

Guidelines for Adaptation of the WHO *Orientation Programme on Adolescent Health for Health Care Providers in Europe and Central Asia*



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in collaboration with the
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The principles and policies of each agency are governed by the relevant decisions of each agency's governing body. Each agency implements the interventions described in this document in accordance with these principles, and within the scope of its mandate.

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FOREWORD

We are pleased to introduce you to the Guidelines for Adaptation of the WHO *Orientation Programme (OP) on Adolescent Health for Health Care Providers* in Europe and Central Asia. These guidelines have been developed to provide countries with a tool to assist them in adapting the WHO *OP* materials to fit with their local situation and national programme. The aim of the *OP* is to orient health care providers to the special characteristics of adolescence and to appropriate approaches to addressing some adolescent-specific health needs and problems. This will strengthen their ability to respond to adolescents more effectively and with greater sensitivity. The *OP* can play an important part in the development of a regional strategy for Adolescent or Youth Friendly Health Services (AFHS or YFHS).

Many countries in this region have already had experience with the *OP*, including Albania, Armenia, Bosnia & Herzegovina, Bulgaria, Kosovo (Serbia & Montenegro), Lithuania, Macedonia and Romania. They shared their experiences at the UNFPA workshop in Tirana (December 2005) and these provided the basis for the Guidelines for Adaptation. Their input has given the Guidelines a particular regional flavour, identifying issues and situations that are important and unique to this region. Local adaptation can give each country the possibility of ownership of their national *OP*, where the specific issues for young people in each country can be addressed.

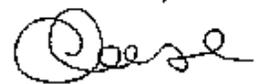
UNFPA, UNICEF and WHO look forward to continued joint efforts to advance the *OP* with national partners. However, these guidelines are only the beginning. The real work on country adaptation of the *OP* will be undertaken by the men, women, adolescents and young people in the regions who come together and use these guidelines to adapt the *OP* to facilitate the development and implementation of national plans for Adolescent and Youth Friendly Health Services.



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We recall the participation of NGO and government participants at the Adaptation Workshop in Albania in December 2005. Through the application of their lessons learned, we hope these Guidelines will guide end users throughout the region to adapt the *OP* to each individual country's needs.

We have benefited from the wide academic experience and contribution of EuTEACH, based at the University of Lausanne, and look forward to continued collaboration and cooperation with them.

Finally, without the generous support of the Government of Germany to the UNFPA regional project entitled, "Improving the Sexual and Reproductive Health of Young People in South East Europe", the production of these Guidelines would not have been possible.

Our very warmest regards,

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INTRODUCTION

Background to the WHO Orientation Programme on Adolescent Health for Health Care Providers

The *Orientation Programme on Adolescent Health for Health Care Providers (OP)* was developed by the Department of Child and Adolescent Health and Development, WHO in 2003. A description of the *OP* and information on how to order it can be found at: www.who.int/child-adolescent-health/

The *OP* is grounded in the guiding principles that UNFPA, UNICEF and WHO have adopted in their Common Agenda for Action in Adolescent Health and Development:

- Adolescence is a time of opportunity and risk;
- Not all adolescents are equally vulnerable;
- Adolescent development underlies prevention of health problems;
- Problems have common roots and are interrelated;
- Social environment influences adolescent behaviour;
- Gender considerations are fundamental.

(Programming for Adolescent Health, WHO 1999)

The aim of the *OP* is to orient health care providers to the special characteristics of adolescence and to appropriate approaches in addressing some adolescent-specific health needs and problems. The *OP* aims to strengthen the abilities of the health care providers to respond to adolescents more effectively and with greater sensitivity. The *OP* can significantly contribute to building national and regional capacity on adolescent health and development.

The generic *OP* core modules focus on adolescents (10 to 19 years). The *OP* was designed for adolescents because of their particular biological, social, legal and economic vulnerability and the need to have health workers trained to understand these issues. However, the *OP* can also be used to support health workers who are also working with young people (10 to 24 years). In three of the optional modules (HIV, Substance Use and Injecting Drug Use) the modules focus on young people because these issues are important for young people up to age 24.

The needs of the region (as identified in epidemiological and behavioural surveys) indicate that it may be important for the *OP* adaptation to focus on young people rather than only on adolescents. If this is so, it is important that the special circumstances of adolescents are also addressed, especially in

relation to sensitive issues of sexuality, substance use and injecting drug use. Each country needs to consider their particular situation for adolescents and young people and then decide which age group the *OP* adaptation will target.

