

Facilitation tool

Creating friendly health services for young people

Facilitators guide

What are the objectives of this tool?

This tool is developed to facilitate a collaborative discussion between selected health care settings, clinics or services and young people in order to support each other to create friendly and welcoming HIV health services for young people including especially young gay and bisexual men, other young men who have sex with men, young transgender people, young sex workers and young people who use drugs.

This tool is not intended to be used as a quality check of a health care setting, clinic or a service. Rather the intention is to find good practices, challenges and opportunities both within the health care setting and the communities of young people to create friendly environments which will consequently increase the uptake of HIV testing and other related services by young people.

Who is this guide for?

This guide is for anyone who is intending to facilitate the discussion with selected health care settings. However young people are encouraged to use this guide to advocate with health services providers. The main target audience of this guide is young people from young key populations who would be facilitating the discussion with health care providers. In order to facilitate a productive discussion, a group of young people (4-5) need to engage with health service providers of a selected health care setting. In an ideal situation the head of the health care setting, a doctor, nurse or a counsellor who provides pre and post test counselling, a nurse, doctor who performs the test, one or two members from the clinic assistant staff, receptionist and one or two members from the security staff should attend the discussion to ensure productive outcomes.

Beneficiaries

The beneficiaries of the outcomes of this discussion is young people from key populations. In the "Accessibility" section of the tool, a significant emphasis has been given to making information available on online platforms. In certain countries this may directly reflect on young people in urban and semi-urban settings. However, we also acknowledge that most young people in different geographical locations have access to smart phones and therefore have access to online platforms. Hence the recognition of online platforms for information.

Discussion Methodology

The facilitation of the discussion should be interactive and participatory. The tool is consisted of 37 questions. Based on the country context the questions could be adapted. Each question is provided with 4 indicators. The intention is not to pick an indicator for each question but to discuss the reasons for the answer to be one indicator but not the other. It is likely that both parties may assume a defensive position during the discussion. Hence the facilitator should make sure to reiterate the objectives of the discussion regularly during the discussion; to find opportunities to help each other to increase the uptake of HIV testing among young people.

The tool also provides a recommendation column. The recommendations are not only for the clinic or the health care setting but also for the community. Young people who will be participating at the discussion and the facilitator should thoroughly understand and emphasize during the introduction that this is a reciprocal process. Recommendations needs to be discussed for both the health care setting and the community in order to increase the uptake of HIV testing and other related services by young people.

Tips for Facilitator

It is important to be mindful that the discussion will take place between young people and adults. At the same time there could be hierarchies between service providers and young people. Hence there is a high probability that these two aspects may result in negative outcomes. It is therefore recommended to invite few older counterparts from community organizations to support you during the discussion. Make sure to inform these older counterparts from community organizations to not dominate the discussion but support you as the discussion progresses.

The indicators

Indicator 01 - Least youth aware - The health service is least aware of the requirements of young key populations and young people in general. No specific or special services are provided targeting young people.

Indicator 02 - Basic needs are accommodated - The systems used by the health services coincidentally address some of the concerns of young key populations and young people in general. These services are not developed with young people as the key target audience.

Indicator 03 -Partially youth friendly - The health service is aware of the specific and special requirements of young people. certain changes have been made to accommodate these requirements. However, there is more opportunities to improve.

Indicator 04 - Entirely youth friendly - The health service is well aware of the specific and special requirements of young key populations and young people in general. Specific changes have been adopted to accommodate these requirements and provide a friendly and comprehensive service to young people.

Before the discussion

There are number of steps you need to complete as the organizing party before the discussion is organized.

Taking approval or permission

As most of the health care settings are government run, taking permission could be slightly difficult. Make sure you approach your community representatives who have developed good relationships with health care settings and get their support. You can reach the health care settings through these allies to explain the objectives of the discussion and how that would help you as young people to get more young people to access services.

The government run services may need to take approval from Ministries of Health or other such authorities prior to the discussion. Make sure to factor in ample time before the discussion for these approval processes.

Taking the back ground stock

This facilitation tool requires the responsible team of young people to conduct a thorough background stock take prior to the discussion

- 1. Gather all information material that is being distributed by the health care setting or the clinic online and off line. Analyze them to study how youth friendly they are, whether the language is accessible, images used are fear infusing, whether the content provides enough information for young people including contact information. Don't forget to take these along with you to the discussion.**
- 2. Find out where this information is displayed. This may include the clinic, any other public setting, online platforms. Find out whether the clinic has a website, face book page or any other social media presence.**
- 3. Speak with few young people who have used the clinic. Ask how was their experience. Note what they have experienced as good practices, negative experiences and challenges. If possible, make one or two of these young people part of your team at the discussion.**
- 4. Find information about laws and policies related to access to health and young people in your country. This may include age of consent laws and policies, decriminalizing laws, policies related to HIV testing and treatment etc. Mark the important parts in these documents and take them with you for the discussion.**

Organizing a venue

A venue needs to be decided which is convenient for the health service providers. Note that they may be on duty on the day that you organize the discussion and a venue with easy and fast access would help them. You can also choose to conduct the discussion at the clinic itself if the clinic has the facilities.

