

# 2 Creating a conducive and friendly facility environment

In the first module we established the importance of the role played by peer supporters in strengthening the delivery of healthcare services to adolescents and young people. We also saw the many advantages for health providers, and of course the benefits of a PS programme for peer supporters themselves. In this module we will be focusing on the facility environment as one of the most important aspects of any PS programme. Creating a conducive client environment should ideally be addressed prior to implementation of a PS programme. The appropriate environment will contribute greatly to the success of the programme.

1. Making peer supporters part of the healthcare team: Are we all on board?
2. Adolescent- and youth-friendly services provision
3. Integrating HIV and sexual and reproductive health and rights for adolescents and young people
4. Expanding adolescent- and youth-friendly service provision - What about community outreach?



# 1. Making peer supporters part of the healthcare team: Are we all on board?

As important members of the healthcare team, peer supporters need to feel part of the day-to-day facility activities. Involving them in weekly staff meetings and other events provides an opportunity for the voices of YPLHIV to be heard in a facility context. Participation also helps peer supporters to feel that they are valued members of the team.

Before bringing peer supporters on board make sure that staff understand how a peer support programme can strengthen the delivery of adolescent services.

## Checklist for preparing the existing health team



Staff have been given information about the value of PS support, for clients and the health facility as well as for themselves.	Y	N
Staff understand the roles and responsibilities of peer supporters in a PS programme.		
The team understands that peer supporters should be involved in relevant meetings and activities.		
The team believes that peer supporters will make an important contribution to programme efforts and values their input.		
The team is clear on the organogram, where peer supporters fit into facility activities, who they report to and who will have a role in supervising/mentoring them.		
Peer supporters have a clear job description which has been shared with staff who will be supporting the programme.		



You may find that some members of staff are unsure about peer supporters joining the team and may be resistant. This is understandable, particularly if they have not had any exposure to a PS programme previously. Some of the most common concerns are highlighted below:

## Addressing common staff concerns

### 1. Will the addition of peer supporters to the team make my job harder?

- Peer supporters complement and support existing services. Task shifting means that the load on health providers is often lessened, freeing staff up to focus on other areas of expertise.

### 2. Will peer supporters cause harm if they break confidentiality?

- Just like any other staff, peer supporters are expected to conform to the policies and rules of the facility or organisation they assist. In addition, because of their own life experiences and having received healthcare services themselves, they are more likely to be sensitive to confidentiality and want to protect the privacy of their peers.

### 3. Will peer supporters be able to handle the administrative requirements of the job?

- Although some people may have little work experience and may not hold a qualification, on-the-job training is an important aspect of helping peer supporters staff to learn and meet reporting requirements.

### 4. Peer supporters are young people. How will they be able to handle the stress of the job?

- Self-care is important for everyone in the facility and peer supporters are no different. Remember that they have gained mastery over their health condition and often develop resilience as a result. In addition, they should be provided with regular support to ensure that the stress associated with the role does not become too overwhelming.

### 5. Peer supporters are not qualified to do my job.

- Peer supporters are not engaged to replace or undertake professional roles, but will rather complement these roles and provide additional non-professional support that staff are unable to get to amidst high patient loads in the facility.

Adapted from: Philadelphia Dept. of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). Peer Support Toolkit





## LEARNING SPOT

In considering uptake of a new or innovative approach to doing things, five factors have been found to play an important role. Therefore, when discussing a PS programme with staff be sure to address these points:

1. **Relative Advantage** – i.e. the degree to which a PS programme is seen as better than the current programme that does not include peer support.
2. **Compatibility** – i.e. how consistent a PS programme is with the values, experiences and needs of the staff team.
3. **Complexity** – i.e. how difficult the concept of a PS programme is to understand or implement.
4. **Triability** – i.e. the extent to which a PS programme can be tested or experimented with before a commitment to adopt it is made.
5. **Observability** – i.e. the extent to which the PS programme provides tangible results.

If there are still some staff members who are resistant to implementing a peer support programme you can try one or more of the following strategies:

- Share information (this could be journal articles, reports etc) of success stories and evidence of the effectiveness of PS programmes.
- Share information on how other organisations have tried PS programmes and have adopted and implemented them successfully.
- Encourage other staff members to reassure or persuade staff who are reluctant to try this new approach.
- Ask them to talk about their specific concerns and address each of these.