The *OP* package has core modules and optional modules that cover a range of issues relating to adolescent health and development. The WHO *OP* modules are as follows:

Core modules

- A. Introduction
- B. Meaning of Adolescence and Its Implications for Public Health
- C. Adolescent Sexual and Reproductive Health
- D. Adolescent Friendly Health Services
- E. Adolescent Development (under development*)
- F. Concluding

Optional Modules

- G. Sexually Transmitted Infections in Adolescents
- H. Care of Adolescent Pregnancy and Childbirth
- I. Unsafe Abortion in Adolescents
- J. Pregnancy Prevention in Adolescents
- K. Young People and Substance Use (available August 2006)
- L. Mental Health in Adolescents (under development)
- M. Nutrition in Adolescents (under development*)
- N. Young People and HIV (available August 2006)
- O. Chronic Diseases in Adolescents (under development*)
- P. Endemic Diseases in Adolescents (under development*)
- Q. Injuries and Violence in Adolescents (under development*)
- X. Young People and Injecting Drug Use (available August 2006)

The core modules cover essential topics necessary for participants to understand before moving to optional modules. Countries will decide which modules they choose to define as “core” (or foundation, or basic) and “optional” (or additional, or extra) for their *OP* adaptation. Additionally, the selection and order of the modules for each training workshop may need to be changed according to the health care provider group present (i.e. mix of professional training and gender).

Modules consist of Facilitators’ Guidelines, Handouts, Slides and Flipcharts. The methodologies used in the modules are interactive and experiential, with group and individual work, lectures and role play. The *OP* was developed as a generic tool that can be used all over the world. Many issues for adolescents are the same wherever they live, however there is a need for the addition of a local context and the inclusion of specific local

issues, to ensure that the modules reflect the real situation in each region or country. Some countries have already completed national adaptations and are already using the nationally adapted *OP* materials. However, they do not yet have a completed set of the adapted modules.

* Several of the modules were under development at the time of printing of the Guidelines for Adaptation, and a date of completion was not yet available. The Adaptation Workshop in Tirana in 2005 generated suggested content for several of the modules under development. Countries wishing to pursue development of those modules may consult the Adaptation Workshop Report as well as additional references suggested in the Annex.

Experience with the *OP* in Europe and Central Asia

UNFPA, in cooperation with WHO and UNICEF, developed a pre-testing protocol in June 2005. Using this protocol, the *OP* core modules were pre-tested in Albania, Bulgaria, Bosnia & Herzegovina, Kosovo (Serbia & Montenegro) and Romania. Additionally, during 2005 Armenia and Lithuania adapted the *OP* materials to their local context with the addition of regional and local data, and Ukraine field-tested the draft HIV, Substance Use and Injective Drug Use modules. In Latvia drafts of the *OP* modules were used in 2002 and 2003 to develop a manual for health care providers on Youth Friendly Sexual and Reproductive Health Services (including HIV prevention). These countries are ahead in the process of adaptation and can assist other countries in planning and preparing *OP* adaptations.

In December 2005, UNFPA Division for Arab States, Europe and Central Asia (DASECA) organized and executed an Inter-Agency Group Adaptation Workshop in Tirana, Albania to share and analyse the lessons learned in each of the pre-testing countries. Members of each National Review Group gave a presentation on the experience with the *OP* in their country. In addition, the workshop included small group sessions in which two or three modules at a time were examined in closer detail by participants. These Guidelines are based on the country experiences of field testing the *OP* in the region and on the feedback and recommendations from participants at the Tirana workshop.

These Guidelines are intended to be used together with the *OP* Adaptation Workshop Report. This report contains the specific and detailed recommendations for each module that would need to be taken into consideration during the national adaptation process. The recommendations were generated through practical, country-level experience by National Review Groups in Europe and the CIS.

STEPS IN PREPARING A NATIONAL ADAPTATION OF THE *OP*

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|---------------|--|
| STEP 1 | TRANSLATE <i>OP</i> TO THE NATIONAL LANGUAGE |
| STEP 2 | APPOINT A NATIONAL REVIEW GROUP (NRG) |
| STEP 3 | PLAN AND CARRY OUT AN <i>OP</i> PRE-TESTING WORKSHOP (3-5 DAYS) |
| STEP 4 | PLAN AND CARRY OUT <i>OP</i> COUNTRY ADAPTATION WORKSHOP FOR NRG (2-3 DAYS) |
| STEP 5 | PREPARE AN OPERATIONAL PLAN |
| STEP 6 | FIELD TEST THE DRAFT <i>OP</i> ADAPTATION |
| STEP 7 | COMPLETE <i>OP</i> ADAPTATION |
| STEP 8 | ASSIST IN IMPLEMENTING ROLL OUT OF THE <i>OP</i> |
| STEP 9 | ONGOING SUPPORT FOR NATIONAL ADOLESCENT FRIENDLY HEALTH SERVICES/YOUTH FRIENDLY HEALTH SERVICES (AFHS/YFHS) |

STEP 1

TRANSLATE *OP* TO THE NATIONAL LANGUAGE

Aim: Ensure that the *OP* is understood by everyone involved in the adaptation process.

