



National Standards for Youth Friendly Health Services



National Standards for Youth Friendly Health Services

Project on "Prevention of HIV/AIDS among Young People in Bangladesh"

A Collaborative Project between National AIDS/STD Programme, Ministry of Health & Family Welfare and Save the Children-USA, Funded by Global fund to fight AIDS, Tuberculosis and Malaria



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Foreword



Advisor
Ministry of Health & Family Welfare
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Government of the People's Republic of Bangladesh

In Bangladesh, approximately 38 million of the population consists of young people of different age categories. Although Bangladesh is a conservative society, behavioral surveillance data point to the reality that young people irrespective of their marital status engage in unprotected sexual encounters that are high risk for exposure to the diseases i.e. RTI, STI and HIV/AIDS. They are unaware of the risk and dangers of unsafe sexual activity and are ill informed and unprepared to protect themselves. They have limited access to information due to conservativeness or unwillingness to talk about reproductive and sexual health with their families, at school and health service delivery points. Considering the health service and treatment seeking behaviour of young people, this is a prime concern to address the issue.

The GFATM HIV/AIDS Project of MOHFW in Bangladesh aims to provide information skill and services to young people. WHO guideline for Youth Friendly Health Services has been adapted in Bangladesh country context to ensure services for the young people in a friendly manner. National Standards statement has been developed with the involvement and participation of wide range of stakeholders. The national standard has also been piloted in 23 GOB, NGO and Private Health facilities in four divisions.

Government of Bangladesh will adapt the National Standards in the existing GO, NGO and Private Health system. I believe this document will guide the policy makers, key officials of Directorate General of Health Services, Directorate General of Family Planning, implementing partners and strategic partners to implement Youth Friendly Health Services effectively.

I would like to express my sincere thanks to the National AIDS/STD Programme, Save the Children, USA, implementing partners, WHO and other key players for developing this document.

Maj. Gen. Dr. A S M Matiur Rahman, (Rtd.)



Foreword



Secretary
Ministry of Health & Family Welfare

The HIV/AIDS situation in Bangladesh is lurching towards epidemic proportions. Out of the entire vulnerable population, the young people are of an enormous proportion. It is seen that because of their age, young people are not careful about unsafe sexual behaviors and other high risk behaviours like needle sharing during injecting drug use. On the other hand, service providers are not sensitized and are not ready for service provision to the young people based on their diversified needs.

In this connection, the health sector has played an important role by keeping HIV/AIDS as an entry point. Ministry of Health and Family Welfare took the initiative of providing Youth Friendly Health Services (YFHS) within the existing GOB, NGO and private health facilities, by adopting the WHO model guideline. Under this initiative, National Standards has been developed and piloted. Now that the document of standards for providing YFHS has been designed, the experiences and lesson learned, generated information and data can be shared with all projects nationwide for effective health service provision in youth friendly manner.

I would like to thank the Ministry, National AIDS/STD Programme, Save the Children, USA, WHO and our implementing partners who helped provide technical assistance in development of this document. This initiative will not remain within the project only but will assist in strengthening the health system in the country.

A K M Zafar Ullah Khan



Foreword



Director General
Directorate General of Health Services

The sexual and reproductive health of youth and adolescents is a public health issue that is generating worldwide interest. Bangladesh, a traditionally conservative society, faces a different challenge to countries which already have high HIV prevalence rates; here the challenge is prevention rather than reduction. The GFATM HIV/AIDS Project aims to provide HIV prevention information to young people together with skills set and proper services improve policies and programs on HIV/AIDS among the young people and coordinate a strategic national response to the problem.

Youth-friendly services are defined as services which have policies and attributes that attract youth to the facility or program, provide a comfortable and appropriate setting for youth, meet the needs of young people and are able to retain their youth clientele for follow-up and repeat visits. GFATM HIV/AIDS Project tries out ways to find ways to link HIV with other aspects of young people's sexual and reproductive health; and to lay firm foundations for YFHS in the country in terms of setting standards within the health system, which will be important to enable different partners to work together: government, NGO and the private sector; strengthening the capacity of a range of service providers, and helping to understand and support the demand side of YFHS.

I would like to thank the Ministry, National AIDS/STD Programme, Save the Children, USA, WHO and our implementing partners who helped provide technical assistance in development of this document. This document will be most helpful even outside this project, to all those working to render services to Young People.

Dr. Md. Shahjahan Biswas



Foreword




Joint Secretary
Ministry of Health & Family Welfare

HIV/AIDS epidemic is emerging in Bangladesh as a major concern. Considering the etiology of this epidemic, young people's unsafe practices have been identified as a major cause of this concern. It is understandable that because of their age, young people are not careful about unsafe sexual behaviors and other high risk behaviors like needle sharing during injecting drug use. In contrary, we need to prepare our service provision including service providers to meet the diversified needs of the young people. Therefore, provision of health service in a youth friendly manner is key to respond to their needs.

Youth Friendly Health Service does not talk about a whole new set of services for the young people but rather, it aims at making the existing health care system in the country more responsive to the needs of the young people. In order to achieve this Standard Statements have been developed in consensus with a wide range of stakeholders.

For quality implementation and system development, piloting was done in health facilities under the Directorate General of Health Services and the Directorate General of Family Planning following the National Standards to make it evidence based.

I would like to thank the Ministry of Health and Family Welfare, National AIDS/STD Programme, Save the Children - USA, WHO and the implementing partners who helped provide technical assistance in development of this document.


Md. Jahangir



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Foreword



Director General
Directorate General of Family Planning

Young people need attention to avert HIV epidemic through comprehensive programs. According to Baseline HIV/AIDS Survey among youth in Bangladesh – 2005 a large number of young people are practicing unsafe sex but they do not know the consequences and they have limited access irrespective to the marital status to the contraceptive barrier methods to practice safe sex. It is now essential to provide them with correct information about their reproductive and sexual health and make the services available and accessible.

Youth Friendly Health Service not only talks about a whole new set of services for the young people but rather, making the existing health care system in the country more responsive to the needs of the young people. This need to protect the young generation has led to the design of YFHS, considering GOB, NGO and private health facilities. For quality implementation and system development, standards have been set with a wider consensus from stakeholders and piloted in health facilities including District Hospitals, Maternal and Child Welfare Centers, Upazila Health Complex, Family Welfare Centers under Directorate of Health Services and Directorate General of Family Planning and NGO and Private Health Facilities.

I hope the standards will be followed and create an evidence base for nation wide scale up in phase manner. I would like to express my sincere thanks to National AIDS/STD Programme, Save the Children - USA, implementing partners and WHO for providing their support.

Md. Abdul Mannan



Foreword



Line Director
National AIDS/STD Programme & SBTP and
Director, Center for Medical Education
Directorate General of Health Services

HIV/AIDS epidemic is emerging in Bangladesh as a major concern. Considering the etiology of this epidemic, young people's unsafe practices have been identified as a major cause of this concern. It is understandable that because of their age, young people are not careful about unsafe sexual behaviors and other high risk behaviors like needle sharing during injecting drug use. In contrary, we need to prepare our service provision including service providers to meet the diversified needs of the young people. Therefore, provision of health service in a youth friendly manner is key to respond to their needs.

Youth Friendly Health Service does not talk about a whole new set of services for the young people but rather, it aims at making the existing health care system in the country more responsive to the needs of the young people. In order to achieve this Standard Statements have been developed in consensus with a wide range of stakeholders.

For quality implementation and system development, piloting was done in health facilities under the Directorate General of Health Services and the Directorate General of Family Planning following the National Standards to make it evidence based. With the guidance from MOHFW, National AIDS/STD Programme (NASP) will coordinate and monitor progress along with the partners.

I would like to thank the Ministry of Health and Family Welfare, National AIDS/STD Programme, Save the Children - USA, WHO and the implementing partners who helped provide technical assistance in development of this document.

Dr. S M Mustafa Anower

Foreword



WHO Representative
Bangladesh

It's a great pleasure to congratulate the Ministry of Health and Family Welfare (MOHFW) of Bangladesh for developing national standards of Youth Friendly Health Services. I appreciate the successful collaboration of MOHFW, Save the Children-USA and WHO in the standard development process. These standards are to be used by health service providers in public medical facilities, NGO and private health facilities.

Although Bangladesh is fortunate to still have a low prevalence of HIV among the general population there is no place for complacency because of the high vulnerability of young people and other groups to HIV/AIDS and STIs. Recent sero-surveillance report shows that Bangladesh is now at the concentrated epidemic level due to the relatively high prevalence among intravenous drug users.