Rogers (1962): Diffusion of Innovation Theory

## Welcoming peer supporters to the programme

Prior to peer supporters joining the programme you will have gone through a process of recruitment and selection. This will culminate in the appointment of your peer supporters. You may want to make a formal announcement in advance of their arrival or when they join, to ensure that all facility staff are aware of the new team members. Communicating their role is an important step towards buy-in and will ultimately help your peer supporters to ease into their new position. Write a memo, send an email or include the announcement in a newsletter if you have one. However, if this is not common practice in the facility, it may be advisable to leave introductions until orientation as putting out a staff notice may just cause resentment if this is not something that has happened previously for other staff.

## Template for staff announcement



Date

Heading: (Name of Facility)

WELCOMES OUR NEW PEER SUPPORTER/S

I am pleased to advise that (name of peer supporter/s) is joining our team as (title). S/he/they will be working as part of the (name of programme eg. youth friendly services programme) and will be reporting to (name of supervisor or line manager).

Background: (for example, "having peer supporters as part of our programme is an important step for us because (he/she/they) will assist us in working towards (insert programme goal/s) and (insert benefits to the programme)."

Adapted from: CASRA (2014). Roles for peer providers in integrated health care: A Guide

Another way to make them feel welcome and to facilitate their work, is to set aside a space for use by the peer supporters. This may or may not be possible depending on the space constraints of your health facility. The space could be temporary (for ad hoc use, like the meeting room) or a more permanent arrangement, if a room is available. The space could be set up and decorated by the peer supporters in a way that allows them to feel comfortable and empowered. Whether the space is their own or shared, it will help to work with them to establish clear, respectful guidelines for use of the space that both staff and peer supporters can adhere to. In some facilities peer supporters are stationed at adolescent-friendly corners.

## 2. Adolescent- and youth-friendly service provision (AYFS)

Always remember that the success of a PS programme is heavily dependent on the importance that the health facility attaches to ensuring that its health services are adolescent- and youth-friendly. Peer supporters will struggle to engage with their peers if the environment is not conducive to making young people feel comfortable and if the services offered are not tailored to their needs. The World Health Organization (2015) has provided eight Global Standards as a guide to the provision of AYFS. All standards should be met in order to meet the needs of adolescents and young people.

In addition, the “Quality Care Framework”, developed by the World Health Organization (2012) provides further useful guidance for quality assessment. There are five key characteristics you can check to make sure that adolescents and young people are getting quality health services:



### LEARNING SPOT

#### Standards for quality adolescent health services

1. **Accessible:** Adolescents are able to obtain the health services they need
2. **Acceptable:** Adolescents are willing to obtain the health services provided
3. **Equitable:** All adolescents can benefit from the services provided, not just selected groups
4. **Appropriate:** The services provided are those that adolescents need
5. **Effective:** The right health services are provided in the right way

#### WORLD HEALTH ORGANIZATION GLOBAL STANDARDS<sup>iv</sup>

1. **Adolescent Health Literacy:** The health facility implements systems to ensure that adolescents are knowledgeable about their own health and know where to obtain health services
2. **Community Support:** Parents, Guardians and the Community support the provision and use of services by young people
3. **Appropriate Package of Services:** Provision of information, diagnosis, treatment and care provided in the facility or through referral or outreach
4. **Provider Competencies:** Healthcare providers are competent to provide services to adolescents. Staff protect and fulfil adolescent rights to privacy, confidentiality, non-discrimination, non-judgement and respect
5. **Facility Characteristics:** The facility has convenient operating hours and a welcome and clean environment; privacy and confidentiality are maintained. It has the equipment, medicine and technology needed to ensure that effective services are given to adolescents
6. **Non-Discrimination:** The facility provides quality services to all adolescents no matter what their age, sex, marital status, educational level, ethnic origin, sexual orientation and other characteristics or their ability to pay for the service
7. **Data and Quality Improvement:** The health facility collects, analyses and uses data on service utilisation and quality of care, disaggregated by age and sex to support quality improvement. The health facility staff are supported to participate in quality improvement
8. **Adolescent Participation:** Adolescents are involved in the planning, monitoring and evaluation of health services and in decisions about their own care, as well as in certain appropriate aspects of service delivery

WHO (2015). Global standards for quality health-care services for adolescents. Volume 1: Standards and criteria