Most countries in this region began the adaptation process by translating the Facilitator Guide for the core modules. Depending on resources, some countries were also able to translate the Handouts. As shown in the list, some of the WHO optional modules are still in development and others optional modules may still be developed. It is recommended that countries do not finalise a translation of any of the draft versions of optional modules that may become available but wait for the final versions.

The *OP* core modules are available in English, Russian and French from WHO (cah@who.int).

STEP 2

APPOINT A NATIONAL REVIEW GROUP (NRG)

Aim: Appoint NRG to be responsible for preparing the national adaptation of the *OP* and for developing an operational plan for rolling out the *OP*. Ensure from the start that there is appropriate representation on the NRG and support for the *OP* from the national key stakeholders in adolescent health and development.

It is recommended that the preparation of the NRG for the adaptation tasks is systematic and covers a number of key areas to ensure the group has a common understanding of the larger context in which YFS approaches will occur and that they share the same vision of their expected role.

NRG Terms of reference. It is important that the NRG works to a set of clear terms of reference which describe the scope and purpose of the group, its membership, decision making mechanisms and roles and responsibilities of member organizations. A definition of their expected role as a group in advocating for and influencing the roll-out of YFS needs to be clearly set out. The adaptation guide also describes the involvement required of the NRG through each step of the adaptation process. These should be found within the ToR.

Orientation and sensitization of the NRG. Although the NRG is encouraged to participate in all adaptation activities, this may not be possible for all members. It is recommended therefore that sufficient time is allocated for the NRG to become familiar with the *OP*, its aims and objectives, its structure and content,

terminology and workshop methods. Familiarisation should ensure that agreements are made on such matters as:

- Consensus on which core and optional modules are used;
- Use of additional materials;
- Inclusion of national and local data, legislation and policy;
- National guidelines and training materials relevant to the *OP*;
- Terminology used.

Stock taking and analysis. In preparation for an *OP* adaptation process, a national stock taking exercise should be undertaken as part of the NRG the planning process. This process should identify the range of YFHS activities already underway in the country, the political, policy and health services environment in which YFHS operates and key stakeholders. The stock taking should also identify the prevalent opportunities and challenges related to the introduction of the adapted *OP*. These might include guidance on the means by which *OP* training and YFHS coverage can be brought to scale, and their sustainability secured.

In considering the representation, it is recommended that the selection of NRG members is done in partnership with all key stakeholders and that membership includes:

- Adolescents and young people;
- Health Care Providers;
- People responsible for developing health personnel training curricula;
- Teaching staff from nursing and medical schools;
- Senior staff from relevant ministries responsible for planning and accrediting curricula;
- Representatives from relevant professional associations concerned with in-service training;
- Staff from non-government organizations working with young people.

In order for the NRG to be effective, it is recommended that there be no more than 12-16 members. One member will be appointed as chairperson of the group. Staff from UN agencies (UNFPA, UNICEF, WHO) should also play an active and facilitative role.

Careful selection of members for the NRG is important. It is recommended that the NRG consist of members with expertise in:

- The needs of young people and adolescents;
- Adolescent health and development;
- The subject areas of the modules (e.g. Sexually Transmitted Infections);
- Training materials for health care providers;
- Participatory adult learning techniques;
- The national health system, the legal policy aspects of provision of service for 10-19 year olds.

In addition, they must be:

- Able to influence at policy level and to present recommendations on the basis of the *OP* experience;
- Able and willing to communicate their ideas to the group.

STEP 3

PLAN AND CARRY OUT *OP* PRE-TESTING WORKSHOP (3-5 DAYS)

Aim: Through facilitating and attending a WHO *OP* Workshop, the NRG members will understand the *OP* methodology and content before adaptation begins.

1. Select and appoint a **Facilitation Team** (recommended 4 people), using members of the NRG or other experienced facilitators. The Team is vital to the success of the workshop and they need to be individuals with experience in facilitation, using participatory learning methods and in adolescent health. They will need preparation and training/orientation before the workshop (at least 2 days) and will be responsible for planning and running the workshop. It is valuable if the facilitators plan to co-facilitate some sessions with interested and experienced workshop participants. The participants can be identified and prepared before the session. This encourages everyone to achieve a deeper understanding of the methodology and content of the *OP*.

2. Decide **who will attend the pre-testing workshop**. Members of the NRG will participate in the workshop and may also facilitate some sessions. This will give them understanding

of how to use the *OP* and insight into how it could be adapted. Non-NRG members, who may later be prepared as Master Trainers, can also attend as participants and can be encouraged to co-facilitate sessions.