One third of the total populations in Bangladesh are young people (10-24 years). Because of their curiosity, lack of knowledge and risky behavior, young people are considered as a high-risk group. Youth Friendly Health Services under the Global Fund is a unique, effective and timely initiative to address the health issues of young peoples. WHO has been providing technical support from the inception of this project.

I would like to congratulate all the parties involved in the development of the Standards of Youth Friendly Health Services and wish successful implementation of it.

Dr. Duangvadee Sungkhobol
Dr. Duangvadee Sungkhobol

Foreword



Director
HIV/AIDS Sector and
South Asia Program Advisor
Save the Children- USA

Although the current prevalence of HIV in Bangladesh is low amongst the general population, it is higher amongst certain groups, such as injecting drug users (IDUs). Bangladesh is on the brink of a generalized HIV epidemic. Young people (aged 15-24) are the most vulnerable group in terms of high risk behavior and lack of information with regard to HIV/AIDS. Health care facilities can play an important role for young people in promoting sexual health and shaping positive health behaviours.

Government of Bangladesh recognizes the importance of introducing Youth Friendly Health Services (YFHS) component under GFATM HIV/AIDS Project, which is critical for reaching the goal. The YFHS does not necessarily mean starting new services, but making existing services more responsive to the specific needs of young people. The idea of dealing with HIV/AIDS as the entry point for YFHS can be emphasized.

To implement Youth Friendly Health Services, National Standards has been developed with effective participation from a wider range of stakeholders. These have been piloted in 24 GOB, NGO and private health facilities. I believe, the National Standards will guide quality implementation and create an evidence base for scale up.

I express my sincere thanks to the Ministry of Health and Family Welfare, National AIDS/STD Programme, WHO and our implementing partners necessary for providing technical support in advancing this initiative.

A handwritten signature in black ink, appearing to read 'Nizam Uddin Ahmed'.

Dr. Nizam Uddin Ahmed

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We are very grateful to the Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh, Directorate General of Health Services, Directorate General of Family Planning, National AIDS/STD Programme. We are also grateful to Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for funding this valuable initiative and our most sincere gratitude goes to them. We also thank USAID, UNAIDS and WHO for their kind support during the planning as well as the implementation phase of this document.

We would also like to acknowledge the technical assistance from WHO, Geneva and SEARO. We recognize the assistance from Save the Children- USA for their technical support and guidance and organizing the workshop.

We would like to express our gratitude to all the participants of the workshops, who helped to generate important ideas and critical thinking which eventually led to the finalization of the National Standards for Youth Friendly Health Services. Last but not the least, word of thanks go to all partners especially HASAB consortium of the GFATM Project on 'Prevention of HIV/AIDS among Young People in Bangladesh' and to the RHIYA Project for sharing their experiences and skills.

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ACY	Accessing Condoms for Youth
ADH	Adolescent Health Development
ARH	Adolescent Reproductive Health
BCC	Behaviour Change Communication
CHD	Child Health Development
DGFP	Director General Family Planning
DGHS	Director General Health Services
ESP	Essential Service Package
FPAB	Family Planning Association Bangladesh
FGD	Focus Group Discussion
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOB	Government of Bangladesh
HASAB	HIV/AIDS and STD Alliance Bangladesh
HIV	Human Immunodeficiency Virus
HSDP	Health Service Delivery Point
IEC	Information, Education and Communication
MOHFW	Ministry of Health and Family Welfare
MIS	Management Information Systems
NGO	Non Government Organization
NASP	National AIDS and STD Program
RHIYA	Reproductive Health Initiative for Youth in Asia
SRH	Sexual Reproductive Health
SP	Service Provider
SS	Support Staff
SCU	Save the Children, USA
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
SOP	Standard Operational Procedures
SDP	Service Delivery Point
TOT	Training of Trainers
UNAIDS	United Nation AIDS Program
UNFPA	United Nations Population Fund
WHO	World Health Organization
YFHS	Youth Friendly Health Services
YP	Young People
YPSA	Young Power in Social Action

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Executive Summary

GFATM HIV/AIDS project aims to prevent HIV/AIDS among Young People in Bangladesh by providing them with HIV prevention information, skills and services, by collecting the necessary data for policies and programs on HIV/AIDS among young people, and faster coordination and collaboration mechanism with existing HIV/AIDS activities for coordinated Strategic Response. The Health, Nutrition, Population Sector Program (HNPS) has laid emphasis on the sexual & reproductive health of adolescents and youths. There is recognition of the need to provide a complete YFHS package of interventions which addresses HIV, STI, pregnancy, prevention and care, nutrition, drug abuse etc. Existing data shows that, the health services in the country are not truly youth friendly, especially when it relates to the sexual health and HIV/AIDS. Within the country, initiatives have been taken and are being implemented to promote and provide youth friendly health services.

A designing workshop was held December 12-15, 2004 in Dhaka to design the new initiative on Youth Friendly Health Services (YFHS) in the country. The workshop stimulated inter-agency collaboration, brought together experts on YFHS from the WHO country office, regional office and head quarters, officials of other related programs in the country, representatives of partner organizations, and SC-USA technical staffs. Participants felt that to introduce YFHS, the design needs to focus on the health system, the service providers, the beneficiaries and their families and communities. Participants emphasized that implementers need to be clear about providing a complete YFHS package of interventions which addresses HIV, STI, pregnancy and reproductive health, nutrition, psychological support etc.

As a part of the ongoing efforts after December 12-15, 2004, another weeklong national level workshop was jointly organized on "Standard Development of Youth Friendly Health Services". The workshop was held on April 17-18, 2005 with a broad range of stakeholders and was followed by a four day working group meeting from April 19-21, 2005. The participants were government officials from MOHFW, and the NASP, UN agency representatives, NGO representatives and technical staff of WHO, SC-USA and HASAB. High-level officials of MOHFW, DGHS, and DGFP provided input in the development of the standards for YFHS initiatives. Experiences from other projects like RHIYA were shared and consulted during the development of standard statements. Greater consensus was made among the relevant stakeholders.

As outcomes of the workshop, final guiding principles and standard statements were developed considering the needs of the young people and national context of Bangladesh. A technical team was made to review the document before finalization.

1. Background Information

1.1 Introduction

The “HIV/AIDS prevention program for young people in Bangladesh” a collaborative project between the Ministry of Health and Family Welfare and Save the Children (USA) funded by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is currently being implemented. The objectives of the project which aims to prevent HIV/AIDS among adolescents and youths in Bangladesh are as follows:

- *Providing HIV prevention information, skills and services to young people;*
- *Collecting the necessary data for policies and programs on HIV/AIDS among young people;*
- *Fostering coordination and collaboration with the NASP and with existing HIV/AIDS activities for a coordinated strategic national response*

The Health, Nutrition, Population Sector Program (HNPS) has laid emphasis on the sexual & reproductive health of adolescents and youths. Furthermore, young people have been the focused, in the National strategic plan for HIV/AIDS (2004-2010). HIV/AIDS is being used as the entry point for youth friendly health services (YFHS), but at the same time there is recognition of the need to provide a complete YFHS package of interventions which addresses HIV, STI, pregnancy and reproductive health, nutrition, psychological support etc.

Existing data shows that, the health services in the country are not truly youth friendly, especially when it relates to the sexual health and HIV/AIDS. Within the country, initiatives have been developed and are being implemented to promote and provide adolescent / youth friendly health services. These initiatives are mainly by NGOs with limited scale involvement of the government. To date, there are no uniform guidelines at the national level for implementing YFHS.

Under this GFATM HIV/AIDS project one of the main activities is to establish Youth Friendly Health Services (YFHS) through existing GOB, NGO and Private health facilities by adapting WHO's model guideline in the country context of Bangladesh. The project set up new health service delivery points but will work to reorient existing ones according to the YFHS standards with the following goal:

- i) Develop model (s) to provide youth friendly health services in relation with HIV/AIDS and other health problems through trained personnel at designated health facilities at urban and rural settings (GO-NGO-Private) modifying the existing modality where necessary

- ii) Generate demand among the youth,
- iii) Create enabling environment by involving the gate-keepers (parents, teachers, religious leaders, community leaders, celebrities etc.) and
- iv) Gather lessons learnt for scaling up the program.

1.2 The process of developing this document

This new initiative is being led by Save the Children-USA in collaboration with the National AIDS/STD Program (NASP) and the Ministry of Health & Family Welfare and the implementing partners with technical assistance from WHO. It responds to the felt need to develop national standards in order to implement YFHS.