Facilities required

- Assessment tool
- A projector to display the assessment tool
- Annex A - Copies of the indicators and their definitions
- Annex B – Explanation of each key element
- Brochures, Pamphlets, leaflets distributed by the clinic online and offline
- Background of the legal and policy situation of the country related to HIV health services, access to health and young people
- Attendance sheet

*Tip – Make sure to emphasize that this discussion is intended to support you as communities of young people to increase uptake of HIV testing and other related services among your peers. The inclination to support young people as adults would work as a good selling point.

*Tip – Acknowledge the age difference and the experience the health service providers bring in to the discussion. Mention the importance of young people and their contribution as service users and those with lived experience.

*Tip – Prepare your team with background information so that you can facilitate the discussion well.

*Tip – Do not sound judgmental and accuse the clinic for its failures or challenges. Instead appreciate the fact that they are providing services to young people and are willing to support you through participating in this discussion.

Facilitating the discussion

The discussion will approximately take 3 hours. It is advised that all the participants are requested to engage in the full length of the discussion in order to achieve productive outputs.

Introduction

Introduce yourself first including where you from, your age, your affiliations with any organizations locally or regionally and your sexual orientation and gender identity if you are comfortable. * make sure to assess whether revealing your sexual orientation or gender identity would make a positive difference.

Allow other participants to introduce themselves and state one or two outcomes they would like to achieve as a result of this discussion.

Introduce the discussion tool and that you are there only to facilitate but not to decide. Mention that this discussion

- Will help you as a community to help each other to increase uptake of HIV testing among your community.
- Will allow you to support the health care setting to increase their clientele of young people
- Is not a quality check of any sort; It is only to find best practices, challenges and opportunities as a base for mutual support

When introducing the tool explain,

- The four components of “right to health” and distribute copies of Annex B
- Explain that each question has four indicators.
- The definition of each indicator and distribute Annex A

*The intention is not to assign an indicator but to discuss how we can further develop the friendliness of the clinic towards young people. The intention is also to explore as a community how can young people support this process.

Beginning of the discussion

Display the tool on the projector and continue the discussion by discussing each question. If any explanations are required on the 4 components of the “right to health” or the indicators during the discussion, please refer to Annex A or Annex B.

Make sure that the recommendations, solutions or way forwards discussed are included in the recommendation column during the discussion for each questions.

Following descriptions will provide you with a brief overview for each question. The intention is to provide you with direction but by no means to limit you to these points.

Category 01 - Availability

Availability refers to the need for a sufficient quantity of functioning public health and health care facilities, goods and services, as well as programed for all. Availability can be measured through the analysis of disaggregated data to different and multiple stratifiers including by age, sex, location and socio-economic status and qualitative surveys to understand coverage gaps and health workforce coverage.

01. The objective of this question is to understand whether the clinic is providing any services to young people bellow 18 years of age. In different contexts, the clinic may have legal challenges that prevent them from providing services to young people. Some countries may have age of consent laws related to medical treatment including HIV testing. Some criminalizing laws of LGBTQ+ communities and key populations in certain countries may prevent young people belonging to these communities accessing available services or clinic providing available services to these communities.

Discuss whether the clinic is facing any of these issues in providing health services to young LGBTQ+ people or young key populations. Discuss what measure are being taken to address these issues. Discuss what role can you play in supporting the clinic to address these issues.

02. This questions refers to the type of HIV related services provided by the clinic. Most often a clinic that provides HIV services will include HIV screening, diagnostic testing, counselling, HIV treatment and prevention methods such as condoms and lubricants, PeP, PrEP. However, depending on the resource availability and on policy decisions all clinics may not provide all these services. For example, some countries have limited the use of PeP for medical emergencies. Some countries still do not have PrEP available.

Discuss what services are available and why not some services are available if that is the case. Discuss how you can work with the clinics to get these unavailable services available at the clinic.

03. This question refers to other sexual health services, except for HIV related services, provided by the clinic and refers mainly to STI testing, treatment and prevention. Based on the resources of the clinic, it may not be able to provide testing, treatment and prevention services for all STIs.

Discuss what sexual health services related to STIs are available at the clinic and what services are not available. Discuss, in case of services not being available how does the clinic refer clients to other clinics where such services are available. Discuss what role can you play to make sure that these services are available at the clinic.