3. Decide **what modules will be included in the pre-testing**. The length of the workshop and the number of modules included depends on the available resources, available time and the group of participants. It takes approximately three days to cover the “core” modules and each “optional” module needs a half day. Thus, the workshop would normally last 3-5 days.

4. During the workshop, the NRG members reflect and take notes on the content and teaching-learning methodology as each module is conducted, in order to answer the following questions:
What to add? (i.e. what needs to be added to address the situations of young people here?)
What to delete? (i.e. what can be taken out of the module because it is not relevant to the situation in this country?)
What to modify? (i.e. what can or needs to be changed to address real situations in this country? E.g. data quoted or examples of case studies).

5. At the end of each day or at the end of each module, the **NRG members meet with the facilitators** to share impressions, to raise any questions and to plan for the following day. A record is kept of recommendations for adaptation of the modules covered that day.

6. The other *OP* workshop participants (non-NRG) are aware from the beginning that this is a pre-testing workshop and that they are being asked to evaluate the modules. They are encouraged to contribute their critical comments and suggestions for the country adaptation. There needs to be a clear **process to record their input** without disrupting the workshop (e.g. time allowed for discussion at end of each module, flipcharts where participants can record suggested changes, appointing 2-3 members of NRG to receive comments from other participants).

7. It may be necessary to **hold a second pre-testing workshop**, if some members of the NRG are not all able to attend the first workshop or if members consider a second workshop would give more insight into the adaptation needs. This may be useful where the participant profile was not sufficiently diverse in the first workshop (e.g. all doctors or all nurses).

STEP 4

PLAN AND CARRY OUT *OP* COUNTRY ADAPTATION WORKSHOP FOR THE NRG (2-3 DAYS)

Aim: Through presentations and sharing of their knowledge, the NRG understands the existing situation for adolescents and young people and services in their country. They critically review the *OP* aims and methodology, the individual modules (core and optional) and recommend changes that reflect the national reality of adolescents and young people.

1. The NRG should meet as soon as possible after attending the *OP* workshop, while the *OP* is fresh in their minds. This will ensure they are well prepared and will save time reviewing the *OP*.

2. It is recommended that the Adaptation Workshop begin with prepared presentations, to provide the NRG members with information and to encourage discussion on the national situation regarding:

- Existing services for adolescents and young people, the range of service providers (Ministries, NGOs etc.);
- National policies and plans for AFHS/YFHS;
- Existing data and potential sources of data and research on adolescents and young people;
- Available documents, guidelines, programmes, resources relating to young people or to the module subject areas;
- Legislation that effects the provision of services to adolescents;
- The national health care system and referral system;
- Education system of health care providers and existing training resources.

3. There needs to be a brief presentation on the aims and methodology of the *OP* and a critical discussion on the structure and content of the generic *OP*. NRG members should come to the adaptation workshop having attended the *OP* workshop and having read Part 1, the '*Planning and Preparing*' section of the Facilitators Guide of the *OP*. This will give them an understanding of the following points:

- The rationale for the generic version of the *OP* (inadequate understanding of issues for young people and inappropriate attitudes of health care providers towards young people);
- The overall purpose of the generic version of the *OP* (orientation not skills building nor sensitization);
- The intended audience of the generic version of the *OP* (including both service-providers and gate-keepers);

- The learning objectives of the generic version of the *OP* (clearly outlined for each module, assists knowledge and attitude);
- The scope of the generic version of the *OP* and its relationship to other available training materials (e.g. on STI, HIV, contraception etc.);
- The teaching and learning methods used in the generic version of the *OP* (a range of methods selected to meet the specific objectives of each session).

It is helpful if members understand the flow of ideas in the *OP* and how the learning methodology builds on the experience of the participants. The adaptation will need to maintain a flow of ideas and the building of experience.

4. Copies of national and regional guidelines and policies should be available for reference during the workshop. Copies of other documents that could support and guide the work of the NRG should also be available (e.g. The WHO European Regional Strategy for Child and Adolescent Health and Development, see additional resources in the Annex to this document).

5. The NRG will need to consider how the *OP* can fit into an overall strategy to improve health care provider performance and quality of care improvement (AFHS, YFHS, Adolescent Reproductive Health Services, etc.), plans for a national AFHS package, the development of quality standards (best practice standards) for services for young people, and how the *OP* can assist in the building of national and regional capacity for YFHS, especially for most at risk adolescents.

6. The NRG will need to decide:

What can be achieved in this adaptation workshop (how many modules can we review? how will these modules be selected?);

What is the plan for adapting the remaining modules (e.g. another adaptation workshop? an individual prepares drafts according to the process followed in this first workshop and NRG members review drafts?);

Who will be responsible for recording the workshop outcomes and preparing the adapted draft modules following the workshop(s)?;

What will be the process for accepting or rejecting recommended changes from the NRG and the field test? (e.g. that an individual or a panel of the NRG be responsible for

accepting or rejecting the recommendations and revising the modules);

The plan and costing for the translation, final editing, printing and distributing of the completed *OP*;

A roll out plan for the *OP* using Master Trainers and a cascade workshop schedule;

Advocacy for incorporating the *OP* into accreditation processes, pre-service, in-service and different specialization courses.