## Minimum service package

Amongst other things, the eight Global Standards outlined by the World Health Organization refer to the provision of an appropriate package of services for young people. The more health needs that can be met within the health facility the more likely it is that adolescents will get the services they need. Although referrals are an important part of service provision, there is always the chance that young people won't act on a referral that has been made, for example from the facility to a community-based organisation dealing with gender-based violence. Although it is not always possible, try to offer a comprehensive basket of services as a "one stop shop" for adolescent clients. The following checklist provides guidance:

### Checklist for a comprehensive service one-stop-shop package



	Y	N
Counselling on sexual and reproductive health, growth, development, relationships and sexuality		
Information and education on sexual and reproductive health		
Pregnancy testing and abortion-related services		
Maternal health services and PMTCT		
Sexual and reproductive health services, eg. family planning, antenatal care, safe delivery, post-natal care, STI prevention, screening and treatment, post-abortion care		
Contraceptive counselling and full range of contraceptive methods offered		
HIV counselling, testing and linkage to care, support and initiation on antiretroviral treatment, treatment literacy with access to VL, CD4, Hepatitis screening		
Counselling and support for adherence to treatment and disclosure support		
Psychosocial support with access to safe spaces, youth clubs and peer support		
Support for transitioning to adult care		
Nutrition counselling		
Personal hygiene and general healthy living information and education		
Screening, referral linkage and follow-up		
Life skills education and recreation		
Social protection services and welfare support		
Screening and counselling on sexual abuse and gender-based violence		
Screening and counselling on mental health		
Screening and counselling on substance abuse		

## Have we ticked all the boxes?

The first question to ask is whether the facility is meeting the criteria for an adolescent- and youth-friendly facility. As an initial step a facility assessment can be conducted to evaluate just how youth-friendly the facility services are.

### Checklist to assess central characteristics of adolescent- and youth-friendly services



	Y	N
<b>Staff preparedness</b> <ul style="list-style-type: none"> <li>• Are health providers trained and sensitised to work with adolescents?</li> <li>• Do health providers show respect and a non-judgemental attitude to adolescent clients?</li> <li>• Are staff respectful of confidentiality and privacy?</li> <li>• Are staff comfortable and able to support and provide stigma-free services to adolescents and young people from key populations?</li> </ul>		
<b>Efficiency and effectiveness of service delivery</b> <ul style="list-style-type: none"> <li>• Is there enough time allowed for provider-adolescent interaction?</li> <li>• Are there job aids available to assist health providers working with young people?</li> <li>• Are adolescents involved in decision-making about how programmes are delivered?</li> <li>• Are services friendly to both male and female patients as well as to partners?</li> <li>• Are appointment systems and tracking systems for clients who miss appointment in place?</li> </ul>		
<b>Access to services</b> <ul style="list-style-type: none"> <li>• Does the facility provide services at times that are convenient to adolescents eg. after school?</li> <li>• Does the facility have a separate space and separate hours for adolescents?</li> <li>• Is there a sign that gives information on services and facility hours?</li> <li>• Are services safe and affordable or no fees for services?</li> </ul>		
<b>Facility Environment</b> <ul style="list-style-type: none"> <li>• Is there adequate space and privacy?</li> <li>• Are the surroundings comfortable and not overcrowded?</li> <li>• Is the waiting time short?</li> <li>• Is there a safe space for adolescents?</li> </ul>		
<b>Choice of Services</b> <ul style="list-style-type: none"> <li>• Are there youth support groups in the facility?</li> <li>• Are there peer supporters available to assist in the facility?</li> <li>• Are youth-friendly educational materials available</li> <li>• Do clients have information that will allow them to access information off-site for example telephone hotlines</li> <li>• Are adolescents provided with referral to other services/organisations if there are services the facility is not able to provide, eg. specific support for substance abuse?</li> <li>• Safe, affordable or no fees for services</li> <li>• Mechanisms in place for young people to give feedback on the service they receive</li> <li>• Are there mechanisms in place for young people to give feedback on the service they receive?</li> </ul>		

If your facility does not meet all the requirements for being adolescent- and youth-friendly or does not offer all services in the minimum package, think about how engaging peer supporters can help you better offer these services. Engaging peer supporters can play an important role in establishing a quality improvement plan.

# 3

## 3. Integrating sexual and reproductive health and rights (SRHR) and HIV

### LEARNING SPOT



Adolescents and young people are sexual beings. Like any other AYPLHIV want to have relationships and be free to enjoy a healthy sex life. Together with HIV care, it is important that they are offered integrated and comprehensive health services. SRHR integration refers to joining SRHR and HIV interventions together to improve outcomes, ideally in the same consultation or during the same facility visit. This can be further complemented through information and education campaigns, health talks and psychoeducation to address SRHR and HIV during waiting room engagement and/or support groups.