04. This question refers to reproductive health services provided by the clinic. In most countries HIV/ STI services and reproductive services are separated. They are not provided under the same roof. Young people may then consider the service to be inconvenient because they have to go to several places to access the SRH services they need. Certain reproductive health related services such as abortion are criminalized in some countries. Prescribing contraceptive methods may also require parental, spousal or guardian consent.

Discuss what reproductive health services are provided at the clinic. Discuss how clients who have reproductive health needs are referred to specific clinics. Discuss how you can support he clinic to establish effective referrals systems to reproductive health clinics.

05. This questions refers to services or referrals to hormonal treatments for young transgender clients. For most of the young transgender people their transitioning is much more important than their sexual health. Hence as part of the sexual health services it is important to provide them either services or referrals to hormonal therapy treatments. Many countries do not have a standard system for these services. Hence transgender people take hormones by themselves based on their peers' experience. This could harm them. By providing them information and referrals, a health service can become more than a HIV health service provider to young transgender people. Keep in mind that service providers may not have expertise on these issues or connections with organizations or services that provide hormonal therapy treatments.

Discuss how you can help a health service with the support of other organization to build their capacity on health service providers to provide information and services on hormonal treatment.

06. This question refers to recreational drug use or alcohol use among young people. A significant amount of young people is using drugs or alcohol due to many reasons. Some use drugs or alcohol to cope up with stress, anxiety or depression that is resulted by stigma, discrimination or violence they face. Some use these for recreational purposes. Young people in South East Asian countries are increasingly engaging in "high fun", chem sex" or "Party and Play (PnP) where drugs such as crystal methamphetamine, cocaine, heroine, GHB or GBL are used before or during sex to enhance pleasure. Service providers need to be informed of these practices that increases young peoples' risk to HIV as use of these drugs may lead them to engage in

unprotected sex, practices such as “orgys” or group sex or engage in sexual behaviors that they would not usually engage. However, service providers need to be extra cautious when talking about drug use with young people as it should not stigmatize them. Young people will also be cautious in revealing these information as drug use in many countries is illegal. Keep in mind that service providers may not have the training or the expertise to work with young people who use drugs.

Discuss with the service providers how you can help them to build their capacity to work with young people. You can discuss how you can bring together organizations who work with people who use drugs to build linkages so that health care services can provide maximized services to young people who use drugs.

07. This question refers to specific services provided for your people who use drugs. These services usually include. According to UNODC, WHO and UNAIDS, the implementation of a package of nine interventions is essential to ensure reduction of drug-related infectious disease (Technical Brief, Harm Reduction for People Who use Drugs, The Global Fund). The nine categories of programs are based on a wealth of scientific evidence on their efficacy and cost-effectiveness in preventing HIV and other harms and these include

1. Needle and syringe programs (NSPs)
2. Opioid substitution therapy (OST) and other drug dependence treatment
3. HIV testing and counseling
4. Antiretroviral therapy
5. Prevention and treatment of sexually transmitted infections
6. Condom distribution programs for people who inject drugs and their sexual partners
7. Targeted information, education and communication for people who inject drugs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis

However, in many countries drug use is criminalized and therefore people who use drugs are hesitant access available services and disclose their drug use in fear of persecution. In addition, as a result of criminalization, the clinic may also be not able to provide some of these harm reduction services.

Discuss what harm reduction services are provided by the clinic. Discuss what referrals are provided to young people who may have a harm reduction need. Discuss How you can support make these referrals systems more effective.

08. This question refers to young people who sell sex. Young people, men, women and transgender, who sell sex may have specific and special needs. These could be combination

prevention needs including condoms, PrEP and PeP; they may have specific reproductive health needs and may also need harm reduction support which may include counselling, psychological and legal support in terms of harassment, abuse, rape or physical violence. In most countries a variety of aspects in sex work are criminalized and this prevents young people who sell sex accessing available services and service providers hesitating to provide services who sell sex.

Discuss how the clinic is providing specific services to young people who sell sex. Discuss the difficulties that the clinic face in providing specific services to young people who sell sex. Discuss how and what type of referral services are provided to young people who sell sex what can you do to support the clinic to provide these services effectively to young people who sell sex.

Category 02 – Accessibility

Accessibility requires that health facilities, goods, and services must be accessible to everyone. Accessibility has four overlapping dimensions:

- **non-discrimination**
- **physical accessibility**
- **economical accessibility (affordability)**
- **information accessibility.**

Assessing accessibility may require analysis of barriers – physical financial or otherwise – that exist, and how they may affect the most vulnerable, and call for the establishment or application of clear norms and standards in both law and policy to address these barriers, as well as robust monitoring systems of health-related information and whether this information is reaching all populations.