There are important questions and issues that the NRG will need to discuss and reach a consensus on during the Adaptation Workshop. Important questions include the following:

Why are we adapting the *OP*?

The generic *OP* was developed to address adolescents globally. The situations and issues may not be the same for adolescents and young people in the diverse parts of Europe and Central Asia. Adaptation increases the relevance and ownership of the *OP* at the country level and ensures the modules are structured and presented in a sequence that suits the country priorities. In adaptation it is possible to gain a deeper understanding of health services delivery within the health systems in Europe and Central Asia, and the cultural and socioeconomic realities in which these operate. It is especially important to take account of how human resources and institutional development are evolving, and how these relate to health and social education.

What can we learn from countries that have already begun the adaptation process?

The case studies and role plays need to be changed to meet the regional realities of adolescents and young people (specific diversities include demographic, urban/rural, married/unmarried, ethnicity, sexuality, linguistic and religious background). They should reflect real local situations and experience of young people in each country. In preparing the case studies, it is important to maintain a balance of sexes, as well as a balance in the range of health and social situations that young people encounter. Care needs to be taken not to reinforce existing stereotypes. Extra case studies have been prepared in some countries (e.g. Armenia and Lithuania) which reflect particular situations or specific adolescents; this also helps participants better relate to the workshop content. This allows the workshop facilitator to pick the appropriate case studies for their workshop participants. There may be case studies that already exist in other national training materials that are suitable to use in the *OP*.

- National and regional data need to be incorporated and updated. Some data could also be presented by a guest speaker. This would ensure the data was current and would allow for questions from participants.

- There are countries in other regions that have already completed their adaptation of the *OP* (e.g. Philippines, Tanzania, India, Bangladesh). One recommendation that came from their experiences is that it is possible to complete a light adaptation of the *OP*, which reflects the national situation and realities but maintains the existing structure. Extensive adaptation can involve a great deal of rewriting and can change the structure and flow of the *OP*.

Who should participate in the *OP* workshops?

It is important to consider who will attend the *OP* workshops in order to take into consideration the participants' levels of knowledge and experience in the adaptation. The generic *OP* aims to orient health care providers and other gatekeepers to working with adolescents. In some modules, there are activities that are identified as optional, which allows for the different needs of participants and for flexible timing. The NRG may make recommendations as to when workshops should occur (i.e. as part of pre- or in-service orientation).

Workshops can either include participants from one discipline or can be attended by participants from different disciplines. The NRG can consider the advantages (e.g. sharing of different view points and knowledge, encouraging teamwork) and the disadvantages (e.g. different levels of knowledge) and provide guidelines for the workshop facilitators to assist in planning and running workshops.

How will we recommend that the *OP* modules are grouped for planning a workshop?

The generic *OP* recommends all workshop participants go through the core modules because they cover the essential topics that will equip the participants with the knowledge and understanding they need to achieve the overall aims of the programme. The generic *OP* recommends that optional modules be included in consideration of the local needs and resources and the time available. The chosen modules should match the health concerns and needs of the young people whom the workshop participants serve.

In adaptation, modules may be identified as “core” or “foundation” modules and “optional” or “additional” modules, however it is clear that some modules are an essential base for the *OP* package.

The NRG should consider if there needs to be a restructuring of the choice of core versus optional modules, to suit the concerns and needs of young people in the country.

Experience shows that holding a workshop with core (two and a half to three days) and selected optional modules (four modules in 2 days), works well as a five day package. Other programmes have used the modules over a longer period (for example, one three hour module per week over ten weeks).

Are there issues which are important in the region that need strengthening in our *OP* adaptation?

Participants at the Tirana workshop suggested that it may be necessary to develop new modules on some or all of the following issues: gender, medical ethics, most at risk adolescents, counselling and communication. Countries therefore need to consider how these issues should be strengthened in the adaptation of the existing modules even if new modules are subsequently developed because it will not always be possible to include extra modules in a workshop.

The NRG should consider ways of strengthening the following issues in the *OP* adaptation:

Gender Perspective

Participants at the Tirana workshop considered that the gender perspective needs to be strengthened and integrated in all modules. They suggested addressing and exploring the following gender-specific issues in the modules:

- More attention needs to be given to sexuality, including forced or coercive sex and mention made of masturbation;
- Girls should be more empowered in receiving information/accessing services. (It is noted, however, that in Europe and Central Asia young women more often utilise existing services than young men.);
- Addressing empowerment of girls who marry very young;
- The meaning of being sexually active in male versus female culture;
- Presenting, by gender, the consequences of too early unprotected sex;
- Balance of responsibility/male role in contraception and protection, decision making and action;
- Highlighting the specific sexual and reproductive health risks of boys;
- Including boys and couples in case studies;
- Under utilization of services by boys and how to encourage them to use the services;
- Encouraging couple counselling within the text;
- Issues and situations involving domestic and sexual violence.

