies

1. Divide the participants into smaller groups and ask them to read the case studies in their participant workbooks, before applying the risk and protective factors framework to each of them. It's a good idea to let participants know which page of their workbooks this activity is on, to make it easier for them to follow.
2. Once they have read the case studies, ask participants to answer the following questions in relation to the case studies.
  - "What are some of the possible risk and protective factors in the young person's life?"
  - "What would you focus on to minimise the risks and enhance the protective factors?"
3. Bring the group back together and ask participants to share ideas. Some example answers to prompt the group are listed under the case studies below.
4. Finish this activity by leading a debrief session, asking the group the following questions.
  - "What were some common ways of promoting protective factors that were shared?"
  - "What are some common risk factors experienced by young people in RMI?"
  - "What are some ways to minimize these risk factors?"

### Case Study one – Anna

Anna is a 17 year old female. She presents at the health facility as she had unprotected sex with her boyfriend, who is 19 years old, after a party yesterday.

Anna has a strong relationship with her grandmother, who encouraged her to come to the health facility.

Anna is successful at school and is feeling anxious that an unplanned pregnancy would prevent her from attending university, which she has been working towards for some time.

- **What are some of the possible risk and protective factors in Anna's life?**
  - **Risk factors:** alcohol consumption, sexual assault, partner not attending school.
  - **Protective factors:** strong relationship with grandmother, successful at school, plans and ambitions, seeking care early.
- **What would you focus on to minimise the risks and enhance the protective factors?**
  - Use of emergency contraception if appropriate
  - Contraceptive counselling for a long-acting reversible contraception
  - Consider longer-term goals
  - Encourage trusted relationship with Grandmother

## Case Study two – John

John is a 16 year old male. John dropped out of school earlier this year to support his father fishing. His mother has been very unwell, and John needs to help her care for his three younger siblings, especially with cooking and helping them to get ready for school.

Since leaving school, John has been spending more time with older men, hanging out near the jetty at night, once his siblings have fallen asleep, and drinking homebrew. John recently met Antonie and noticed some feelings of attraction towards him. John has never considered his sexuality much before but is afraid there is something wrong with him.

John heard through announcements at church that there were some sessions on out-of-school family life education (OOS FLE) being offered. He attended a session on healthy intimate relationships. After the session he asked the facilitator about whether it is okay to have a sexual relationship between two men, and if so, how to do this safely.

- **What are some of the possible risk and protective factors in the John's life?**
  - **Risk factors:** not attending school, many responsibilities in family, financial issues with family, caregiving to mother and siblings, homebrew consumption, homophobia, questioning of sexuality.
  - **Protective factors:** attending OOS FLE lessons, confidence to ask questions and seek information on their sexuality, seeking information on safer sex, sense of responsibility, building meaningful relationships.
- **What would you focus on to minimise the risks and enhance the protective factors?**
  - Encourage continued attendance at FLE, including explaining and exploring concepts of sexuality
  - Support referral to YFHS with a health worker who is not judgemental of same-sex relationships
  - Share and demonstrate condom use
  - Encourage finding a trusted friend or adult to share with



DAY 1

## SESSION 3

### WHAT ARE YOUTH-FRIENDLY HEALTH SERVICES?



#### Learning objective

- Familiarise with Youth-Friendly Health Services National Operational Guidelines

#### Learning outcomes

By the end of the session participants will be able to:

- describe the key elements of providing YFHS
- justify why YFHS are required in RMI
- apply YFHS Guidelines **Section A: At the facility** and **Section B: In the community**



**TIMING**  
**120 MINS**



#### Activities

3.1 What are YFHS? (30 minutes)

3.2 Why do young people need YFHS? SRHR quiz (15 minutes)

3.3 Apply YFHS Guidelines **Section A: At the facility** to priority groups of young people (35 minutes)

3.4 Develop a community links list (35 minutes)



#### Resources

- Empathy maps from previous session
- Video:** Let's make it happen from UNFPA (3:39) – <http://bit.ly/3Wgaplt>
- YFHS Guidelines **Section A: At the facility** and **Section B: In the community**

## 3.1

What are YFHS?<sup>(6)</sup>

30 MINS

1. Begin this session by playing the video: Let's make it happen from UNFPA
2. Ask the group: "What does this video suggest to us about the need for a holistic approach to supporting young people's SRHR?"

**Example answer**

- YFHS are one very important aspect of a wider approach to support the SRH of young people, including FLE and supportive laws and policies to promote and protect SRHR.
3. Introduce YFHS by saying something like.  
 "Youth-friendly health services are accessible, acceptable, comprehensive, and appropriate for young people. They are in the right place and delivered in the right style to be acceptable to young people. They are effective, safe, and affordable (free when necessary), are equitable, and do not discriminate on the grounds of gender, ethnicity, religion, disability, social status, marital status, sexual orientation, or any other reason."
  4. Break participants into four groups and allocate one definition to each group – accessible, acceptable, comprehensive or appropriate.
  5. Ask the groups to review their allocated definition and corresponding scenario. Tell participants they can find this activity in their workbooks and let them know which page they should turn to.
  6. In their groups, ask them to discuss what solutions would help to make this scenario more accessible, acceptable, comprehensive, or appropriate, respectively.
  7. Bring the groups back together and ask them to share their answers and experiences.