01. This question refers to physical accessibility of the clinic. Even though a clinic may be located in an easy to find place, it may be difficult to access the location by public transport. Most often young people do not earn and may have to request financial support from parents for their transport. Hence, a clinic located in a place that is harder to access through public transport may not be convenient to you people.
02. This question refers to the working hours of the clinic. Many government-run clinics are open during certain hours of the day and these hours are usually the morning hours. Young people who are schooling, engaging in higher studies or employed find these operating hours inconvenient as it is difficult to take permission to attend a sexual health clinic. Flexible operating hours that would accommodate the need of young people will allow more young people to access the services. Some services in different countries are open from late afternoons to night and some also during the week end. These kind of practices based on the requirement of young people are considered friendly and welcoming. Please keep in mind the government-run clinics may have to change policies to adopt this kind of working hours. However, the discussion could be directed explore how this kind of practices could be adopted.

Discuss what is considered friendly operating hours by young people in your country/ city. Discuss how you can convince more young people to access the service if these hours are included in the operating hours. Showing that you can increase their clientele would be a convincing argument.

03. This question refers to any of the costs associated with the services provided at the clinic. Young people in most instances do not earn. Even if they have income generation means, they may not want to spend their income on accessing sexual health services. Cost will also affect the motivation of young people to access available sexual health services. Also, some clinics may ask young clients to get certain tests done outside the clinic which may again entail costs.

Discuss why young people have to pay to access services at the clinic. Discuss how you can make these services free for young people.

04. This question refers to available options to make an appointment. Some clinics may not require prior appointments and clients could simply walk in during the operating hours for services. On the other hand, some clinics may require prior appointments. It is important that this information is provided to the clients so that they are well aware of what needs to be done before coming to the clinic or what to expect when they arrive at the clinic. If appointments are required, it is important to provide opportunities to make appointments using different channels both online and offline. Some clinics provide these channels through their website, Facebook pages and over the phone. The intention is to maximize on these channels so that young people can use any channel that is convenient and available to them. It is also important to ensure that these channels are properly coordinated so that appointments are not overlapped, missed or ignored. Please keep in mind that some of the clinics do not have the expertise to use online platforms to provide channels or may not have the resources.

Discuss how as young people you can support them to utilize online platforms to create systems to make appointments. Use your analysis of the background information during the discussion.

05. This question refers to the avenues that the health care setting has employed to disseminate information about the clinic. It is important that information is disseminated to young people through multiple avenues as young people are increasingly using social media platforms and other virtual platforms to access information. Yet we should not forget the fact that there is also a significant number of young people who are accessing information through traditional avenues. Hence it is important that a clinic is mindful of these different and evolving dynamics of how young people are accessing information when making information about the clinic is made available. Also be mindful that the clinic may not have the expertise to use online platforms to disseminate information or they may not have required infrastructure.

Discuss what are the methods currently used by the clinic to disseminate information and the current avenues young people in your country use to access information. Find ways of how as young people you can support the clinic to extend its reach with information and what kind of support you would require from the clinic in that process. Use the analysis you did on the materials of the clinic.

06. This question refers to whether the information provided by the health care setting is available in multiple languages. *In contexts where there is only one language, the question may not have any relevance. Many countries in the region use several languages in different parts of the country. It is important that young people are provided the opportunity to access this information in their

preferred language. It is also important to make both online and offline information available in the main languages used in the country or in that region of the country. Be mindful that clinics may not have the expertise to translate or resources to make them available in multiple languages.

Discuss how as young people you can help the clinic to make this information available in multiple languages. Use the analysis you did on the materials of the clinic.

07. This question refers to the complexity or the simplicity of the language used in the information. Many young people may not understand if a lot of technical terms are used in the information. Most of them may be reading this kind of information for the first time in their lives and technical terms and jargons may confuse them and disinterest them in reading further. At the same time be mindful that some of these technical terms may not have similar words in the local languages. The discussion should focus on how explanations could be provided for these technical terms or how colloquial words could be used creatively to explain them.

Discuss how young people understand these technical terms and what kind of words that the clinic could use to make the information material friendlier to young people. Use the analysis you did on the materials of the clinic.

08. This question refers to the location of the clinic. Hard to find locations makes many young people abandon their need for health services. Information about the location could extend way beyond simply providing the address. Along with providing the address the clinics can use information on nearest public transport stops and options, land marks. Google maps is one of the easiest way to make the location easier to find. Bar codes containing the google map links could be provided in the information materials so that young people can scan them to access maps. Young people may be travelling from rural areas to access the service. They may find it intimidating and uncomfortable to ask directions from other people. Be mindful that the clinics may not have the expertise to use new technology to provide information on the location.

Discuss how you can support the clinics to incorporate new technology in making the location easier to find for young people. As young people you know how your peers share information about the location of different venues that your frequent. Apply the same knowledge here. Use the analysis you did on the materials of the clinic.