Whilst the minimum package of youth-friendly services provides guidance on the SRHR services that should be available to young people, remember to focus on the quality of the services provided. A good way to assess this is to ask the adolescents themselves. Pay special attention to barriers, such as long queues and staff attitudes. For example, refusal to provide sexual and reproductive healthcare to unmarried women, insistence on parental consent or judgemental attitudes that can compromise the success of your SRHR programme. Use the checklist below to assist you with the assessment. Offering such assessments and/or scorecards can also be done anonymously by those attending the facility and can be left in a box or handed in.

### Survey checklist for assessing quality of SRHR Services



Hello, my name is Sister Buuya  
I would like to ask you some questions about how you experience the services here at (name of facility). We would like to hear from you about whether you received the services you needed and if these were provided in the right way. This will help us to make sure that we are giving the best possible service.

The survey will not take very long and anything that you say will be kept confidential. If you don't want to participate that is fine too.

**Demographic Information:**

Gender:

Age:

Are you: single  married  in a relationship  (tick one)

Is this your first visit to the facility

Y

N

**Right to Information:**

Did you receive information or counselling on any of the following during this or other visits:

- Safer sex options
- Prevention (HIV, STIs, unwanted pregnancy)
- Contraception (how it works) and options to consider
- Emergency contraception
- Post-exposure prophylaxis
- Relationship and sexual enjoyment
- Developmental issues, eg. menstruation, masturbation
- Where to go for services not available at this facility
- HIV treatment literacy, adherence and disclosure support

**Right to Access**

Were you helped with any concerns you might have had?

If not, please explain:

**Are the facility opening hours convenient for you?**

If not, what would suit you best:

**Right of Choice**

Did you get the service you came for today?

If not, please explain:

If you were unhappy or uncomfortable did you know who to speak to about this?

Were you offered an opportunity to join a support group?

**Privacy**

Did you feel that your right to privacy was respected?

Were you reassured that any information you gave would remain confidential?

<b>Waiting Time</b> Did you feel your time at the health facility was:		
• Too long	Y	N
• Too short		
• About the right length of time		
<b>General Satisfaction</b> Did the facility staff treat you in a friendly and respectful way? If not, please explain:		
Have you ever been asked your opinion about the services provided at this facility?		
<b>Continuity of Care</b> Have you been told:		
• When you should return for a follow-up visit		
• That you can come back anytime if you have a question or problem		
Was there anything you liked about the facility: (please explain)		
Was there anything you disliked about the facility (please explain)		
Was there anything you would have liked to tell the health provider that you felt uncomfortable to talk about? (please explain)		

Adapted from: International Planned Parenthood Federation (2008).

## Scorecard to survey friendly health service provision



Statement	Frequency of occurrence			
	Always	Mostly	Sometimes	Never
1. Health providers greet me with a SMILE				
2. Health providers show me that they believe I can live a full and happy life, have healthy relationships and have a family of my own				
3. Health providers listen to my questions without judgement				
4. Health providers provide me with answers that are positive and give me hope				
5. Even when health providers are busy, they give me time to talk				
6. Health providers explain things clearly and make sure I understand everything and can make my own choices				
7. Health providers treat me with respect and don't talk about me with others				
8. Health providers respect my privacy and will speak to me in a confidential space				
9. Health providers make appointments quick and smooth, so I am not waiting around				
10. Health providers are fair to me and do not allow older clients to jump the queue ahead of me unnecessarily				
11. Health providers find ways to make sure that I do not have to visit the facility too often and that I get the full range of services that I need				
12. Health providers do not behave inappropriately - they don't flirt with me, gossip about me or insult me				
13. Health providers make sure that the medication they give me is correct, not expired and they explain to me what I need to know to be able to take it				
14. Health providers do not burden me with any stress that they may be feeling				
15. Health providers care about me and make me feel cared for, understood and protected				

Adapted from READY+ programme leaflet that provides guidance on working with young people (2018).



## 4. Expanding adolescent- and youth-friendly service provision – what about community outreach?

### LEARNING SPOT



Just as in the health facility, the delivery of a comprehensive package of quality health services is important at community level. An effective PS programme can successfully build health-seeking behaviours amongst adolescents in the community and can be strengthened in various ways. Linkage between the facility and community is critical to ensure access to services, and, support in either sphere and requires a clearly defined referral pathway and administrative tools to ensure the referral is complete.

