

**Assessment
of the
Referral and Counselling Network
Youth-Friendly Services**



Comprehensive Adolescent Care within Reach

Vientiane, Lao PDR

August 2008

Foreword

Lao PDR today has a young population, with 54% accounted for by those below 20 years of age. Generally they lack access to RH information and services and are taking risky behaviours. Current evidence points to increasing premarital sex with 54% of young women already having sex by the time they are 19 years old. Consequently, there are also increasing reports of sexually transmitted diseases and unwanted/unplanned pregnancies among the youth. Many of these unplanned pregnancies end up in abortions which also threatens the life of these young women.

Despite their pressing needs, young women and men are too shy and/or embarrassed to go to our health facilities either because these are not youth friendly or could not ensure confidentiality and privacy, which are very important considerations in dealing with sensitive issues of young people. Moreover, services tailored to respond to the needs of the youth are also not available, if not taken for granted.

The Referral and Counselling Network (RCN) is first major initiative in the country to respond to the urgent reproductive health needs of young people. It envisions itself as a dynamic and sustainable cooperation in health development; focused on the promotion and delivery of rights-based, client-oriented and quality information and services; contributing to the improvement of the sexual and reproductive health status of vulnerable and marginalized youth, women and men in the Lao PDR; and their empowerment to make responsible decisions and actions.

Towards this end, UNFPA supported the conduct of this Assessment of Youth Friendly Services for RCN. It seeks to gather information that will help create a better understanding of the current situation, capacities, services available, youth friendliness; identify weaknesses, gaps or needs in responding to RH needs of young people; and propose recommendations to strengthen and institutionalize youth friendly RH service delivery.

The results of this study will now guide development of the RCN Service Delivery Protocols to promote standardization of and more comprehensive services across the network. Moreover, the process will also help facilitate the development of action plans for quality improvement that can help RCN member agencies address policy, operations, training and other program areas needing adjustments and change, helping to expand access to and availability of youth friendly linked HIV and SRH services.

Our heartfelt congratulations goes to all the member agencies of the RCN for taking this first vital step to help the network move closer to realizing its vision of contributing to improvement of the SRH status of young people in the Lao PDR.

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Executive Summary

Lao PDR has a young demographic profile, almost two-thirds of the country is under 25 years of age and 54% of this young population is under 20 years of age. They are increasingly exposed to risk behaviours as they into their curiosity to know have limited access to reproductive health information. Risk behaviours that young people are exposed to are pre-marital sex, multiple sex partnerships, low utilisation of condoms and contraceptives, lack of information on adolescent sexual and reproductive health, high prevalence of STIs among males, negative attitudes of health providers toward young people, early marriage and the resulting early pregnancy and delivery.

Most young people are unwilling and unable to use health services for several reasons such as, lack of awareness of existing services, confidentiality concerns, and lack of privacy in health facilities, embarrassment and the perception that health providers are judgemental and unwelcoming to young clients. While young males are central to the course of the epidemic, they remain peripheral to the current response to HIV and STIs. Specific youth-friendly services targeting young males remain to be realised.

In Laos especially in rural areas, as adolescent sexuality is felt to threaten the cultural order, a strong element of fear surrounds young people and their expression of their sexuality. One result is the common concern among adults that adolescent reproductive health programs will encourage adolescent sexual activity or the promotion of condoms will encourage promiscuity. In this society, adults also expect young men and young women to express their sexuality differently. Prohibitions on premarital sexual activity of adolescent girls are often far stronger and more emphatically enforced than those placed on adolescent males.

Openly addressing adolescent sexual and reproductive health is new in the country and there are a number of cultural and institutional challenges to meeting adolescent SRH needs nationally.

The Referral and Counselling Network (RCN) was established in 2004 as an unplanned but positive and unique accomplishment of the “Reproductive Health Initiative for Youth in Asia” (RHIYA) project in Lao PDR funded by EU-UNFPA, concurrently implemented in 7 countries in Asia. The idea of organizing a network to improve the provision of quality sexual and reproductive health services to young people, came about at one of the series of counselling courses on Adolescent Sexuality and Reproductive Health conducted among the three implementing agencies of the RHIYA Programme in Lao PDR: (1) the Vientiane Youth Centre of the Lao Women’s Union which took care of the urban youth in Vientiane Capital; (2) CARE International which worked with service women (sex workers) also in Vientiane Capital; and (3) Health Unlimited whose target were the rural youth in three southern provinces.