Gender-specific issues can also be highlighted if the facilitator asks participants to consider how each role play situation would be different if the young person in the situation was the other sex (male or female).

The *OP* adaptation can include information for health care providers on international conventions (e.g. Conventions on the Rights of the Child), declarations, resolutions and on national legislation concerning the human rights of young people, both young men and young women, in their country. This information can especially focus on rights in relation to adolescents' emerging sexuality and the professional responsibility of health care providers to respect these rights. There is an overall need to balance clients' rights perspective and a quality perspective in service delivery, while bearing in mind the legal and policy framework in which that takes place. There can be information on the national legal and social framework governing service provision to young people, in regard to important issues (e.g. the rights of adolescents and their parents, age of consent to sexual acts, to medical procedures, adolescent sexual and reproductive health, notification, standards for peer education, confidentiality and diagnostic fraud).

Medical Ethics

Medical ethics information could be included in the Concluding Module in the adaptation and would provide guidelines from which health care providers can work. UNFPA intends to work with academic institutions to produce an adolescent medical ethics guide.

Most at Risk Adolescents

In every society there are groups of and individual young people that are particularly vulnerable to specific health and social problems, particularly in the areas of HIV, sexual and reproductive health, sexually transmitted infections, substance and injecting drug use. Health care providers who work with most at risk adolescents and young people can benefit from participating in an *OP* workshop that focuses on the specific needs of those who are most at risk and the issues that are important to them. Some countries (e.g. Viet Nam) are planning to package existing modules and develop workshops specifically for health care providers working with most at risk adolescents. Participants at the Tirana workshop considered that it would be appropriate for countries in the region to develop similar specific workshops, using the existing modules.

Advocacy for AFHS/YFHS

The *OP* itself is an advocacy tool for AFHS/YFHS. It can change the attitudes and practice of workshop participants working with adolescents. The *OP* helps them to understand the needs of adolescents, the potential of working with adolescents and gives them the tools to develop the skills and attitudes needed to work with adolescents.

The NRG can look for further opportunities for adaptation that will encourage health promotion in clinics and communities. Examples of this can be through providing health care providers with:

- Information on the importance and value of sex education and arguments to convince policy makers (and *OP* participants) that this does not increase sexual activity in young people, but rather aims at helping young people protect themselves and make safe choices;
- Information on the necessity and value of investing in the health of young people;
- Information on partnerships, and promotion of coordination and referral mechanisms within government, and between government ministries and formal and informal non-governmental organisations.

**Additional
Important Issues to
Strengthen in *OP*
Adaptations in the
Region**

Participants at the Tirana workshop identified a number of additional issues particular to meeting the needs of adolescents and young people in the region. The NRG, therefore, will need to consider addressing the following issues in their *OP* adaptation:

- Add activities that ensure health care providers examine their own value system (e.g. gender, stereotypes, young people) to strengthen their ability to work with adolescents and young people;
- Add activities that encourage health care providers to develop their interpersonal communication skills so they can respond to adolescents with sensitivity and respect;
- Support peer education and the role of peer counselors;
- Provide information on working with adolescents and young people with disabilities;
- Provide information on sexual diversity and case studies involving lesbian, gay, bisexual, transgender and unsure young people;
- Discuss the different legal positions on abortion in this region;
- Add the role of parents, teachers, peers, family, wider community, and the need for them to work as a team;
- Identify links between civic duty, social responsibility and medical ethics;
- Discuss self-esteem and peer pressure;
- Acknowledge the prevalence of mental illness among young people and the links between mental health and many important issues in the modules;
- Address the situation that young people (especially boys) with STIs frequently self-medicate.

Other Information that can be included in the *OP* Adaptation

- IAG Regional Framework on YFHS;
- An organizational chart of the national health referral system;
- Reference list (including links with other resources);
- List of abbreviations;
- Glossary of terms;
- Illustrations, photos, diagrams, etc. especially as regards STIs and adolescent sexual development.

STEP 5

PREPARE AN OPERATIONAL PLAN

Aim: In consultation with key people, prepare a plan, with time lines, for the process of adapting the other modules, field testing of the draft *OP* Adaptation, preparing, printing and distributing the final *OP* Adaptation, rolling out an *OP* workshop schedule and evaluation of the *OP* Adaptation.