Start by asking a few simple questions

- Is the programme suited to the needs of our community?
- What is the programme really achieving?
- Is the programme reaching those most in need?

You can also use the checklist below to provide some guidance on levels of engagement, for example formation of a Community Advisory Board (CAB) to assist in the flow of information:

### Checklist for assessing community involvement



• Community-based organisations (CBOs) are adequately informed about the goals and activities of the programme	Y	N
• CBOs support the programme either directly or indirectly		
• The programme works with CBOs in planning and implementing community activities		
• CBOs experience benefits from supporting the programme		
• Community stakeholders know the goals and activities of the programme		
• The programme collaborates with stakeholders to plan and implement activities		
• Faith-based organisations support the programme either directly or indirectly		
• Faith-based organisations are well informed about the goals and activities of the programme		
• The programme works with faith-based organisation to plan and implement activities		
• There is a referral directory of services in the community we can refer to		
• There is a referral system in place between the clinic and selected community-based partners		

## Community based activities

### Template of service package at community level – mapping services



It is useful to have an overview of community-based services that can assist the peer supporters with his or her activities.

Areas of activity	Person responsible
HIV prevention	For example: health promotion campaigns
HIV counselling, testing & linkage to treatment Initiation	For example: mobile testing and or self-testing
HIV care	For example: home visits, appointment reminders and phone messaging
HIV treatment	For example: referrals for adherence support and for tracking someone that may have missed an appointment
HIV support	For example: psychosocial support

Adapted from: USAID (2011). Community Health Worker Assessment and Improvement Matrix (CHW: AIM)

## What is out there?

Every community has resources. These can take different forms, for example support groups, youth drop-in centres, psychosocial support and counselling services, community-based testing centres and organisations that support orphans and vulnerable children. To ensure that adolescents are referred to the appropriate community-based services health providers need to know what is available. This can be achieved by undertaking a simple mapping exercise. Please also see **module 3** on programme planning for more information on community mapping and a list of resources to assist with this if needed.

## Is there a referral system in place?

Strengthening linkages between the facility and the community as well as those between the community and the facility (bi-directional linkages), also relies on a formalised referral system. Start by asking yourself a few questions:

### Referral systems checklist



	Y	N
Are there bi-directional referral systems in place?		
Are there guidelines for determining when a referral is needed?		
Have logistics been considered: eg. meeting patient transport costs when a facility visit is required?		
Is there a system for tracking and documenting referrals?		

### Template for bi-directional referrals



#### CLIENT REFERRAL FORM

Details of Referring Organisation (eg. facility or CBO name)

Referring to

Address

Contact details

Date of referral (insert date)

Client details

Client identity document number or UI

Age

Sex

Address

Service Referred for:

(insert service/s: see tick box example below)

Getting all of my health services in one place in one visit means I don't have to worry about organising transport or taking time off from school to visit the health facility too many times in one month.



SRH & HIV Prevention Services	HIV Services	Care & Support
<input type="checkbox"/> HIV testing & counselling	<input type="checkbox"/> Antiretroviral therapy (ART) initiation	<input type="checkbox"/> Psychosocial support
<input type="checkbox"/> Condoms & negotiation skills	<input type="checkbox"/> Viral load and CD4 monitoring	<input type="checkbox"/> Mental health screening & management
<input type="checkbox"/> Family planning & pre-conception advice (a full range of contraceptives, including long-acting methods & emergency contraception)	<input type="checkbox"/> Adherence support	<input type="checkbox"/> Disclosure support
<input type="checkbox"/> STI screening, diagnosis & treatment	<input type="checkbox"/> Understanding & managing side effects	<input type="checkbox"/> Support groups
<input type="checkbox"/> Voluntary medical male circumcision	<input type="checkbox"/> ANC and PMTCT services	<input type="checkbox"/> Comprehensive post-rape care & counselling
<input type="checkbox"/> Antenatal care, safe delivery services & postnatal care	<input type="checkbox"/> Opportunistic infection screening & treatment	<input type="checkbox"/> Nutritional support
<input type="checkbox"/> Human papilloma virus (HPV) vaccination	<input type="checkbox"/> Hepatitis C screening & treatment	<input type="checkbox"/> Linkage to access social protection services & other support services
<input type="checkbox"/> Cervical & breast cancer screening	<input type="checkbox"/> Hepatitis B screening and vaccination	<input type="checkbox"/> Violence prevention & support, including sexual & gender-based violence
<input type="checkbox"/> Post-exposure prophylaxis		
<input type="checkbox"/> pre-exposure prophylaxis (PrEP)		
<input type="checkbox"/> Abortion services		<input type="checkbox"/> Education and support for caregivers to be able to provide information & support on SRHR
<input type="checkbox"/> Post-abortion care, including treatment of incomplete & unsafe abortion		
<input type="checkbox"/> Comprehensive post gender-based violence/rape care		
Any other services provided not listed above (please specify):		