A strategic planning workshop was held December 12-15, 2004 in Dhaka to launch the new initiative on Youth Friendly Health Services (YFHS) in the country. The workshop stimulated inter-agency collaboration, brought together experts on YFHS from WHO country office, regional office and head quarters, officials of other related programs in the country, representatives of partner organizations, and SC technical staffs. At the workshop the issues that were covered are as follows:

- *An overview of the HIV/AIDS situation, the vulnerability of young people and the national response;*
- *An overview the GFATM funded HIV/AIDS project; and the YFHS component of the project.*

In relation to YFHS, the objectives were to attain clarity about YFHS: about the current health situation of adolescents and youth in the country, their vulnerability and programs supporting them with a particular focus on reproductive and sexual health; to build a common understanding of the YFHS in relation to prevention of HIV/AIDS, including lessons learnt and tools used in other countries; to recommend measures to refine and operationalize the YFHS component of the GFATM funded project; to strengthen linkages with other components; and finally to set priorities for monitoring, evaluation and research.

Participants felt that to introduce YFHS, the design needs to focus on the health system, the service providers, the beneficiaries and their families and communities. Participants supported the idea of using HIV/AIDS as the entry point for YFHS but emphasized that implementers need to be clear about providing a complete YFHS package of interventions which addresses HIV, STI, pregnancy and reproductive health, nutrition, psychological support etc.

The discussions reiterated that a number of categories of service providers exist in the country and that they operate at different service delivery points and have different capacities and training needs. It was agreed that the project would need to take these issues into consideration.

The workshop also emphasized to strengthen the health sector contribution for the Adolescent Health strategy that is under development; to provide a focus for both the Director General Health Services and the Director General Family Planning, since young people are central to the work of both the directorates; to find ways to link HIV with other aspects of young people's sexual and reproductive health; and to lay firm foundations for YFHS in the country in terms of setting standards for the health system, which will be important to enable different partners to work together: government, NGO and the private sector; strengthening the capacity of a range of service providers, and helping to understand and support the demand side of YFHS.

As a part of the ongoing efforts after December 12-15, 2004, another weeklong national level workshop was jointly organized on "Standard Development of Youth Friendly Health Services". The workshop was held on April 17-18, 2005 with a broad range of stakeholders and was followed by a four day working group meeting from April 19-21, 2005. This was organized with the technical support from WHO Geneva, SEARO and Bangladesh with following objectives:

- Establish the basis for developing national standards for YFHS in Bangladesh;

ensuring that the national standards development process builds on noteworthy experiences gained in Bangladesh and elsewhere in applying quality improvement methodology in public health; creating a common understanding on standards driven quality improvement; and reaching agreement on the process for the development of national standards for YFHS, with clear time lines and responsibilities for the same.

The participants were government officials from MOHFW, and the NASP, UN agency representatives, NGO representatives and technical staff of WHO, SC-USA and HASAB. High-level officials of MOHFW, DGHS, and DGFP provided input in the development of the standards for YFHS initiatives. Experiences from other projects like RHIYA were shared and consulted during the development of standard statements. Greater consensus was made among the relevant stakeholders.

As outcomes of workshop, guiding principles and standard statements were developed considering the needs of the young people and national context of Bangladesh.

1.3 Purpose of this document

This document demonstrates the policy and programmatic basis for national standard development on YFHS and to understand standard driven quality improvement. Criteria for each standard statement and implication for action to improve quality at national and divisional level has been stated in this document. Monitoring tools and frequency of data collection also were illustrated based on input and process criteria. It is anticipated that this document will guide policy and program planners to develop and implement YFHS in Bangladesh country context.

1.4 Intended Beneficiaries

The intended beneficiaries of the initiative are all young people (10-24 years) in Bangladesh. In addition, particular attention will be paid to the following groups of young people who are more likely to face health and social problems:

- Working young people (e.g. domestic workers & garment workers)
- Mobile young people (e.g. truck drivers/helpers)
- Students who reside away from their families (e.g. college hostels)
- School dropouts
- Young people who are married

1.5 Intended Audience

Various stakeholders can use this document, including:

- Policy/ decision makers at all levels
- Program managers, service providers and supervisors at all levels in the government, non-government, and private sectors
- Development partners

1.6 Guiding Principles

This document has been developed on the basis of the following principles.

The YFHS standards should:

- Respect, fulfill and protect young people's human rights (including the best interests of the child, non-discrimination, access to information and services), and comply with accepted standards of medical ethics.
- Ensure young people's privacy and confidentiality
- Give due consideration to national laws and policies, and the socio-cultural context
- Promote increased access by young people to services that are comprehensive and holistic
- Provide opportunities for young people's participation at all levels
- Give adequate attention to the different needs of girls and boys
- Be grounded on a sound scientific evidence-base
- Promote community ownership and the involvement of stake-holders, including the participation of parents and other community members
- Ensure appropriate linkages with other sectors

1.7 Service Package

The initiative will address the following health issues/problems:

- Physical & mental development
- STI/RTI
- HIV/AIDS
- Pregnancy prevention
- Pregnancy care
- Nutritional problems
- Substance abuse

Table 1: The health services to be provided in relation to the health problems

	Information	Counseling	Clinical Services	Referral
Physical and mental development	+	+	+	-
STI/RTI	+	+	+	+
HIV/AIDS	+	+	+	+
Pregnancy prevention and care	+	+	+	+
Nutritional problems	+	+	+	-
Substance abuse	+	+	-	+

1.8 Health Service Delivery Points (HSDP)

The initiative will address the following health service delivery points:

- Government health facilities: District hospitals, Upazilla health complexes, Maternal & Child Welfare Centres, Health and Family Welfare Centres
- NGO: hospitals and clinics
- Private sector: clinics & pharmacies

1.9 Service-providers to be addressed

In the health service delivery points listed above, the following service providers will be addressed:

- Formal professional workers: Doctors, Nurses, Medical Assistants, Sub-assistant Community Medical Officer
- Formal front-line workers: Health Assistant, Family Welfare Assistant, *Depot holder*, *Community mobilizer*
- Non-formal service-providers: Village Doctors, Traditional Healers, Drug sellers at pharmacies, *Homeopaths*, *Traditional Birth Attendants*, *Quacks*

(Note: The service providers in italics will not be addressed in the first phase of the initiative)

2. Standards and Criteria for Youth Friendly Health Services (YFHS)

2.1 Standard 1

Gate keepers promote and support the use of YFHS by all young people.

Explanation of Key Words

Promote: All actions taken by gate keepers create enabling environment to value of health services and encourage young people to obtain service.

Support: Assistance given by parents, guardians and community leaders to enable YP has access to appropriate SRH service.

Rationale for the standard:

Gate keeper's approval play significant role in terms of Adolescent and Youths rights to know about reproductive health issues and receiving reproductive health services. Survey(UNFPA,2004) among the parents of adolescent boys and girls addressed that none of the respondent spontaneously mentioned the importance of receiving reproductive health services whereas half of them expressed that their adolescent have the right to taking decision on education and food by their own choice. Discussion with adolescents and youths with heir parents about physical changes were negative as reported by most of the parents. One of the reasons for this was shyness, besides other cultural barriers. The positive side was that they agreed to provide information on sexual and reproductive issues to their adolescents and youths. In addressing the gate keepers (community leaders, opinion leaders, teachers and parents), it is necessary to create an enabling environment for supporting and promoting YFHS by all young people when they need.

Table 2: Criteria, level of inputs and means of verification (Standard 1)

	HSDPs	District level	National Level	Means of verification
Input Criteria				
1. Service providers will have the competencies to communicate effectively about the importance of YFHS		-Conduct training programme.	- Design training programme. - Develop TOT programme. - Distribute materials to the districts.	- Report from District Authority. - Interviews with manager of HSDP
2. All adults visiting the HSDP will inform about YFHS and knowing their value.		-"-	-"-	-"-
3. Community meetings held with women and men through existing entry points (e.g. NGOs) to provide information about YFHS.		- Identify key NGOs. - Train NGOs and health workers in conducting community meetings.	- Design/guidelines - Directives from GOB and national level NGOs	- Report from District Authority. - Interviews with manager of HSDP.
4. Lea- ets will distribute in the community providing information about YFHS.		- Develop plan for local level distribution. - Distribute lea- ets to the involved organizations in an on-going way.	- Develop lea- ets. - Develop distribution plan - Distribute lea- ets to the districts on an ongoing basis.	- Observation: availability of lea- ets.
5. HSDPs will have a tool to help service providers communicate with gatekeepers.		Distribute the tool to the HSDPs.	- Develop and print communication tools. - Distribute to the districts. (Note: The use of the tools will be covered in the training programme).	- Observation: availability of lea- ets.
Process Criteria				
1. The value of YFHS is discussed during all community meetings				- Observation of meetings - FGD with community members - Reports of community meetings
Output criteria				
1. Gatekeepers are aware of the value of YFHS				- FGD/individual interviews with gatekeepers.
2. Gatekeepers promote and support YFHS				FGD/individual interviews with gatekeepers.