09. This question refers to whether a young person is able to know what would happen at the clinic once he or she arrives. Young people would like to know these steps so that they can anticipate what would take place. Many young people are afraid of accessing services because they don't know what happens inside the walls. As young people you need to explain the importance of letting young people know of these steps so that they can feel comfortable coming to the service. You can also explain that by providing comprehensive information more young people could be attracted to the services

Discuss what kind of information as young people you would like to know of the processes inside the clinic. Also discuss how this information should be presented to young people both online and offline. Use the analysis you did on the materials of the clinic prior.

10. This question refers to whether the service provides any special services to gender and sexual minorities or young people from key populations. Young people from these populations may need to know what services the clinic is providing specifically for them. These services may go beyond HIV health services and consist of psychological support, services or advise on hormonal therapy

and transition for young transgender people, harm reduction and opioid substitution for young people who use drugs and special services for young sex workers who. What ever these services are, it is important that these services are advertised through the information packages of the service. At the same time the information material need not be labelled for particular communities. While the information caters to people from all communities, it is important that references are made to specific services for specific communities.

Discuss what kind of information particular to young key populations you would like to see in these information materials and how friendly yet specific references to young key populations and specific services offered to them could be mention in them.

11. This question refers to the clinic providing services to different age groups especially those who are bellow 18. Many countries have laws or policies regarding age of consent to HIV testing, treatment and other such related services such as harm reduction or abortion. Even though some countries have changed these laws or policies, many service providers may not know about these changes. At the same time young people may also not know that they can access these services with out the consent of their parents or guardians. Perceived age of consent in the absence of such laws prevent both service providers providing service and young people accessing available services. Hence it is important that the clinic provides this information to young people through information materials. Young people can then make an informed decision about accessing the service.

Discuss how you can provide services to young key populations bellow 18 who would not take their parents' or guardians' approval. Explore the possibilities of using proxy consent, where a peer outreach worker acts as a guardian. Use the background analysis you have done previously on the laws and policies during this discussion.

Category 03 – Acceptability

Acceptability relates to respect for medical ethics, culturally appropriate, and sensitivity to gender. Acceptability requires that health facilities, goods, services and programs are people-centered and cater for the specific needs of diverse population groups and in accordance with international standards of medical ethics for confidentiality and informed consent.

01. This question refers to the registration procedure of the clinic. Some clinics use anonymous registration procedures where a client fills the form privately on a computer. No personal identification details are required. The client will be then provided with a number that would help the clinic to keep record of the client. Some clinics may have traditional registration procedures where a staff member will physically fill a form on paper in consultation with the client. Whatever the method is, it is not appropriate to require personal identification details such as full name, identity card numbers, mailing addresses, home contact numbers or contact details of parents, school or working place. The intention of the registration is to acquire adequate information to follow up the client while protecting his or her confidentiality and privacy. Keep in mind that some of the policies in the country may require the clinics to gather personal identification details. Even such policies are not in action, health care workers may not understand how such a registration procedure may infuse fear among young people.

Discuss with the health service providers, what is appropriate and what is inappropriate information according to you. Discuss what are the best methods to follow up with young people. Use the experience of your peers who have accessed these services as a base for the discussion.

02. This question refers to sexual and reproductive health and rights (SRHR) information provided to young people at the clinic. Young people require more SRHR information other than information limited to HIV and STIs to make informed decisions about their sexual health. This information will include information on reproductive health, sex and pleasure, abortions, relationships, sexual abuse and violence and etc. The lives of young people are complex and evolving. Their risks to HIV may be seasonal. High risk during school days and low risk during vacations, high risk during summer camps. These dynamic of young people's lives need to be taken in to consideration when SRHR information are provided. Keep in mind that some health care workers may not know or may not have thought about these realities.

Discuss with them what kind of SRHR information young people require to make informed decisions. Talk about your personal experience and what changes you could have done if you were equipped with information. Showing the impact of information bring to young people's life will be a convincing argument.

03. This question refers to how this information on SRHR is provided to young people. This information could be part of the clinic's out reach information package or could be displayed as leaflets, brochures or pamphlets at the clinic. Taking these could be uncomfortable to young people. Hence textual or visual posters on these issues could be displayed. Where facilities are available information videos could be displayed. This information could also be made available in the clinic's social media platforms or website. It is also important that the service providers could provide answers or referrals to these queries on SRHR issues during the consultations. Keep in mind some SRHR issues may be illegal in your country, such as abortion. However, you can discuss with the clients the reality of such issues at the ground level and how can the health service provide information to the young clients. Health service providers can provide safe and reliable referrals and linkages to other organizations who provided these services.