The RCN was launched in November 2004, confirming the value of the Network in the attainment of their health care goals hence the members were encouraged to continue their work and to sustain the network. The RCN was approved by the Ministry of Health through an official endorsement issued on 13th June 2006 with CHAS designated as the Chair/Coordinator. With support from UNFPA, a Consultative Workshop attended by representatives of the member organizations/institutions was conducted from 12th to the 16th of November, 2007 in Vientiane, Lao PDR to develop the RCN Strategic Plan and

Operational Guidelines 2008-2010. On 24 July 2008, the Heads of the RCN member agencies/institutions signed a Memorandum of Understanding (MoU) that bound them to ensure the implementation of the Strategic Plan.

The RCN now has five (5) member-hospitals, namely, the Friendship Hospital (FH), Mahosot Hospital (MH), Maternal and Child Hospital (MCH), Sethathirat Hospital (SH); and the Vientiane Health Department (VHD) operating 9 District Hospitals in Vientiane Capital; (2) rehabilitation centres, namely, the Lao Women's Union Counselling and Protection Centre for Women and Children (LWU CPCWC) and the Somsanga Drug Treatment and Vocational Training Centre (SDTVC); three (3) counselling centres, the Centre for HIV, AIDS and STI (CHAS), Lao Women's Union Counselling and Protection Centre for Women and Children (CPCWC) and Vientiane Youth Centre. There are 3 that are classified as drop-in centres which are the FHI Drop In Centre (FHI DIC) for Sex Workers, PSI Peuan Mai Centre for MSM and the Vientiane Youth Centre. Two are considered clinics, the Dermatology Centre and FHI Drop In Centre for Female Sex Workers. There is only one (1) protection centre which is the LWU CPCWC and one (1) testing centre which is the CHAS National Laboratory Centre. With the majority of facilities being government institutions, the RCN has the proximity to the policy makers in terms of getting their voices heard in policy advocacy and dialogue for the institutionalisation of adolescent sexual reproductive health.

This assessment sought to gather information that will help create a better understanding of the current situation, capacities, services available, youth friendliness, including issues, concerns, and program gaps of RCN member agencies in responding to RH needs of young people. Specifically, the study aimed to: 1)gather background information on individual RCN member agencies, to include among others: mandate, organizational structure, management and personnel, RH programs or projects, yearly budget/funding allocation, describing the overall strengths and relative advantage of individual member agencies which could contribute to the goals and objectives of the RCN; 2) Describe the range, status and trends (including client volumes) of RH services provided in RCN member agencies/organization; 3) Assess the Youth Friendliness of the institution/facility in terms of the following characteristics: Location, Facility hours, Facility environment, Staff preparedness, Services provided, Peer education/Counselling program, Educational activities, Youth involvement, Supportive policies, Administrative procedures, Publicity/Recruitment, Fees; 4) identify weaknesses, gaps or needs in the current RH services for young people among RCN member agencies/institutions; 5) Propose recommendations to strengthen and institutionalize RH service delivery for young people at the RCN facility/clinic level. The Assessment Team used the Clinic Assessment of Youth Friendly Services developed by Pathfinder International in 2001. In reference to this assessment, the main target age range is 15-24 years old and the terms young people, adolescent and young adults were used interchangeably. Benchmarks used for this assessment of Youth Friendly Services, come from several authors from: Pathfinder International, EngenderHealth, AFRICAN YOUTH ALLIANCE, IPPF- The Safe Project and YouthNet

Findings and Recommendations

There is a growing recognition among the RH providers world-wide and among the RCN member agencies that youth-friendly services are needed if young people are to be provided with SRH care. Such services are able to effectively attract young people,

comfortably and responsively meet their needs and succeed in retaining these young clients for continuing care, whether services are provided in: a) clinical setting, b) youth-oriented site of programme, c) at the workplace, or through d) outreach to informal venues. Basic components of YFS include a) specially trained service providers, b) privacy, confidentiality and d) accessibility.