2.2 Standard 2

Young people know where they can get YFHS

Explanation of Key Words

None

Rationale for the standard

Over all knowledge of the clients about service availability is low. It depends on the category of services, preventive or curative, service availability in different category of health facilities (GOB, NGO and Private) and level of facilities tertiary, secondary and primary level. Moreover, services to meet the diverse need of the young people differ from the service availability for maternal and child health problem.

The government of Bangladesh identified adolescent health and education as a priority and incorporated Adolescent Reproductive Health in Health and Population Sector Program. It was anticipated that in the introduction of the Essential Service Package (ESP), there will be overall increase in the quantity and quality of information and services available for adolescent and youths through a network of clinics at various levels: community, upazilla and district (MOHFW, 1998). However, studies showed that there was no significant contribution made in achieving ARH result without additional efforts from other agencies (Barkat, A. 2003). One study from FPAB indicated that a substantial proportion of adolescent and youth respondent were not knowledgeable about the availability of treatment facilities for Sexually Transmitted Infections (Barkat et al.,2000). Therefore, let young people know about the service providers, delivery points and service component is essential to make the effort successful.

Table 3: Criteria, level of inputs and means of verification (Standard 2)

	HSDPs	District level	National Level	Means of verification
Input Criteria				
1. HSDPs will have a signboard with information and a recognizable logo		- Develop signboards. - Put up the signboards.	- Develop logo and have it approved. - Design signboard and have it approved.	- Observation. - Report of the district authority.
2. Leaflets with information about the services will be available in all HSDPs		- Develop a local distribution. - Distribute the leaflets on a regular basis.	- Develop the leaflet and have it approved. - Develop a distribution plan. - Distribute the leaflets on a regular basis.	- Observation. - Report of the district authority.
3. Leaflets about the availability of services will be made available through schools and youth organizations		-/-	- Identify schools and youth organizations to be involved in this initiative. - Send a directive to them to participate in this initiative.	- Observation. - Report of the district authority.
4. Billboards with information about the availability of services will be placed in selected places where young people congregate		Develop billboards and put them in place.	- Develop the design for the billboard and have it approved. - Prepare guidelines on this and send it to the districts.	- Observation. - Report of the district authority.
5. Local performing groups will have provided information about the services through folk music and drama		- Identify and engage groups. - Develop a plan for their performances. - Support them in conducting their performances.	- Develop messages/scripts and have them approved.	- Interviews with leaders of performing groups. - Report of the district authority.
6. Information about the services will have been provided by religious leaders through places of worship* {* Link this to # 904}		-Identify religious institutions. -Orient religious leaders. -Engage religious leaders.	- Include religious leaders in distribution plan. - Participate in meetings of the central committees of key religious groups. Involve the Ministry of Religious Affairs.	- Interviews with religious leaders.
7. Information about services will be available through local print media, including advertisements and articles/press releases.		- Advocacy meetings with media persons. - Advertisements and articles published.	- Messages developed and approved.	- Articles and advertisements in the print media.
Process Criteria				
1. Leaflets are being distributed through the HSDPs, schools and youth organizations				- FGDs with young people.
2. Local performing groups provide information about YFHS on a regular basis through their performances				- Observation of performance. - FGDs with community members.
3. Religious leaders provide information about the availability of services on a regular basis in their weekly meetings				- Attend meeting of congregation. - FGDs with participants in the congregations.
Output criteria				
1. Young people know where YFHS can be obtained				- FGD with young people.

2.3 Standard 3

Young people feel comfortable with the surroundings and procedures of the HSDPs

Explanation of Key Words

Comfortable Surroundings: Health service delivery points are welcoming, attractive and clean, has sufficient light and ventilation, drinking water, functional toilet, IEC materials, seating arrangement in the waiting area and efficient client flow from entry to exit and have convenient working hours.

Procedures: It includes

- registration - information on the identity of the Young people and the presenting features are gathered in confidence
- consultation - confidentiality is maintained throughout the visit of the young people at the point of service delivery (i.e. before, during and after a consultation)
- record-keeping - case records are kept in a secure place, accessible only to authorized personnel
- Disclosure of information - staff do not disclose any information given to or received from a young people, to a third party (for example, family members, school teachers or employers) without their consent

Rationale for the standard:

Physical surroundings and procedure of service delivery points needs to be comfortable for all service recipients especially to make the health service delivery points appealing for the young people. It is related to client's satisfaction and quality of care. Service delivery survey of Health and Population Sector Programme (MOHFW, 2004) showed that Upazilla Health Complex and Upazilla Health and Family Welfare Centres with more users friendly facilities (curtain to screen during examinations and separate toilets for women) the general public was more likely to rate service higher. Moreover, short waiting time in all three levels GOB, NGO, Private; played significant role on client satisfaction in the same study. There is evident of 'spill-over' effect of service user satisfaction by family or neighbors in attempts to use the services. In quality research for RHIYA partners (UNFPA, 2004), youth respondents emphasized on creating comfortable surroundings. They also stressed on the importance of privacy and confidentiality for the young reproductive health client.

Table 4: Criteria, level of inputs and means of verification (Standard 3)

	HSDPs	District level	National Level	Means of verification
Input Criteria				
1. At a minimum, the following have been put in place: clean premises, light and ventilation, drinking water, functional toilet, informational materials, seating in the waiting area. (If resources permit, additional items can be included e.g. peer educators)	- Changes made to the HSDP are in place. - The manager of the HSDP oversees these arrangements.	- Develop distribution plan for informational materials. - Orient HSDP managers on the guidelines. - Support HSDPs in developing plans and in carrying out follow up action.	- Informational materials developed and approved if required. - Guidelines for making the surroundings comfortable developed (This includes guidance on client - ow). - Circular sent to the districts of cials to provide support to SDPs.	- Observation - Report of the district authority. - Discussion with HSDP manager
2. Procedures are in place for smooth and efficient client - ow from entry to exit	- Procedures are in place.	- Support is provided to the HSDP to develop these procedures and to apply them.		- Observation. - Discussion with HSDP manager.
Process Criteria				
1. Procedures are being applied as outlined				- Observation. - Discussion with HSDP manager, SP and SS. - Observation.
Output criteria				
1. Young people feel comfortable with the surroundings and procedures when they visit HSDPs				- Exit interview. - Mystery client.

2.4 Standard 4

All young people visiting HSDPs receive services that are provided in a respectful manner

Explanation of Key Words

Respectful: Service providers and support staff do not criticize their young clients even if they do not approve of their words and actions, should be non-judgmental, considerate & reach out to them in a friendly manner.

Rationale for the standard:

Young people are particularly sensitive to provider's attitude. Research indicates that the single most important barrier to care relates to providers attitudes. Nevertheless the young people are less experienced, less confident and less informed about sexual and reproductive health issues, with these basic facts they usually visit the health facilities. So, environment friendliness regarding attitude of the providers is very vital to attract, deliver service and retain young people as reproductive health client. In the quality research for RHIYA partners (UNFPA, 2004), respondents express that they felt offended when the provider asked them to take their shoes off. The manner of the request was rude and unfriendly. During deliberation of services they need to take consent for any physical examination, explain the result of the examination and maintain privacy and confidentiality and at the same time be non-judgmental and considerate. Young people are not encouraged to seek care if they encounter providers whose attitudes convey that youth should not be seeking sexual health services.