## KEY MESSAGES



1. Adolescent and youth PS programmes work best in an environment that includes staff support for the programme and an adolescent- and youth-friendly facility
2. Facilities should adhere to or be working towards recognised standards of providing adolescent- and youth-friendly
3. A comprehensive package of services including integration of SRHR should be available
4. Staff should be sensitised and trained to provide a confidential, non-judgemental service to adolescents
5. Linkages to community and community-based activities and services are a key aspect of an adolescent programme

### Resources to utilize in conjunction with this toolkit:

- GNP+ 2020. Measure it, act on it, do it: Using the PLHIV stigma index to achieve change. <http://teampata.org/portfolio/gnp-measure-it-act-on-it-do-it-using-the-plhiv-stigma-index-to-achieve-change/>
- WHO and UNICEF 2019. Adolescent-friendly health services for adolescent living with HIV: From theory to practice. <http://teampata.org/portfolio/adolescent-friendly-health-services-for-adolescents-living-with-hiv-from-theory-to-practice/>
- UNICEF 2019. Paediatric Service Delivery Framework. <http://www.childrenandaids.org/Paediatric-Service-Delivery-Framework>

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- PATA (2017). Peer Support Programme Handbook: [http://teampata.org/wp-content/uploads/2017/10/PATA-Peer-Supporter-Handbook-review-2017\\_Final.pdf](http://teampata.org/wp-content/uploads/2017/10/PATA-Peer-Supporter-Handbook-review-2017_Final.pdf)
- PATA READY+ programme leaflet that provides guidance on working with young people (2018): <http://teampata.org/wp-content/uploads/2018/06/Y-facility-leaflet-ENG-17.6.18-V3.pdf>
- Philadelphia Dept. of Behavioural Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). Peer Support Toolkit. Philadelphia, PA: DBHIDS. [http://dbhids.org/wp-content/uploads/1970/01/PCCI\\_Peer-Support-Toolkit.pdf](http://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf)
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## Additional Resources for health provider sensitisation training for working with adolescents and key populations

1. PATA (2017). Promising practices in health provider sensitisation for adolescents and young people living with HIV: [http://teampata.org/wp-content/uploads/2017/09/170913\\_PP8\\_HCW-Sensitization\\_WEB.pdf](http://teampata.org/wp-content/uploads/2017/09/170913_PP8_HCW-Sensitization_WEB.pdf)
2. CSWG (2018). Sensitizing health provider to provide response care to adolescents and young people. <https://www.who.int/hiv/pub/paediatric/sensitizing-health-worker-care-hiv.pdf?ua=1>
3. International HIV/AIDS Alliance (2017). Good practice guide: Adolescent HIV programming [https://www.aidsalliance.org/wp-content/uploads/old\\_site/alliance\\_gpg-hiv\\_and\\_adolescents\\_final\\_original.pdf?1519234078](https://www.aidsalliance.org/wp-content/uploads/old_site/alliance_gpg-hiv_and_adolescents_final_original.pdf?1519234078)
4. Frontline AIDS (2017). Working with young key populations. <https://frontlineaids.org/resources/working-with-young-key-populations/>
5. GNP+ (2015). Key population guidelines. <https://www.gnpplus.net/resources/community-guide-i-hiv-and-key-populations/>
6. Province of the Eastern Cape Health / Health Focus (2017). Youth and adolescent sensitization training facilitation guide: <http://aviwe.wrhi.ac.za/youth-adolescent-sensitisation-training-facilitation-guide/>
7. UNAIDS (2017). Agenda for zero discrimination in health-care settings. [https://www.unaids.org/sites/default/files/media\\_asset/2017ZeroDiscriminationHealthCare.pdf](https://www.unaids.org/sites/default/files/media_asset/2017ZeroDiscriminationHealthCare.pdf)
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# Resources

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