Facility Related Characteristics of YFS

On Location, findings include: clients have difficulty accessing some of the facilities because of the far distance of their location from the city centre and as fare for public transport has increased, the staffs of facility are not encouraged to come to meetings. Recommendations for the Assessment Team are 1) Consider a transport support mechanism for focused vulnerable clients such as the entertainment workers, MSM and others who may be identified in future ASRH programming; 2) Consider fuel subsidy for staffs who go for RCN or RCN-related meetings.

On Facility Hours, findings are: some adolescents want to come at lunch time when there are few people at the facilities however staffs are on lunch break therefore there is no staff to give them services; majority of the facilities close at 4 PM and may not be able to cater to those who want to come after school or after work and not much publicity of working hours in strategic places. Recommendations are 1) Consider a skeletal staffing structure to cover lunch time and extended working hours in the afternoon with the use of flexi-time staff scheduling scheme according to what suits well the facility; 2) Publicize/advertise the facilities' services and working hours in relevant strategic places and adverts to include a line on respect to privacy and confidentiality that each facility adheres to provide.

On Facility Environment, it was found out that in some facilities, there are no room for clients to wait for counseling, testing and clinic services; no visual privacy for counseling and examination as doors and windows are made of glass and without curtain or with transparent curtain; privacy is not assured in counseling as counseling rooms are at the same time offices. Both young men and women are welcomed either for their own needs or as partners. Recommendations are 1) Assure visual privacy in counselling and examination by using non-transparent curtain for glass doors and windows; 2) Assure visual and auditory privacy in counselling by providing separate room for the said purpose, if possible; 3) Consider providing a waiting room or a corner within the OPD with "edutainment" materials that relate to young people and 4) Men's participation in reproductive health should be promoted by all the facilities, whenever feasible.

Provider Related Characteristics

On Staff Preparedness, all the facilities have their staff trained in adolescent services, although they vary in the number of who were trained on what subject of ASRH. In all cases, the RCN focal persons who are at the same time service providers are the ones who have undergone ASRH training. Not all staff who provide services to young people have undergone training on adolescent RH. Majority of RCN members are mandated to serve the general public hence addressing adolescents' special needs and issues is not a priority. There is no system for monitoring and supervision of staff by unit managers. Recommendations are: 1) Consider organizing a core of ASRH trained staff who will serve as front liners in the advocacy for and provision of adolescent-friendly RH services. A needs assessment must be conducted to map staffs' capacities and competencies in

ASRH services so that appropriate training and refresher courses can be planned and implemented at different levels of technical competency, aptitude and experience; 2) Formulate a generic RCN guideline and a tool for an ARH competency-based system of monitoring and supervision of service providers and 3) Consider kite marking, measuring services against a set of quality standards. An ARH competency-based monitoring and supervision tool, mentioned in recommendation no. 2 can be used as the kite mark, this activity can be done internally on an annual basis.

Programme Related Characteristics

On Services Provided, the member hospitals have the widest range of services and all the rest have few specialized services, however the 4 essential ARH services which are VCT, contraception, diagnosis and treatment of STIs and condom use for dual protection are offered by majority of the member-institutions. The referral system that is stipulated in the Strategic Plan and Guideline has not been institutionalized yet. The referral form that is currently used is focused more on counseling and does not provide a direction for follow-up and tracking of clients. Some member facilities expressed shortage of condom supply as one of their gaps. Recommendations are: 1) Institutionalize the referral system that is stipulated in the Strategic Plan and Guideline; 2) Review and amend the current referral form that the RCN is using in order to include referrals for services other than counselling and to facilitate follow-up and tracking of clients that guarantees the provision of confidentiality to clients starting from the sending facility; 3) Negotiate with the MCHC for each member institution's inclusion to the LMIS of the national condom distribution programme for continuous condom supply. As MCHC may consider giving condoms for contraception purposes only, it has to be justified that this commodity will be used for dual protection and 4) All members of the RCN to cover services on contraception, VCT, STI and condom use.

On Peer Education and Counselling Programme, there seemed to be no system in monitoring and supervising Peer Educators and Counselors and there is the absence of Peer Education and Peer Counseling program in facilities where PE and PC are known to be effective approaches. Recommendations are: 1) Formulate a generic RCN guideline and a tool in an ARH competency-based monitoring and supervision system of Peer Educators and Peer Counsellors and 2) Consider Peer Education and Peer Counselling programme in relevant facilities and in appropriate services.