Discuss what solutions are available for addressing controversial issues such as abortion in the health clinic and what options are available to provide services to young people who require them. Use your experience and your peers experience as the base of the discussion.

04. This question refers to how information on STIs are displayed at the clinic. Some clinics display fear infusing graphics of STIs. These images make a clinic an unfriendly and uncomfortable place to visit. It is important that young people are provided with this information but such information should not drive away the young clients. It is good to use creative visuals to talk about STIs and treatments that would catch the interest of young people. Keep in mind that service providers may not understand that how these images infuse fear among young clients. For them it could be simply pointing out the facts.

Discuss how as young people you would like this information to be displayed. Discuss how you can support the health service to create these visuals. Use the analysis of back ground information you did prior to the discussion.

05. This question refers to the use of symbols associated with LGBTIQ community at the clinic. This may be a new an innovative intervention for many health care providers and they may not know what these symbols are or what they mean to the community. On the other hand, young people may also not know the relation that these symbols have with different communities. It is therefore important to discuss about local symbols that are available. Some clinics in different countries use rainbow symbols, pink triangles or male and female symbols in doubles to showcase that the clinic is LGBTIQ friendly. Young people may feel welcoming if these symbols are displayed since they can identify themselves with these symbols. This could create an immediate comfortable look and feel for the young clients. Keep in mind the clinic may not have enough resources to show case these symbols.

Discuss how as young people you can support the clinic to introduce these symbols. You can use other community organizations to provide these symbols creatively made for display at the clinic.

06. This question refers to the descriptions of staff members displayed at the clinic. Having this information displayed at the clinic, in outreach information materials and on online platforms will allow young people to choose a health care provider upon the arrival at the clinic. They could even request their preferred health care provider when making an appointment. It is an ideal situation if the staff members could disclose their sexual orientation or gender identity. However please keep in mind that it is difficult to afford such disclosure in most of the countries. The intention of displaying and providing information of the staff is to give the young clients to see who serve them at the clinic.

Discuss how word of mouth can be used within the community so that young clients from marginalized communities can reach to particular service providers at the clinic. Discuss how such relations will provide confidence to young people to access services regularly.

07. This question refers to briefing the young client on the testing procedure, what involves and the time for testing and results. Many clinics do not provide information on these procedures to clients. Providing this information to the clients and making them understand the procedures before the testing, allows the clients to be comfortable with the testing procedures and provides a sense of involvement that can increase their confidence. This kind of a best practice can encourage clients to visit the clinic regularly and also encourage their peers to visit the clinic. Keep in my mind that health service providers may not understand the necessity of explaining the process. They may believe that client need to know all the details when they arrive for a testing.

Discuss how providing such information can build a positive connection between the client and service provider by establishing trust. Use your and your peers experience in accessing testing services to continue this discussion.

08. This question refers to the venue where the consultation take place. Most clinics do have consultation rooms that protects the confidentiality and privacy of clients and the information they provide. Especially young clients who are in need of disclosing their risks and behaviors need to feel secure in order to do so. While the counsellor plays a major role in that, a space that feels secure and comfortable could also help a young client to open up and reach out for help. Keep in mind that some service providers may think that only counselling should occur in a private room where as collecting blood could be in any space. Clinics that do the entire testing process from pre and post test counselling to collecting blood and disclosing results are much preferred by young clients.

Discuss how providing such a space can encourage a young client to discuss most of his or her risk issues openly with the service providers. Use your and your peers experience to continue the discussion.

09. This question refers to the involvement and inclusion of the young client in making decisions about his or her health after a positive result. A young client need to feel involved in making decisions about treatment initiation, disclosure and future appointments. This will provide them an opportunity to feel empowered and be responsible of their sexual health. However, service providers may assume that a young client may not have or should not have an opinion on her or her sexual health. However, a service provider should engage and ensure that a young client understand and agrees with the decisions made about his or her sexual health, treatments and etc. Keep in mind that age gap would play a major role in this involvement as the adults would feel

that young people may not need to engage in these decision making and need to be “taken care of”.

Discuss how young clients could be engaged in making decision about their sexual health through your experience. Discuss how such a best practice would empower and encourage young clients to regularly access the service in the future.

10. This questions refers to the right of the client to decline answering any questions during the consultation process or during the pre and post test counselling. A service provider cannot force a client whether young or not to provide answers to the questions that he or she does not wish to answer. Many service providers may not understand the importance of stating this fact at the beginning of the consultation. However, by stating this fact at the beginning, a service provider can establish a respectful and trustworthy relationship with the client. One the other hand young clients may not know of their right to decline answering any questions that are asked by their service providers. Hence it is important that both community and service providers are aware of the right of the client to decline answering any questions. Keep in mind the dynamics of age playing a major role in this. A service provider who is much older than a young client may have an overpowering presence that the client may feel forced to answer questions without consensus. A service provider may not know of this situation. The cultural practices between young people and adults in our region will also matter in this situation.