Table 5: Criteria, level of inputs and means of verification (Standard 4)

	HSDPs	District level	National Level	Means of verification
Input Criteria				
1. All service providers will have positive attitudes to provide services in a respectful manner		- Organize and conduct orientation.	- Develop orientation program - Develop and carry out a TOT plan.	- Report of the orientation program
2. Standard operating procedures will be in place to deliver YFHS in a respectful manner	Managers of HSDPs orient staff on this SOP.	- Develop local distribution plan. - Conduct orientation at HSDP. - Distribute SOP to HSDPs.	- Develop SOP. - Develop distribution plan - Distribute SOP to the districts.	- Observe during facility visits. - Report of orientation by the district authority.
3. All support staff will have positive attitudes towards young people		- Organize and conduct orientation.	- Develop orientation program. - Develop and carry out a TOT plan.	- Report of the orientation program
4. Mechanisms are in place to monitor the performance and identify needs for improvement	Managers of HSDPs orient staff on this package.	- Organize and conduct orientation.	- Develop monitoring and mentoring package. - Develop distribution plan. - Distribute package to the districts.	- Interviews with HSDP managers and SPs. - Observation of tools package. - Report on application of monitoring and mentoring/supportive supervision mechanism.
Process Criteria				
1. Service providers and support staff are respectful in all their interactions with young people				- Observation of a SP-patient interaction. - Exit interview. - Mystery client.
2. The performance of all staff is regularly monitored and relevant feedback provided				- Individual interviews with HSDP managers, and with SP and SS. - Minutes of meetings held on this in the HSDPs.
Output criteria				
1. All young people feel that they are treated in a respectful manner				- FGD with young people.

2.5 Standard 5

All young people who visit HSDPs are dealt with in an equitable manner irrespective of their status

Explanation of Key Words

Equitable manner: Not to restrict the provision of health services to young people on grounds of social status, cultural background, gender, disability, ethnic origin, religion or age.

Dealt with: deal with sexual and reproductive health information, counseling, clinical service and referral to all young people relevant to their needs, circumstances and stage of development.

Rationale for the standard

Dealing with equity is critical. There is vast diversity among the young people of Bangladesh in terms of socio cultural and economic background. Poverty leads them to get involved in risky sexual practices and develop generalized illness due to malnutrition. Young people, who are suffering from SRH problem and other general illnesses, have limited access to information and service. In contrast, those are in better position in the society also suffer from illnesses related to SRH and other general illnesses due to ignorance and less awareness about the health needs of young people by the family. There is substantive need of health care for all young people with wider variation with their status in the society. It is anticipated that young people who visited the SDPs have variation with sexual exposure, economic status and access to information. Study (RHIYA) respondents expressed their negative impression towards providers' attitude, for example; look down at the poor clients. In rapid assessment study, there was strong endorsement of the equity criteria for youth friendly service among the respondents.

Table 6: Criteria, level of inputs and means of verification (Standard 5)

	HSDPs	District level	National Level	Means of verification
Input Criteria				
1. Policies are in place that promote the provision of services in an equitable manner, including issues of consent		- Distribute guidelines to the HSDPs.	- Develop guidelines. - Develop distribution plan. - Distribute guidelines to the districts.	- Report of the district authority. - Observation.
2. Service providers and support staff are aware of the policies on equitable service provision, including policies on consent, and the rights of all young people to have access to YFHS		Conduct training program.	- TOT of master trainers (government, non government, private) on the guidelines referred to above.	- Report of the district authority. - Interviews with HSDP managers, and with SP and SS.
3. Service providers and support staff have positive attitudes to provide services in an equitable manner	- HSDP managers to raise this as part of their supportive supervision.	- Include value clarification exercises in training programs. - Raise this issue in supportive supervisory visits.	- Develop materials in value clarification, for incorporation in training and supportive supervision.	- Interviews with district authority. - Interviews with HSDP manager, SP and SS.
4. Information about the rights of all young people to YFHS are displayed in HSDPs		- Display boards developed and distributed to HSDPs.	- Uniform display board developed. - Circular on this issue issued to districts.	- Observation.
5. Mechanisms are in place that monitor the practices of service providers and support staff and identify needs for improvement	- Mechanism in place. - Assessment findings used.	- Distribute the tools and help the HSDP manager develop a plan. - Provide supportive supervision.	Monitoring tools developed and distributed to the districts.	- Monitoring and mentoring plan - Report of the district authority. - Interview with HSDP manager.
Process Criteria				
1. Service providers and support staff deal with young people in an equitable manner irrespective of their status				- Observation. - Exit interview. - Mystery client.
2. The performance of all staff is regularly monitored and corrective actions taken				- Interview with HSDP manager, and with SP and SS. - Meeting minutes.
Output criteria				
1. All young people feel that they are dealt with in an equitable manner irrespective of their status				- FGD with young people.

2.6 Standard 6

The privacy and confidentiality of all young people who visit health service delivery points is maintained.

Explanation of Key Words

Health service delivery point (HSDP): Settings or outlets where young people can obtain a range of sexual and reproductive health services.

Privacy:

Health service delivery point has a layout which is designed to ensure privacy throughout a young people's visit. This includes the point of entry, the reception area, the waiting area, the examination area and the patient-record storage area.

Confidentiality:

Health service delivery point has a mechanism that confidentiality is maintained throughout the visit of the young people of the point of delivery; case records are kept in a secure place, accessible only to authorized personnel, and disclosure of information - staff do not disclose any information given to or received from a young people, to a third party (for example, family members, school teachers or employers) without their consent.

Rationale for the standard

There is no or little data on privacy and confidentiality issue at service delivery point irrespective of GOB, NGO and Private health services. But there is a strong agreement regarding the importance of privacy and confidentiality for the young reproductive health client. Service utilization is less if young people are concerned that privacy and confidentiality will not be maintained. The ranking exercise showed that confidentiality and privacy was perceived to be important (Rapid Assessment, 2005). It is important to develop procedure on confidentiality aspect of record keeping.

Table 7: Criteria, level of inputs and means of verification (Standard 6)

	HSDPs	District level	National Level	Means of verification
Input Criteria				
1. Policies and procedures are in place that protect the privacy and confidentiality of young people		- Distribute the SOP to the HSDPs.	- Develop standard operating procedures -synthesizing available policy recommendations and distribute them to the districts.	- Report of the district authority. - Observe whether they are in place.
2. Policies and procedures are in place that ensure that parents rights to information about their children's health and well-being are respected		-"-	-"-	-"-
3. Service providers and support staff are aware of the policies and procedures on privacy and confidentiality	Manager of the HSDP to inform and explain the policies and procedures.	- District coordinator to assist HSDP manager to make SP and SS aware of the policies and procedures.		- Report of the district authority. - Interviews with the manager of the HSDPs, SPs and SS.
4. Service providers and support staff have a sense of responsibility to ensure young people's privacy and confidentiality			- Develop value clarification exercises as an integral part of orientation/training programs. (Note: This will not be a separate orientation/ training program on its own).	- Individual interviews with SPs and SS.
5. HSDPs have identified activities that they will carry out to ensure privacy and confidentiality in relation to registration, waiting areas, examination areas, record keeping and during referral to ensure privacy and confidentiality	- Develop action plan as a team.	- Support HSDPs in developing action plans.		- Report of HSDPs. - Interviews with managers of SDPs.

	HSDPs	District level	National Level	Means of verification
6. Mechanisms are in place to monitor performance of staff in relation to privacy and confidentiality, and to take corrective action if/when required.	- Develop a monitoring and mentoring plan.	- Support HSDPs in developing monitoring & mentoring plans.	- Develop guidelines of monitoring and mentoring in SDPs. - Distribute the guidelines.	- Report of the district authority. - Reports of the HSDPs. - Interviews with managers of SDPs.
Process Criteria				
1. Health service providers and support staff are carrying out actions to ensure privacy and confidentiality according to policies and procedures				- Observation. - <i>Mystery client.</i>
2. The performance and practices of service providers and staff in relation to privacy and confidentiality are regularly monitored, and appropriate action taken				
Output criteria				
1. Young people who visit HSDPs report that their privacy and confidentiality is protected				- Exit interviews with young patients.

2.7 Standard 7

Service providers are motivated to provide health services to young people in a youth-friendly manner

Explanation of Key Words

Motivated: Health service providers who are enthusiastic to work with young people.

Rationale for the standard

Dealt with SRH issue for the young people is not common. Twenty three percent of the study population (Rapid Assessment,2005) showed that they had a reproductive or sexual health problem in the past 10 yrs. Almost half of them seek treatment from the qualified doctors or clinics with a variation among male respondents.

So there is increased demand from client perspective with relatively low motivated service provider. Till date there is no mechanism or system inbuilt within the health system in terms of rewarding or recognizing for great job by the providers. It is evident from the studies the single most important barrier to care relates to providers which in turn related with motivational level of service providers.