On Educational Activities: findings were, majority of the facilities have educational posters in Lao language but some members of the Network don't have adequate and appropriate ASRH IEC materials; clients' rights are not given emphasis in existing IEC materials and practice; generally, there is no easy access of clients to information and counselling aside from face-to-face counselling and there seemed to be no system for formal group discussions with young clients. Recommendations are: 1) Encourage continued intra-network sharing of IEC materials; 2) Develop an IEC material for all RCN member agencies on Clients' Rights which emphasizes on confidentiality and privacy; 3) Consider other means of increasing access to ASRH information and counselling by young clients maybe community outreach or peer education as mentioned in other sections of this report.

On Youth Involvement, young peer educators and some young clients said that they are more involved in how activities are run and what programmes are suited for the facilities'

clientele than in giving suggestions on what changes will be done to make services and the setting comfortable and responsive; however when it comes to decision making at the facility level particularly on administrative matters, young people are no longer involved. The Suggestion Box approach to gathering feedback seems not to be functional as giving feedback may not be the culture of Lao adolescents, however this can be developed and enhanced. Recommendations are: 1) Consider a random service exit interview of clients to gather their opinions on their satisfaction in the services and solicit their suggestions on how to improve services as well as the facility setting. Further to this recommendation is formulate a short interview guide or format for each network member and agree on a procedure how to conduct the said activity; 2) Continue with the suggestion box approach to gathering suggestions and ideas but place the box in a prominent place with small pieces of paper near it and a pen tied near the box for clients to use; and 3) Consider young people or advocates for young people in the decision-making panels, at least, at the agency-level RCN Committee

On Supportive Policies, it was assessed that there are no clear written policy detailing extent of services for adolescents allowable under law and no RCN-unified clear written protocol for youth-friendly ASRH service delivery that include protecting client confidentiality, record keeping and referrals. Recommendations are: 1) Develop a written policy detailing full extent of services for adolescents allowable under law; 2) Encourage each member agency to review and put into writing their current practices in keeping confidentiality in their service delivery and referrals and 3) Develop an RCN-wide written protocol for protecting client confidentiality in record keeping, referral, follow-up and tracking of clients.

On Administrative Procedures, in all the facilities visited except PSI PMC, clients can be served without appointment. In the hospitals and other RCN member-public health facilities, if they are not referred by any RCN member facility, they join the long queue of waiting clients at the registration sections and OPD. OPDs tend to be overcrowded and patients are ushered in from one section to the other by calling their names sometimes with the use of a loudspeaker. Recommendations are: 1) Due to many clients to serve, develop a job aid for counselling that service providers can use e.g. a handy guide or a poster, to ensure that nothing important is missed out in every session ; 2) Consider screening clients to identify who needs counselling so that counselling can be given more time and with quality. As recommended earlier, there is a need to monitor and supervise staffs who does counselling and conduct refresher training in counselling in order to ensure quality service and 3) Extending working hours for young clients, as recommended earlier, may help decongest the registration and OPD units during the main working hours.

On Publicity and Recruitment, Generally, most of the staff interviewed said there is no fund for publicity of their services while some don't have special adolescent programs to advertise. The brochures and other information materials on RCN are outdated. Recommendations are: 1) Develop updated publicity materials and a directory for RCN and 2) Others without outreach programs may consider having one for information dissemination and essential RH services promotion.

On Fees, overall comment from clients in relation to affordability is, costs of all the services are affordable, except hospitalisation fees, medicines for skin disorders and some specialised laboratory test. There is or maybe more facilities requiring clients to pay parking fee for motorbikes parked within the vicinity of the facility. Recommendations

are: 1) Waive parking fees for young people as this can possibly pose a barrier to access of services by poor young clients; 2) Consider striking the delicate balance between sustainability as the reason for user fees and access of services by the poorest and marginalized young people and 3) Linking of programmes to where health commodities like HIV rapid test kits, condoms, pregnancy test dipsticks can be procured either through social marketing scheme or for free distribution.