WHO uses the accessible, acceptable, comprehensive and appropriate model for explaining YFHS

Aspects of YFHS	Scenario	Solution
<b>Accessible:</b> Young people experience significant barriers when choosing to access SRH services which impact their health outcomes. Services that acknowledge and address barriers such as complicated systems and referral processes, poor previous experiences, cost, and confidentiality will improve the engagement of young people.	A 16 year old male attends a health facility and is told they need to go to the provincial hospital for further tests. The young person has never been to the hospital before and is concerned they won't know where to go or who they need to talk to, and is afraid to ask their parents for support.	<p>What would it look like if the health service was more accessible?</p> <p><b>Example answers</b></p> <ul style="list-style-type: none"> <li>• Signage</li> <li>• Promotion material on social media, radio stations</li> <li>• Located near public transport</li> </ul>
<b>Acceptable:</b> Young people have distinct needs and aspirations, including being treated with respect, receiving culturally sensitive care, and service with stringent privacy and confidentiality systems. Furthermore, services that provide adequate time for appointments and availability of peer educators relay to young people the service is responsive to their needs.	A 16 year old female has had unprotected sex with a friend. She thinks something might be wrong as she's experiencing some discomfort in her vulval region. She needs to skip school to visit the health facility during the day. The following day her sister tells her that a friend saw the girl at the health centre and is spreading rumours she is pregnant.	<p>What would it look like if health services were more acceptable?</p> <p><b>Example answers</b></p> <ul style="list-style-type: none"> <li>• Signage in waiting room informing young people of rights to confidentiality and privacy.</li> <li>• Skilled workforce in the delivery of YFHS.</li> <li>• Flexible clinic hours, e.g., after school or weekends.</li> </ul>
<b>Comprehensive:</b> Young people can experience complex and chronic issues, which require a holistic approach in service delivery. To ensure young people's wellbeing and health needs are met, integrated systems and partnerships with internal and external services are critical to improving outcomes.	A 16 year old male attends a session of FLE at senior secondary school. They ask the teacher about what to do if someone has experienced sexual violence. The teacher says to go to the police. The young person was wanting to help a friend and share some helpful information, and knows their friend feels afraid of going to the police and this information may not be very helpful.	<p>What would it look like if health services were more comprehensive?</p> <p><b>Example answers</b></p> <ul style="list-style-type: none"> <li>• Established partnerships with external organisations including police and civil society organisations.</li> <li>• Robust referral systems with external and internal services.</li> <li>• Skilled workforce including peer workers to advocate for and support young people.</li> </ul>

Aspects of YFHS	Scenario	Solution
<b>Appropriate:</b> Young people will continue to access health care if they feel comfortable and experience care responsive to their needs. Services that provide minimum services packages in one setting are an example of ensuring SRH health services are appropriate.	A 17 year old female attends to a health facility stating that she had unprotected sex a couple of days ago and fears she could become pregnant. She states she does not want to be pregnant and asks for help. The nurse tells her she should not have sex if she does not want a child, and that emergency contraception is only available with parental consent, as she is under 18 years old.	<p>What would it look like if health services were more appropriate?</p> <p><b>Example answers</b></p> <ul style="list-style-type: none"> <li>• Skilled workforce in YFHS</li> <li>• Supportive supervision conducted regularly</li> </ul>

## 3.2

## SRHR quiz



15 MINS

1. Introduce this activity by saying something like:

"Reflecting on the current burden of disease of young people is important. Let's conduct a fun quiz to review the status of young people's SRH in RMI. It's okay if you don't know the answers!"

2. Read out the following statements out loud one after the other. Let participants guess whether it's true or false before giving them the correct answers.

**Statements**

- In RMI 40% the population is less than 15 years of age.

**Answer – True.**

RMI has a very young population!

- RMI does not have a high prevalence of unintended and early pregnancies.

**Answer – False.**

RMI has a high prevalence of unintended teenage pregnancies – 80 births per 1000 women in the urban area and 100 births per 1000 women in the outer islands.

- In RMI approximately 25% of women aged 15-19 have an unmet need for family planning.

**Answer – True.**

- In RMI the prevalence of HIV is very high and STIs, particularly gonorrhoea, chlamydia, and syphilis, are low.

**Answer – False.**

The prevalence of HIV is low however the high STIs rate (8% of 15-24 years), is a significant concern as HIV is transmitted through the same mechanisms as other STIs and blood borne viruses.

- Women who experience violence are at increased risk for STIs and HIV and have a higher rate of unintended pregnancies and unsafe abortions than those who do not.

**Answer – True.**

Fear of sexual violence can keep many girls from saying “no” to sex and dramatically influences their confidence in negotiating condom use.

- In RMI 48% of ever-partnered women have experienced physical or sexual violence in their lifetime.

**Answer – True.****3.3****Apply YFHS Guidelines Section A to priority groups of young people**
 **35 MINS**

1. Explain to the group that the Guidelines are divided into sections which are based on WHO’s Global Standards for Quality Healthcare Services for Adolescents (2015). This session will focus on **Section A: At the facility.**
2. Say something like:
 

“Using the same groups as earlier in the empathy mapping activity, review **Section A: At the facility** of the Guidelines and consider how the Guidelines might help to address some of the key issues that were identified as barriers in the empathy map.”
3. Instruct participants to use the templates in their participant workbooks (let them know what page they should turn to) to develop two posters (examples below). You can show participants the example of a completed poster in the Day 1 slide deck.
  - In the thought bubble write: ONE concern of a young person
  - In the white box write: some helpful information to help overcome the barrier
4. Bring the group back together and ask them to share their posters.
5. Lead a debrief session by asking the following: “What are some of the key barriers that young people face that YFHS Guidelines, if implemented, can help overcome?”