It is important for the NRG to prepare an Operational Plan which sets out the vision for the national adaptation and roll out of the *OP*, including timeframe for an evaluation plan. The NRG will not be responsible for all the elements of the Operational Plan but will identify and consult with key people who will carry out and be responsible for different parts of the plan.

STEP 6

FIELD TESTING THE DRAFT *OP* ADAPTATION

Aim: Use the draft *OP* adaptation in a workshop. Ask participants and facilitators to recommend changes to improve the content and methodology, applicability and usefulness.

In planning the field test, the following points will need to be considered:

- Pre-workshop preparation and training of facilitators (for at least 2 days);
- Preparation of participants so they understand the purpose of field testing;
- Method to evaluate and carefully record recommended changes for facilitation approach and substantive content.

Facilitators and participants can be asked to consider:

- Which content was **most/least effective**?
- What **needs to be** (or has been) **modified** (e.g. content, timing, order)?
- What **new material** needs to be **added** (and where)?
- Any **additional recommendations**.

Pre- and post-workshop questionnaires are a valuable way to assess the knowledge and opinions gained by participants of the workshop. WHO is developing evaluation tools for the *OP* (contact cah@who.int requesting Protocol A and B for *OP*). It is also important for the NRG to consider longer-term implications in terms of (national) roll-out and follow-up.

The draft *OP* adaptation should be sent to external reviewers to check for accuracy.

STEP 7 **COMPLETE *OP* ADAPTATION**

Aim: Ensure that all changes recommended by field test, external reviewers and NRG are carefully recorded. Follow the agreed process for accepting or rejecting recommended changes (Step Four: 6). Ensure that mistakes are rectified.

If, after the field testing, the NRG agrees that new modules need to be developed (e.g. to address most at risk or gender [The Medical Ethics module will be developed by UNFPA]), then a plan and budget will need to be prepared.

Once the module revisions and editing are complete, the printing and distribution plan will need to be implemented.

STEP 8 **ASSIST IN IMPLEMENTING ROLL OUT OF THE *OP***

Aim: The NRG works with partners to follow the roll out plan, using Master Trainers and a series of cascade workshops (e.g. plan to train X# of Master Trainers, to hold X# of workshops with X# of participants over X# of months).

The Operational Plan should be carried out in partnership with other people responsible for roll out of the *OP*, with a series of *OP* workshops to be provided for a full range of health care providers. Upon completion of the initial health care provider workshop schedule, a series of cascade workshops can be planned for at the country level to extend to:

- Youth-serving organisations involved in training/capacity building (including the Family Planning Association, national affiliate of the International Association of Adolescent Health) AIDS/STI or RH, Youth and Women's NGOs;
- Peer educators and peer counsellors;
- Midwives;
- Social workers (including school counsellors);
- Psychologists;
- National AIDS Centres;
- Teachers;
- Law enforcement officers and juvenile justice staff.

The NRG and partners should prepare a detailed plan for the delivery of the cascade workshops (e.g. What are the steps needed in order to ensure that the required number of health care providers attend *OP* training?).

It is recommended that adolescents/young people are present and participate in all workshops. They will need to be carefully selected on the basis of their previous involvement in adolescent

health promotion, well prepared and supported to ensure that their valuable contribution to discussions is heard, especially when the workshop includes groups of professionals who may appear intimidating to young people. Facilitators also need to consider the advantages and disadvantages of running workshops with a group of professionals whose experience and knowledge are mixed.

Opportunities can be sought to enter into partnerships with other training institutes, including pre- service, in-service and post-service training for doctors, nurses, allied health professionals, social workers, psychologists, family physicians and midwives. For example, relevant modules can be added to professional meetings (e.g. module on STIs to national meeting of gynaecologists, HIV module for health care providers working on IDU). The partnerships can be initiated when decision makers from training institutes are invited to participate or observe a workshop, so they can understand the importance of including an adolescent perspective in their own training programmes.

STEP 9

ONGOING SUPPORT FOR NATIONAL AFHS/YFHS

Aim: To find methods of developing and supporting quality AFHS/YFHS, through building on the experience of *OP* workshop participants and other health care providers.

Having health care providers attend *OP* workshops is one part of developing and supporting quality AFHS/YFHS. Encouraging them to provide quality services after the workshop through motivation, on-going support and updated information is another important part. Health care providers will need a supportive structure and atmosphere in which to develop the services nationally.

The NRG can stimulate discussion and support the development of:

- A national commitment for AFHS/YFHS;
- National quality standards for AFHS/YFHS;
- Different modes of delivery of services (e.g. integrated or stand alone, out reach or static, targeted or comprehensive) at appropriate levels (primary care, secondary and tertiary referral);
- Sustainable AFHS/ YFHS;
- Indicators and methods for evaluating AFHS/YFHS (e.g. Mapping for Adolescent Programmes and Measurement (MAPM) and the AFHS Quality, Coverage and Costing survey methodology, see <http://www.who.int/child-adolescent-health>);
- Integration of AFHS standards and indicators into UNAIDS “Three Ones”^{*}.