Table 8: Criteria, level of inputs and means of verification (Standard 7)

Criteria	HSDPs	District level	National Level	Means of verification
Input criteria				
1. Mechanisms are in place for SP & SS to participate in discussions/actions aimed at improving the working environment of the HSDP.	- Mechanisms applied.	- Orientation on the mechanism to HSDP managers.	- Mechanism developed, approved and sent to the districts.	- Report of district authorities. - Interviews with HSDP managers.
2. Mechanisms are in place to recognize and reward good performance.	- Mechanisms applied.	- Orientation on the mechanism to HSDP managers.	- Mechanism developed, approved and sent to the districts.	- Report of district authorities. - Interviews with HSDP managers.
3. Supervisory staff has the competence to provide facilitative & supportive supervision in a respectful manner.		- Training of supervisory staff conducted.	- Training materials developed and sent to the districts.	- Report of district authorities. - Individual interviews with supervisory staff.
4. SP & SS have a clear understanding of their roles and responsibilities.	- Even if the job descriptions are not available, managers clarify roles & responsibilities.	- Job descriptions given to HSDPs. - Orientation on the job descriptions provided.	- Job descriptions of SP & SS are reviewed, revised as appropriate and sent to the districts.	- Revised job descriptions available. - Interview with district authority. - Individual interviews with managers, SP & SS.
Process criteria				
1. SP & SS participate in problem identification and solving activities.				- Reports of meetings on these activities. - Individual interviews with HSDP managers, SP & SS.
2. Good performance of SP & SS is recognized and rewarded.				- Performance evaluation sheets. - Appreciation 'certificates'. - Individual interviews with SP & SS.
Output criteria				
1. Service providers & SS feel motivated to provide services to young people.				Individual interviews with SP & SS.
2. SP & SS feel valued by their colleagues & supervisors.				Individual interviews with SS.

2.8 Standard 8

HSDPs provide appropriate services to all young people

Explanation of Key Words

Appropriate: All young people are addressed by the health service providers on sexual and reproductive health issues or problems at the point of delivery or through referral linkage according to their needs, circumstances and stage of development.

Rationale for the standard

Client satisfaction is linked with the service being offered from the delivery points. It is crucial to plan and design service package according to the health needs for young people. To meet the diversified needs of young people, effective referral linkages need to be established among GOB, NGO and Private Health services and within primary, secondary and tertiary level. Though young peoples' health needs are identified and addressed by the health sector, the existing reproductive health facilities mostly focus on married women and children. Study (Rapid Assessment, 2005) has shown that, satisfaction related to service lowers with the age and resident of the respondents. It refers the usefulness of designing appropriate services to all young people.

Table 9: Criteria, level of inputs and means of verification (Standard 3)

	HSDPs	District level	National level	Means of verification			
Input Criteria							
1. HSDPs provide the following health services to young people or make them available through referral:		Training of providers. Resource mobilization. Distribution of implementation guidelines. Supportive supervisors.	Identify services and develop training package in line with the national training protocol. Develop implementation plan. TOT on the package. Facilitate district level training. Identify logistic and commodity needs. Develop resource mobilization/coordination plan. Monitoring plan. Training follow up.	Training report. Monthly case report. Patient registers. Stock register.			
	Informs others				Counselling	Clinical Services	Safe sex
Physical, mental growth	+				+	+	-
HIV	+				+	+	+
STI/RTI	+				+	+	+
Pregnancy prevention and care	+				+	+	+
Nutritional problems	+				+	+	-
Substance abuse	+				+	-	+
2. Mechanisms are place to strengthen linkages with other HSDPs, which provide services not provided on the spot.	- Work to build/ strengthen referral linkages.	- Assist HSDPs in developing referral linkages.	- Assist the district authority in building these linkages.	- Interviews with the district authority. - Interviews with HSDP managers.			
3. Linkages are in place with organizations responsible for supplying medicines and supplies.	^	^	^	^			
4. Linkages are in place with organizations conducting basic training in the services referred to in point 1.	^	^	^	^			
Process Criteria							
1. Health services are provided in line with the package.				- Record review. - Interviews with managers and service providers. - Observations.			
Output criteria							
1. Young people provide appropriate services.		-		Exit interview - Mystery client.			

2.9 Standard 9

HSDPs deliver effective services to young people

Explanation of Key Words

Effective services: Health service providers have the required knowledge and skill to provide required health services based on protocols and guidelines.

Rationale for the standard

Provider's competency is a major issue in delivering youth friendly health services. Appropriately trained providers can address their health needs and help them in taking right decision which in turn increases service utilization. To deliver effective services to the young client service providers needs to be knowledgeable & skilled to render services. Skill and experience of the provider were the first criteria regarding most preferred service provider by the young respondent (UNFPA, 2004). In the same study, service provider's perspective on their competency expressed the need of special training to serve the young people. Besides, respondents of rapid assessment, knowledgeable and competent providers were strongly valued by youth.

Table 10: Criteria, level of inputs and means of verification (Standard 9)

Criteria	HSDPs	District level	National Level	Means of verification
Input criteria				
1. Service providers are in place.		- Work with the national authorities to ensure that staffs are deployed in line with the plan.	- Define the staffing profile for each HSDP, and communicate this to the districts. - Deploy staff to the HSDPs in line with the defined profile.	- Report of the district authorities. - Observation of HSDP.
2. Service providers have the competencies to provide the special health services effectively		- Conduct orientation/ training.	- Develop orientation/ training program. - Develop orientation/ training plan. - Make materials and resource persons available to the district.	- Training reports from the district authorities. - Interview with the manager of the HSDP.
3. Clinical management guidelines and standard operational procedures are in place for the provision of the special health services, including protocols for infection prevention.		- Distribute the tools to the HSDPs.	- Develop the tools. - Distribute them to the districts.	- Observation of the HSDP.
4. Equipment, supplies and basic services needed to provide the special health services are in place. Basic services (i.e. water, sanitation and electricity) are in place.		- Work with the national authorities to ensure that the equipment, supplies and basic services are in place. - If/when needed, try to find local solutions to problems such as equipment breakdown, erratic supplies, and water supply interruptions.	- Specify the equipment, supplies and basic services (i.e. water, sanitation, electricity) that need to be in place, and communicate this to the districts. - Make resources available for the above-mentioned items to be in place.	- Observation of the HSDP. - Report of the district authorities.
Process criteria				
1. Service providers manage young people who seek help effectively.				- Observation of SP-patient interaction. - Mystery patient.
Output criteria				
1. Young people receive effective prevention, treatment and care services either at the HSDP or at a point of referral.				- Record review. - Interview with SP in referral HSDP.

2.10 Standard 10

HSDPs collect, analyze and use data on young people to improve the YFHS

Explanation of Key Words

Collect, analyze and use data: A practical and effective system is in place to collect, analyze the data on young people for identifying and solving problems for improvement in the quality of health services for youths.

Rationale for the standard

Recording and reporting system is necessary to monitor and improve the service. In existing MIS system there is no provision for keeping separate information related to young people. Considering the disease profile, specific disease register is not there (UNFPA, 2004). So, data related to youth friendly initiative needs to be recorded and reported in order to monitor and to use locally for improving services.

Table 11: Criteria, level of inputs and means of verification (Standard 10)

	HSDPs	District level	National level	Means of verification
Input Criteria				
1. A strengthened MIS is in place that gathers age and sex disaggregated data, and information relating to health problems of special relevance to young people	<ul style="list-style-type: none"> - Manager to explain the use of the tools to relevant staff members. - The system should be applied. 	<ul style="list-style-type: none"> - Distribute the tools to the HSDPs. - Explain their use to the manager of the HSDPs. 	<ul style="list-style-type: none"> - Review existing MIS. - Develop ways and means of strengthening the MIS. - Distribute the revised MIS format. 	<ul style="list-style-type: none"> - Report of the district authority. - Observation during visit to the HSDP.
2. A system is in place to monitor the quality of the services that are provided to young people	-/-	-/-	<ul style="list-style-type: none"> - Develop a revised monitoring mechanism and accompanying tools. - Distribute the method and tools to the districts. 	-/-
3. A system is in place to analyze the data that are collected for use at local and national levels	-/-	-/-	<ul style="list-style-type: none"> - Develop guidelines of use of data. - Distribute them to the districts. 	<ul style="list-style-type: none"> - Report of the district authority. - Interview with the manager of the HSDP and the relevant staff member in the HSDP.
4. Staff are in place with the required competencies to collect, analyze and use the data relating to YFHS		<ul style="list-style-type: none"> - If needed, lobby with the national authorities for a staff member to be deployed to the HSDP. - Conduct training program. 	<ul style="list-style-type: none"> - Deploy staff to carry out data management work. - Develop training program. - Develop a TOT program. - Distribute the training program to the districts. 	<ul style="list-style-type: none"> - Report from the district authority. - Interview with the manager of the HSDP.
Process Criteria				
1. Information relating to YFHS is gathered, analyzed and used according to defined guidelines				<ul style="list-style-type: none"> - Reports of the HSDP. - Interviews with the manager of the HSDP and with the relevant staff member. - Minutes of meetings held to discuss the implications of the findings for the work of the HSDP.
Output criteria				
1. Data are collected, analyzed and used to make health services more youth friendly				<ul style="list-style-type: none"> - Interviews with the manager of the HSDP, and with SPs and SS.