General Recommendations

- Seek clarification on the mandates of individual RCN member agencies and promote the identification and inclusion of young people among its targeted key beneficiaries for its services.
- Promote participatory processes in planning and budgeting exercises like development of annual work and financial plans among RCN member agencies. The rationale for developing and implementing ASRH services needs to be articulated by the RCN Committee members at the planning and budgeting stage to help mobilize support and funding for the same.
- Advocate for the development of new or adjustments/modifications in existing health service delivery infrastructure to support the delivery of ASRH services.
- Build capacity of all RCN members for the delivery of 4 priority ASRH services: Voluntary Counselling and Testing (VCT) for HIV; STI syndromic management, contraceptive provision (including emergency contraception); and condom promotion/distribution for dual protection.
- Enhance capacities of RCN member agencies in ASRH programming. This includes, among others, monitoring and supervision; evaluation; data management: recording and reporting systems, data analysis, presentation of results; and advocacy.
- Promote the development of new and innovative service delivery strategies to help increase access to and utilization ASRH services, and enhances client satisfaction. Illustrative examples includes: alternative referral schemes and procedures, sharing of human resources within the network, exchange or transfer of expertise among members.
- Expedite the development of supportive policies, guidelines or standard operating procedures to promote standardization of service delivery, help ensure comprehensive management of ASRH problems, improve the quality of these services and optimize the benefits for clients.
- Ensure the involvement of and active participation of young people in development, implementation and evaluation of ASRH services among RCN members, including in the promotion of these services in the respective catchments of these facilities.
- As the results of this assessment can be a baseline for each member agency as they institute adjustments and changes in their facilities according to the recommendations of this study, each member agency/institution needs to do a follow-up self assessment using the same instrument.

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Acronym List

AIDS	Auto Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
CHAS	Centre for HIV/AIDS and STI
BP	Blood Pressure
DIC	Drop In Centre
DC	Dermatology Centre
EC	Emergency Contraceptive
EU	European Union
FH	Friendship Hospital ¹
FHI DIC	Family Health International Drop In Centre
HIV	Human Immuno-deficiency Virus
INGO	International Non-Government Organisation
IPD	In Patient Department
LMIS	Logistics Management Information System
LWU CPCW	Lao Women's Union Centre for Protection of Children and Women
MCH	Mother and Child Hospital
MCHC	Maternal and Child Health Centre
MH	Mahosot Hospital
MoU	Memorandum of Understanding
OPD	Out Patient Department
PC	Peer Counselling
PE	Peer Education
PSI PMC	Population Service International Puan Mai Centre
RCN	Referral and Counselling Network
RH	Reproductive Health
RHIYA	Reproductive Health Initiative for Youth in Asia
SDTVC	Somsagna Drug Treatment and Vocational Training Centre
SH	Sethathirat Hospital
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNFPA	United Nations Population Fund
VHD	Vientiane Health Department
YVC	Vientiane Youth Centre ²
YFS	Youth Friendly Service

¹ This is the English translation of Mittaphab Hospital which is the official name of the facility. The name Friendship Hospital will be used in this assessment in order to have a distinction from the acronym MH which is Mahosot Hospital.

² The official name is Vientiane Youth Centre for Health and Development

Introduction

The Context³

Lao PDR has a young demographic profile, almost two-thirds of the country is under 25 years of age and 54% of this young population is under 20 years of age. They are increasingly exposed to risk behaviours as they into their curiosity to know have limited access to reproductive health information.

Premarital sex is increasing in Laos, by the time women reach the age of 19 years, they already have sex, 11.5% have sex before age 15, and have low levels of fertility awareness. 15.6% of all births and pregnancies in Laos are to girls of 15-19 years of age and the leading causes of death for girls at this age bracket are complications during pregnancy and childbearing.

Young men in Vientiane have multiple sexual partners and, have a high rate of interaction with sex workers. 12% of these young men are reported to have their first sexual intercourse by 15 years of age and by the time they reach the age of 21 years, 92% of unmarried men are reported to have had sexual intercourse. Most young men know that using condom can prevent the spread of HIV and STIs however there is a gap between reported knowledge and practice. STIs, especially urethral discharge are common amongst sexually active male youth.

Around 36% of all pregnancies in Laos are unplanned. 23.2% of those who had vaginal sex reported having an abortion. Young women consistently report less contraceptive usage than men which is an evidence of an unequal power in negotiating safer sex or the women's inability to access contraceptive services due to several reasons, i. e, lack of information, negative attitudes of health providers toward young people, married or unmarried accessing contraceptives, etc. Married female adolescents generally are unable to negotiate condom use or to refuse sexual relations. They are often married to older men with more sexual experience which puts them at risk of contracting STIs, including HIV.