^{*} "Three Ones" principles were established by UNAIDS in 2004 to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management. They consist of: One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners, One National AIDS Coordinating Authority, with a broad-based multisectoral mandate, and One agreed country-level Monitoring and Evaluation System.

Participants at the Tirana workshop identified the following particular challenges to service delivery of YFHS in the region:

- Health system reform and problems in health care service delivery in general, and also to young people;
- Cultural and socio-economic context within which the health care systems work;
- Fragmented health services;
- Importance of referral and networking, referral systems may be weak;
- Affordability when young people have to pay for services;
- Health workers may be prepared to work with the medical conditions of young people but not be informed on how to offer them information;
- Difficulties with the integration of YFS into health system;
- Lack of motivation and poor remuneration for health workers.

The NRG may be able to address some of these challenges in the adaptation.

The following are some suggestions offered at the Tirana workshop as ways of improving the quality of YFHS and ways of motivate health care providers to provide quality YFHS, after the health care providers have attended the *OP* workshop:

- Participants can receive a Certificates of Attendance at the *OP* workshops;
- Include the *OP* modules in pre-service and in-service training. There may a mechanism whereby the *OP* can be submitted to the government for accreditation and for possible inclusion into portfolio training programme with credit accumulation;
- A questionnaire can be developed that will follow up workshop participants six months after they have attended *OP* workshops, to ask them about their work with young people and whether the *OP* has had an impact on their practice. The questionnaire may stimulate participants to consider the quality and friendliness of the services that they are currently offering to young people;
- It may be possible to contact participants by telephone, post, or e-mail and to use the workshop contacts list as a way of disseminating current information and research on issues that affect young people, to motivate and maintain participants' interest;
- Supervision and support can be offered to health care providers who wish to discuss difficult or unusual situations that they have encountered related to YFHS. An example of how to do this would be through peer support for health care providers and setting up a mechanism for doing this;
- Health centres can be encouraged to work towards a YFHS recognition award, with a logo that increases their client base because it becomes a mark of quality health care for young

people. For this, standards and assessment criteria would need to be established.

OVERALL

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2. UNAIDS Inter-agency Task Team on Adolescence (2004). “Steady... Ready...GO!: report of the Talloires consultation to review the evidence for policies and programmes to achieve the global goals on young people and HIV/AIDS.” http://www.who.int/child-adolescent-health/New_Publications/ADH/IB_SRG.pdf
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Primary:

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3. Hatcher, Robert A; et al (1997). Counseling (all of Chapter 3). In The Essentials of Contraceptive Technology: A handbook for clinic staff. Johns Hopkins and WHO, with a foreword by UNFPA.

Secondary:

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<http://www.undp.org/hiv/publications/gender/adolesce.htm>

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2. International Women's Health Coalition: Positively Informed: Lesson Plans and Guidance for Sexuality Educators and Advocates
<http://www.iwhc.org/resources/positivelyinformed/index.cfm?language=1>
3. Moore, Susan and Rosenthal, Doreen (1993) Sexuality in Adolescence (Adolescence and Society). London: Routledge.

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1. WHO: Transforming Health Systems: Gender and Rights in Reproductive Health. (2001). (Training Curriculum for Health Programme Managers)

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2. CEDPA: Gender, Reproductive Health and Advocacy: a Training Manual. (2000).
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TRAINING

1. SALTO-YOUTH Support and Advanced Learning and Training Opportunities (within the European Union YOUTH programme) <http://www.salto-youth.net/>
2. European Federation of Intercultural Learning <http://efil.afs.org/>

3. WHO (2004). Adolescent Health and Development in nursing and midwifery education. http://www.who.int/child-adolescent-health/New_Publications/ADH/WHO_FCH_CAH_04.4.pdf

ACCREDITATION

1. Programme for International Student Assessment <http://www.dfes.gov.uk/rsgateway/DB/SFR/s000544/index.shtml>
2. Accreditation of Prior Experiential Learning <http://crl.gcal.ac.uk/SOCRATESite/home.html>
3. EU Directorate General on Education and Culture, the Enterprise Training Foundation in Turin and the National Vocational Award Ireland (can be accessed through www.fetac.ie)

POLICY

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2. Facts for policy makers on adolescent health and development (draft Interagency document)
3. European Youth Forum www.Youthforum.org
4. European Steering Committee for Youth (within the Council of Europe) http://www.coe.int/T/E/Cultural_Co-operation/Youth/5_Information_services/Useful_addresses_and_links/cdej.asp
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