3. Monitoring Plan

Standard 1: Gatekeepers promote and support the use of YFH5 by all young people

Criteria	Means of verification										Monitored by			
	Weekly/Biweekly					Monthly						Quarterly		
	1	2	3	4	5	1	2	3	4	5		1	2	3
	Report	Observation	Individual interview	Spot check	YFD	Report	Observation	Individual interview	Spot check	YFD	Report	Observation	Individual interview	
K ₁			✓			✓		✓			✓			
K ₂			✓			✓		✓			✓			
K ₃						✓		✓						
K ₄											✓			
K ₅				✓					✓		✓			
K ₆							✓		✓		✓			
OC ₁			✓		✓			✓		✓	✓			
OC ₂			✓		✓			✓		✓	✓			

Standard 2: Young people know where they can get services

Criteria	Means of verification										Monitored by		
	Workability/Availability					Affordability							
	HEOP					District							
1	2	3	4	5	1	2	3	4	5	1	2	3	
	Report	Observation	Individual interview	Spot check	FGD	Report	Observation	Individual interview	Spot check	FGD	Report	Observation	Individual interview
K ₁	✓			✓							✓		
K ₂			✓	✓		✓					✓		
K ₃	✓		✓	✓		✓					✓		
K ₄	✓			✓		✓					✓		
K ₅			✓	✓		✓					✓		
K ₆												✓	
K ₇												✓	
PC ₁					✓	✓					✓		
PC ₂		✓		✓		✓					✓		
PC ₃				✓	✓	✓					✓		
OC ₁					✓	✓					✓		

Standard 4: All young people visiting HSDPs receive services that are provided in a respectful manner

Criteria	Means of verification												Monitored by	
	Weekly/Monthly				Monthly				Quarterly					
	HSDP				District				Headquarters					
	1	2	3	4	5	6	7	8	9	10	11	12	13	
	Report observations	Individual interviews	Spot check	Spot check	Spot check	Report	Observation	Individual interview	Spot check	FOI Request	Report	Observation	Individual interview	
K ₁						✓								District Management Committee
K ₂		✓				✓								(GCN, HHSAB consortium, Partner
K ₃						✓					✓			NGOs/Private Organizations
K ₄		✓				✓								
K ₅		✓				✓					✓			
K ₆														
K ₇														
K ₈	✓					✓					✓			
OC ₁														

Standard 3: All young people who visit HSDPs are dealt with in an equitable manner irrespective of their status

Criteria	Status of visitations										Inspected by			
	Monthly					Quarterly								
	HSDP		District			National		Individual						
1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	Report observation	Individual interview	Spot check regulatory chart	FCD Report	Observation	Individual interview	Spot check	FCD Report	Observation	Report	Observation	Individual interview	Individual interview	
K ₁				✓	✓				✓	✓		✓		
K ₂		✓								✓		✓		
K ₃		✓				✓				✓		✓		
K ₄	✓									✓		✓		
K ₅	✓	✓								✓		✓		
K ₆	✓									✓		✓		
K ₇										✓		✓		
K ₈										✓		✓		
OR								✓						

Standard 6: The privacy and confidentiality of all young people who visit health services delivery points is maintained

Criteria	Methods of verification										Monitored by			
	Weekly					Quarterly								
	Weekly					Quarterly								
	Methods of verification													
	Weekly					Quarterly								
	Monthly					Quarterly								
	District					National								
	1	2	3	4	5	1	2	3	4	5	1	2	3	
	Report	Management	Individual interview	Spot check	POI	Report	Management	Individual interview	Spot check	POI	Report	Management	Individual interview	
K ₁		✓				✓					✓			District Management Committee (GCR, HASAB consortium, Partner NGOs/Private Organizations)
K ₂		✓				✓					✓			
K ₃			✓			✓					✓			
K ₄			✓			✓					✓			
K ₅	✓		✓			✓					✓			
K ₆	✓		✓			✓					✓			
PC ₁		✓		✓		✓					✓			
PC ₂		✓		✓		✓					✓			
OC ₁			✓					✓				✓		

Standard 7: Service providers are motivated to provide health services to young people in a youth-friendly manner

Criteria	Means of verification												Monitored by				
	Weekly/fortnightly						Monthly							Quarterly			
	HDDP						District							National			
1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	
Report	Observation	Individual interview	Spot FGD	Spot FGD	Spot FGD	Report	Observation	Individual interview	Spot FGD	Spot FGD	Spot FGD	Report	Observation	Individual interview	Spot FGD	Spot FGD	Individual interview
IC ₁		✓	✓			✓						✓					
IC ₂			✓			✓						✓					
IC ₃			✓			✓						✓					
IC ₄		✓	✓			✓		✓				✓					
IC ₅	✓		✓			✓						✓					
OC ₁		✓	✓			✓		✓				✓					
OC ₂			✓			✓						✓					

Standard 8: HSDPs provide a pre-pregnancy services to all young people

Criteria	Means of verification										Monitored by		
	Weekly/Monthly					Quarterly							
	HSDP					District							
1	2	3	4	5	1	2	3	4	5	1	2	3	
	Report	Observation	Individual interview	Spot check/ mystery client	FED Report	Report	Observation	Individual interview	Spot check	FED	Report	Observation	Individual interview
K ₁	✓				✓						✓		
K ₂			✓					✓			✓		
K ₃			✓		✓			✓			✓		
K ₄			✓		✓			✓			✓		
K ₅		✓									✓		
DC ₁			✓	✓							✓		

District Management Committee
IGOs, HSCAs
consortium,
Partners
NGOs/Private Organizations

Standard 9: HSDPs deliver effective services to young people

Criteria	Means of verification										Monitored by		
	Integrability					Quality							
	HSDF					District							
1	2	3	4	5	1	2	3	4	5	1	2	3	
Report	Observation	Individual supervisor	Spot check/ supervisory officer	MSD	Report	Observation	Individual supervisor	Spot check	MSD	Support	Observation	Individual supervisor	
K ₁	✓				✓	✓				✓			
K ₂			✓		✓					✓			
K ₃	✓				✓					✓			
K ₄	✓				✓					✓			
PC ₁	✓				✓			✓		✓			
OC ₁	✓									✓			

District
 Management
 Committee
 RGH, HASAB
 consortium,
 Partner
 NGOs/Private
 Organizations

Standard 10: HSDPs collect, analyze and use data on young people to improve YFHS

Criteria	Means of verification										Monitored by			
	Weekly/monthly HSDP					Quarterly								
	1	2	3	4	5	1	2	3	4	5				
	Report	Observation	Individual interview	Spot (SD) check	Report (SD)	Report	Observation	Individual interview	Spot (SD) check	Report (SD)	Report	Observation	Individual interview	
K ₁		✓				✓					✓			District Management Committee (GOM, HASAB, associations, Partner)
K ₂		✓	✓			✓					✓			NGOs/Private Organizations
K ₃				✓		✓					✓			
K ₄				✓		✓					✓			
K ₅	✓					✓					✓			
DC ₁														

4. References

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- Country Profile on Reproductive Health in Bangladesh, drafted by JSI, Bangladesh
- Reproductive Health Policies and Programs in Eight Countries: Progress Since Cairo
- Essential Services Package for SDPs
- Standards for the SDPs under RH-YA, Bangladesh (based on Quality Research Report)

5. Annexure

List of Participants

Annex 1

Ministry of Health & Family Welfare (MOHFW)