Discuss how informing a young client his or her right to decline any questions would boost his or her confidence to face the consultation confidently and also encourage them to seek services more regularly.

Category 04 – Quality

Quality requires that facilities, goods, and services must be scientifically and medically approved. Quality is a key component of Universal Health Coverage, and includes the experience as well as the perception of health care. Quality health services should be:

- **Safe – avoiding injuries to people for whom the care is intended;**
- **Effective – providing evidence-based healthcare services to those who need them;**
- **People-centered – providing care that responds to individual preferences, needs and values;**
- **Timely – reducing waiting times and sometimes harmful delays.**
- **Equitable – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;**
- **Integrated – providing care that makes available the full range of health services throughout the life course;**
- **Efficient – maximizing the benefit of available resources and avoiding waste**

01. This questions refers the clinic staff receiving training on SOGI and SRHR issues regularly in order to provide tailored services to all without stigma and discrimination. Some clinics may have these training taking place regularly, yet some may not have. Especially for government-run clinics the space and resources for such training would be difficult to access. However, community organizations can play a major role in supporting the clinics to receive these trainings. It is also important that these trainings are held regularly where the service

providers can engage with young people beyond a patient – service provider relationship. The issues of young people, SOGI and SRHR are evolving and so it is important for service providers to stay up-to-date.

Discuss how you can support the clinic to liaise with other community organizations to organizing regular trainings on SOGI and SRHR. Discuss how this kind of engagement with young people and other community organizations could benefit the community as it builds a productive connection between the community and the service providers.

02. This question refers to the clinic staff regularly undergoing training on new and innovative methods of testing, treatment and prevention of HIV, STI and other SRH issues. As the science develops continuously, so does the means of testing and treating SRH issues. Hence it is important that the services providers are constantly updating their knowledge in order to provide up-to-date, quality and effective services to young people and all other clients. However, in resource limited settings, it may be difficult to conduct such trainings.

Discuss how often such trainings are held for clinic staff. Discuss How you can also be part of such trainings and how you can, together with the clinic, use such new and innovative methods to motivate more young people to access available services.

03. This questions refers to the confidentiality of clients' information. Confidentiality is very important aspect of any SRH health services. Some clinics may not have the resources to establish systems that protect the clients' confidentiality through latest technology. Some clinics may be using the traditional methods such as files and filing cabinets. In any case it is important that young people feel that their information is kept confidential and that no one other than an authorized personnel can access them.

Discuss what methods are currently employed by the clinic to ensure the confidentiality of client information. Discuss the perception of young people as service users on these methods. Discuss your suggestions to ensure the confidentiality of the information of clients.

04. This question refers to the clinic employing or using volunteers from different marginalized communities at the clinic. Having openly identified individuals either volunteering or employed at the clinic would encourage more young people from marginalized communities to access the service. Having open staff members or volunteers would be an ideal situation for a clinic. However, it is really difficult unless it is a community clinic. Having such individuals ready to serve young clients would create a very friendly environment. Young clients can identify themselves and relate to these individuals when they arrive at the clinic. Keep in mind that this is one of the difficult tasks for a clinic. Employing community people at the clinic could be easy but no individual should be forced to come out unwillingly for the sake of services.

Discuss how you can use word of mouth within the community about the service to promote this kind of elements at the clinic. Community members can come and meet a particular person at the clinic who identifies with a marginalized community which would make accessing a service much easier.

05. This question refers to the time period that is taken by the clinic to produce the results of a HIV or STI test. Depending on the test, the clinic may take several minutes to several days. In some countries clinics may take 7- 10 days to produce the results of a HIV test and in some

countries the test results are provided in 30 – 60 minutes. Available resources could be challenge in producing test results fast. At the same time the testing facilities may not be available at the clinic site so the samples may have to be sent somewhere else to be tested. In any case, the more time spent on producing a test result is a factor in demotivating young people to visit the clinic. Young people may not have ample time to come to a clinic several times because they may be schooling or employed and in some cases may want to seek parents, spousal or guardian permission to leave home.

Discuss how the clinic can reduce the time period spent on producing a test result. Discuss how you can also help the clinic to work with relevant authorities to get more resources to the clinic so that the test results could be produced quicker.