Most young people are unwilling and unable to use health services for several reasons such as, lack of awareness of existing services, confidentiality concerns, and lack of privacy in health facilities, embarrassment and the perception that health providers are judgemental and unwelcoming to young clients. While young males are central to the course of the epidemic, they remain peripheral to the current response to HIV and STIs. Specific youth-friendly services targeting young males remain to be realised.

Other relevant facts about maternal health in Lao PRD include: One in four women aged 15-49 give birth before age 20; nearly half of women and men who want to use contraceptives do not have access to them and four out of five women deliver without a medically trained birth attendant.

Programs to give youth the information and means to protect themselves against unwanted pregnancy and sexually transmitted infections often face resistance because they challenge deeply held cultural beliefs about sex, parenting, and the roles that men and women play.

³ Presentation of the UNFPA Country Representative of Laos during the signing of the RCN MoU of all Heads of the RCN-member Organisations

Such efforts are controversial in almost all countries and at all levels of society, provoking intense debate at international conferences, within national parliaments, in local communities, at schools, and inside the family. The success of adolescent reproductive health programs depends largely on recognizing these underlying beliefs, understanding how they manifest themselves as barriers, and employing a range of culturally sensitive strategies to address these obstacles. Each program faces a unique set of obstacles, thus requiring youth advocates to tailor their approach to local circumstances.⁴

Openly addressing adolescent sexual and reproductive health is new in the country and there are a number of cultural and institutional challenges to meeting adolescent SRH needs nationally. Traditions in many countries are in flux, particularly in those areas of the developing world undergoing rapid economic and social change. Nevertheless, all societies have "rules" about the sexuality of young people, and most discourage premarital sexual activity and childbearing outside of marriage.⁵ In Asia, for example, many societies maintain strong taboos against premarital sex and discussion of sexuality among the young. Providing sexual and reproductive information and services to unmarried youth on sexuality and reproduction remain highly controversial in many places. In Laos especially in rural areas, as adolescent sexuality is felt to threaten the cultural order, a strong element of fear surrounds young people and their expression of their sexuality. One result is the common concern among adults that adolescent reproductive health programs will encourage adolescent sexual activity or the promotion of condoms will encourage promiscuity. In this society, adults also expect young men and young women to express their sexuality differently. Prohibitions on premarital sexual activity of adolescent girls are often far stronger and more energetically enforced than those placed on adolescent males.

Traditional and religious leaders who view themselves as the repository and transmitters of community values and beliefs are often in the forefront of opposition to adolescent reproductive health programs. The active consultation and involvement of gatekeepers such as teachers, community leaders, parents and religious leaders has been a key to the success in most ASRH projects; however these groups of adults can be a barrier as well. Adult control over young people's access to health education and services, including contraception, is seen as natural.

How the RCN developed

The Referral and Counselling Network (RCN) was established in 2004 as an unplanned but positive and unique accomplishment of the "Reproductive Health Initiative for Youth in Asia" (RHIYA) project in Lao PDR funded by EU-UNFPA, concurrently implemented in 7 countries in Asia from 2003 to 2006. The objective of RHIYA Laos was to improve sexual and reproductive health (SRH) among young people and adolescents in selected areas through improved SRH practices and SRH service utilisation. Providing reproductive and sexual health information and services to young people and adolescents was selected as a focus in order to complement government initiatives, which mostly targeted married couples. In the Lao PDR, a particular emphasis was put upon raising awareness and advocating for necessity of addressing RH needs of adolescents.

⁴ Rosen, J.E. 2000. "Advocating for Adolescent Reproductive Health: Addressing Cultural Sensitivities". Washington, DC. Focus on Young Adults.

⁵ Ibid.