1. Mr. A.F.M Sarwar Kamel, Health Secretary, MOHFW
2. Mr. Khandakar Rasheedul Haque, Joint Secretary (PH & WHO), MOHFW
3. Major General Dr. A.S.M. Masdur Rahman (Retd.), Chief HIV Advisor & Chairperson, Technical Committee, National AIDS Committee, MOHFW
4. Dr. Abdur Rashid, Director, Hospital, DGHS
5. Prof. Sayaba Akhter, Professor & Head of Obstetrics and Gynaecology, Dhaka Medical College Hospital & Program Manager, Adolescent Health, DGHS
6. Dr. Nuruzzaman, Deputy Program Manager, BCC, DGHS
7. Dr. Malika Hakim, Associate Professor, Obstetrics and Gynaecology, Mitford Hospital, DGHS
8. Dr. Jafer Ahmed Hakim, Director, MCH, DGFP
9. Dr. Razzul Karim, DPM, C & ADH, DGFP
10. Dr. Md. Abdus Salim, Programme Manager, NASP
11. Dr. Atiqul Sarwar, Deputy Programme Manager, NASP
12. Dr. Haniffuddin, Deputy Programme Manager, NASP
13. Dr. Mozammel Hoque, Deputy Programme Manager, NASP
14. Dr. Yasmin Jehan, Consultant, STI Management Specialist, NASP

UN Agencies

1. Mr. Chariza Llewellyn, Team Leader, HPN, USAID
2. Dr. Duanwadee Sungkhobol, Representative, WHO Bangladesh
3. Mr. Evaristo Marova, Country Coordinator, UNAIDS
4. Dr. V. Charvra Moul, Coordinator, Child Health & Development, WHO Headquarters
5. Dr. Bruce Dick, Medical Officer, AHD, WHO, Geneva
6. Dr. Neena Raina, Advisor Adolescent Health, WHO, SEARO
7. Dr. Noor Mohammed, National Professional Officer, UNFPA
8. Dr. A.Z.M. Zahidur Rahman, Advocacy Advisor, UNAIDS
9. Dr. Mahbulul Islam, National Professional Officer, WHO, Bangladesh
10. Dr. Moinul Haque, National Consultant (ARH), WHO

Other NGOs

1. Dr. A.J. Faisal, Country Representative, EngenderHealth
2. Dr. Reena Yasmin, GM Services, Marie Stopes Clinic Society
3. Gazi Nazrul Islam Faisal, PM, RHIYA, Marie Stopes Clinic Society
4. Dr. Faisal Haque, Sector Specialist, BRAC
5. Dr. Mustafaizur Rashid, Monitoring Officer, CWFD

Other Institutions

1. Dr. Saria Tasweer, Assl. Professor, Obstetrics & Gynaecology, ICMH

Save the Children- USA, Bangladesh Country Office

1. Mr. Edward Olney, Country Director, Save the Children- USA
2. Dr. Nizam Uddin Ahmed, Director, HPN, Save the Children- USA
3. Dr. Lubana Ahmed, Program Manager, ACCESS, Save the Children- USA
4. Dr. Kazi Belayet Ali, Program Manager, HIV/AIDS, Save the Children- USA
5. Dr. Shahana Nazneen Syed, Program Manager, KAISHAR, Save the Children- USA
6. Dr. Lima Rahman, Deputy Program Manager, HS & LSE, Save the Children- USA
7. Shalikh Masudul Alam, Deputy Program Manager, BCC & Advocacy, Save the Children- USA
8. Dr. ASM Ziaul Hoque, Deputy Program Manager, M&E Save the Children- USA
9. Kazi Amraddul Hoque, Deputy Program Manager, KAISHAR, Save the Children- USA

Other GPRM Partner Organizations

1. Sanaul Arefeen, Managing Partner, Mattra
2. M. Salahuddin Ahmed, Supervisor, Mattra
3. Ahmed Rezaul Karim, Mattra
4. Abu Yusuf Chowdhury, Director, PIACT
5. Md. Seokat Ali, Team Leader, PIACT
6. Md. Rizalul Islam, Chief Curriculum Specialist, PIACT
7. Dr. Motdur Rahman, Associate Scientist, ICDDR,B
8. Anna Moore, Psychologist, ICDDR,B
9. Dr. Farha Haseen, Operations Researcher, HSID, ICDDR,B
10. A. H. Nowsher Uddin, Asst. Scientist, HSID, ICDDR,B
11. M.U. Masood Ahmed, Team Leader, Padakhep
12. Iqbal Ahammed, Executive Director, Padakhep

HASAB Consortium

1. Dr. Nazneen Akhter, Executive Director, HASAB
2. Salima Sarwar, Director, ACD
3. Dr. Rezaul Haque, Director Planning, Ad-din
4. Dr. Amzad Ali, Team Leader, HASAB Consortium
5. Mirza Mustaffur Rahman, Project Coordinator, HASAB
6. Dr. Dipak Kumar Biswas, Team Leader, HAPB, HASAB
7. Md. Siddiqur Rahman, Training Coordinator, HASAB
8. Dr. Diana Nelson, Sector Specialist, YFHS, HASAB Consortium
9. Dr. Tahmur Chowdhury, HASAB
10. Anowara Halder, Program and Technical Specialist, HASAB
11. Dr. Mary Rashid, Divisional Coordinator, HASAB
12. Mahbubur Rahman Chowdhury, Divisional Coordinator, YPSA
13. Liaguete Ali, Divisional Coordinator, Ad-din
14. Mr. S.A. Waseel, M&E Specialist, HASAB
15. Maheen Sabrina Karim, Program & Documentation Officer, HASAB
16. Md. Pervez Hussain Mallik, AAO, HASAB
17. Froz Alam, Project Officer, HASAB
18. Md. Raifiqui Islam, Consultant, HASAB

Government Approval Letter

Annex 2

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
বিশ্বাস্য-২ শাখা

স্মারক সং-স্বাস্থ্য/বিশ্বাস্য-২/ক্রো: ১৪/২০০৪/৪১৮(৮)

তারিখ: ২৬ নভেম্বর ২০০৭

বিষয়: "যুববান্ধব স্বাস্থ্যসেবা" জাতীয় মানদণ্ড অনুমোদিত।

সূত্র: ডিফিএইচ/এল/এইডস/এসটিডি/জিএম-১৩৮/১০২৭০, তারিখ: ০৫ জুন ২০০৭।

উপর্যুক্ত বিষয় ও সূত্রের পত্রের বরাতে জানানো যাচ্ছে যে, "যুববান্ধব স্বাস্থ্যসেবা" জাতীয় মানদণ্ড বাংলাদেশ সরকারের স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয় কর্তৃক অনুমোদিত হয়েছে, যা নির্দেশক্রমে প্রেরণ করা হ'ল।



(সেন মিন ন হার)
নিম্নের সহকারী সচিব

ডাঃ এস এম মোস্তফা আনোয়ার
ডাইরেক্টর, সিএমই এফ
লাইন ডাইরেক্টর, জাতীয় এইডস/এসটিডি প্রোগ্রাম ও এসবিটিপি
স্বাস্থ্য অধিদপ্তর, মহাবলী, ঢাকা-১২১২।

অনুলিপি সদস্য অবগতি ও প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য:

- ১। উপসেষ্টা মহোদয়ের একান্ত সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়, বাংলাদেশ সচিবালয়, ঢাকা।
- ২। সচিব মহোদয়ের একান্ত সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়, বাংলাদেশ সচিবালয়, ঢাকা।
- ৩। মহা-পরিচালক, স্বাস্থ্য অধিদপ্তর, মহাবলী, ঢাকা।
- ৪। যুগ্ম সচিব (জনস্বাস্থ্য ও বিশ্বাস্য) মহোদয়ের কার্যকর্তা, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়, বাংলাদেশ সচিবালয়, ঢাকা।
- ৫। মহা-পরিচালক, পরিবার পরিকল্পনা অধিদপ্তর, অ-জিমপুর, ঢাকা।
- ৬। উপ-সচিব (বিশ্বাস্য), স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়, বাংলাদেশ সচিবালয়, ঢাকা।
- ৭। প্রোগ্রাম ম্যানেজার, জাতীয় এইডস/এসটিডি প্রোগ্রাম, বাড়ী # ৩২, রোড # ৩, নিউকেন্দ্র আবাসিক এলাকা, গুলশান-১, ঢাকা।
- ৮। পরিচালক, এইচআইভি/এইডস প্রোগ্রাম, সেন্ট সি ডিগলডেন-ইউএসএ, বাড়ী # ১৭(২), রোড # ১১, গুলশান # ২, ঢাকা।



National AIDS/STD Programme
Directorate General of Health Services,
Ministry of Health and Family Welfare



Save the Children
usa