06. This question refers to discussing sexual attraction during the consultation. A service provider should not assume that all young clients are either heterosexual or homosexual. Some young people may be bisexual and would have sexual relations with both men and women. Some young people will identify them as MSM with long term female partners and occasional or seasonal sexual relationships with men. Imagine situations like male or female only boarding schools, or young people who are in confined spaces with the same sex for longer time periods such as prisons, rehabilitation centers or ships. Keep in mind the service providers may not know about these dynamics of sexual attractions that are a major part of a young person's identity and risk to HIV. Sexual attraction cannot be simply boxed as homosexual, heterosexual, bisexual or any such categories. It is evolving and many young people do not like to categorize themselves any more. These dynamics need to be considered when sexual attraction is discussed.

Discuss how among young people sexual attraction is discussed and what kind of attractions are prominent. This discussion on sexual attraction between young people and adult counterparts could be somewhat difficult. State that this discussion about sexual attraction may be difficult but is required for both parties to understand the trends in sexual attraction and HIV vulnerabilities.

07. This question refers to discussing gender identity during the consultation. A service provider should not assume that all young people are cisgender or young gay men or MSM by default are transgender. Young people have diverse gender identities and expressions. As with sexual attraction, many young people do not want to limit themselves to one particular gender identity. The gradual rising of queer identities among young people will take the HIV vulnerabilities to a different level. It is important that these aspects are discussed during the consultation. Service providers should also respect and recognize the gender identity of young people. Young people should be consulted on how they prefer to be addressed to show respect. Keep in mind that the service providers may not know of these evolving factors among young people. They may have had less opportunities to aware themselves on these phenomena.

Discuss what are these gender identities among young people in your context. Using yours and your peers experience discuss how recognizing young peoples preferred gender identity could create a welcoming and friendly environment.

08. This question refers to the ongoing relations a health service has with community organizations. In order to provide young clients ongoing support, it is important to connect them with community groups or organizations that provide them extra help. Hence it is important for a health service to develop relations with support groups and community

organizations. Keep in mind that health service providers may only be concerned of medical support but not the social support. They may also be not aware of these support groups or community organizations.

Discuss how you can support the clinic to develop these relations with support groups and community organizations and how a referral system could be developed in order to maximize the support provided to young people.

Annex A

The structure

This facilitation tool is structured according to the 4 components of “right to health” as defined in the General Comment 14 of the Committee on Economic, Social and Cultural Rights – a committee of Independent Experts, responsible for overseeing adherence to the Covenant

The right includes the following core components:

01. Availability

Availability refers to the need for a sufficient quantity of functioning public health and health care facilities, goods and services, as well as programs for all. Availability can be measured through the analysis of disaggregated data to different and multiple stratifiers including by age, sex, location and socio-economic status and qualitative surveys to understand coverage gaps and health workforce coverage

02. Accessibility

Accessibility requires that health facilities, goods, and services must be accessible to everyone. Accessibility has four overlapping dimensions:

- non-discrimination
- physical accessibility
- economical accessibility (affordability)
- information accessibility

Assessing accessibility may require analysis of barriers – physical financial or otherwise – that exist, and how they may affect the most vulnerable, and call for the establishment or application of clear norms and standards in both law and policy to address these barriers, as well as robust monitoring systems of health-related information and whether this information is reaching all populations.

03. Acceptability

Acceptability relates to respect for medical ethics, culturally appropriate, and sensitivity to gender. Acceptability requires that health facilities, goods, services and programs are people-centered and cater for the specific needs of diverse population groups and in accordance with international standards of medical ethics for confidentiality and informed consent.

04. Quality

Quality requires that facilities, goods, and services must be scientifically and medically approved. Quality is a key component of Universal Health Coverage, and includes the experience as well as the perception of health care. Quality health services should be:

- Safe – avoiding injuries to people for whom the care is intended;
- Effective – providing evidence-based healthcare services to those who need them;
- People-centered – providing care that responds to individual preferences, needs and values;
- Timely – reducing waiting times and sometimes harmful delays.

- **Equitable** – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;
- **Integrated** – providing care that makes available the full range of health services throughout the life course;
- **Efficient** – maximizing the benefit of available resources and avoiding waste

Annex B

The Indicators

The facilitation tool is consisted of 35 questions under each key component. Each questions is provided with four indicators in order to scope the friendliness of the health service towards young people. Indictor 1 being the least youth friendly and indicator 4 being the entirely youth friendly.

- 1- Least youth aware - The health service is least aware of the requirements of young key populations and young people in general. No specific or special services are provided targeting young people
- 2 - Basic needs are accommodated - The systems used by the health services coincidently address some of the concerns of young key populations and young people in general. These services are not developed with young peple as the key target audience.
3. Partially youth friendly - The health service is aware of the specific and special requirements of young people. certain changes have been made to accommodate these requirements. However there is more opportunities to improve.
- 4 - entirely youth friendly - The health service is well aware of the specific and special requirements of young key populations and young people in general. Specific changes have been adopted to accommodate these requirements and provide a friendly and comprehensive service to young people.