The idea of organizing a network to improve the provision of quality sexual and reproductive health services to young people, came about at one of the series of counselling courses on Adolescent Sexuality and Reproductive Health conducted among the three implementing agencies of the RHIYA Programme in Lao PDR: (1) the Vientiane Youth Centre of the Lao Women's Union which took care of the urban youth in Vientiane Capital; (2) CARE International which worked with service women (sex workers) also in Vientiane Capital; and (3) Health Unlimited whose target were the rural youth in three southern provinces. The participants of this counselling course were from five institutions: the Vientiane Youth Centre, Mahosot Hospital, Setthatirat Hospital, Dermatology Centre, and Oudomxai Hospital. They felt the need to refer clients to each other in cases where their institution could not render the appropriate service, to share information about their referred and counselled cases, and to discuss difficult and complex situations which they handle in the form of case studies so as to learn more from their experiences.

RCN was launched in November 2004. Confirming the value of the Network in the attainment of their health care goals, and RCN was urged to continue their work and to sustain the network. The membership then expanded from the original five institutions to 11 members from several ministries, institutions and organizations in Vientiane Capital, with representatives from a variety of disciplines or professions, making RCN a unique endeavour. The RCN was approved by the Ministry of Health through an official endorsement issued on 13th June 2006 with CHAS designated as the Chair/Coordinator.

The network envisions itself as a dynamic and sustainable cooperation in health development; focused on the promotion and delivery of rights based, client-oriented and quality information and services; contributing to the improvement of the sexual and reproductive health of vulnerable and marginalised youth, women and men in the Lao PDR and their empowerment to make responsible decision and actions.⁶

A review of the objectives and operation of the RCN conducted in August 2006 (covering a 2 year period) reported more than 700 client referrals, counselling and treatment in the area of sexual and reproductive health, drugs, and gender-based violence. The review found that RCN focal points had learned a lot from the exchange of information and experiences. They gained a better understanding of the importance of counselling and referrals, developed other linkages and counselling resources for their individual activities. The RCN focal points began to appreciate more the added value of increasing the number of clients and their easier access to various services, and of collaboration of the existing systems for better client services. The heads of RCN supported the initiative of building and strengthening the Network hence the general recognition of the need to address gaps and weaknesses of the network.⁷

Among the recommendations of the review was the development of a strategy paper which would include clear vision, mission, goals, objectives, and structure, to enable RCN to be more effective, efficient, and sustainable. Strategies and key activities must be identified by the member agencies, which should be prioritized in an implementation plan, together

⁶ RCN Strategic Plan 2008-2010

⁷ Ounkham Souksavanh. October 2006. Review: Referral and Counselling Network in Vientiane, Laos. EU/UNFPA – Reproductive Health Initiative for Youth in Asia Programme

with a monitoring and evaluation mechanism. In addition, operational guidelines have to be developed or refined to facilitate the functions of the Network, for it to achieve its vision, mission, values, goals, and objectives.

With support from UNFPA, a Consultative Workshop was conducted from 12th to the 16th of November, 2007 in Vientiane, Lao PDR, attended by representatives of the member organizations/institutions to develop the RCN Strategic Plan and Operational Guidelines 2008-2010. With the strategy document already drafted, the network called for further assistance from the UNFPA to support the organizational development and jumpstart the implementation of the strategic plan.

Monthly meetings were held in the members' premises by rotation. RCN booklet members' guidelines, a brochure and a referral form had been developed and printed by the Network.

Why a Youth-Friendly Network

Generally, the word network or system connotes a plan, method, order or arrangement and is antithesis of chaos, confusion and disorder. It is an assemblage of parts or ideas united in some form of regular interaction or interdependence forming a unified, organic or organised whole. It is a set of interrelated and interacting components that, when put together, function to achieve predetermined goals.⁸ A health network or system is also a complex of facilities, organizations, and trained personnel engaged in providing health care within a geographical area⁹, it consists of all the organizations, institutions, resources and people whose primary purpose is to improve health. Strengthening health systems means addressing key constraints related to health worker staffing, infrastructure, health commodities (such as equipment and medicines), logistics, tracking progress and effective financing.¹⁰

In the scheme of modern existence, the concept of “adolescence” is relatively new. Throughout much of human history, childhood led almost directly to adulthood with puberty as the defining period of transition. Adolescence is now increasingly seen as an important time for preparing to enter adult life and social investment in education, vocational training and health are increasingly valued. This period of maturation has lengthened and gained recognition as a critical time for human development.¹¹

Adolescent reproductive and sexual health services need to be complementary and integrated¹². There is a need for linkages between providers of RH information on the one hand and those offering services on the other. A dysfunctional referral network between the two may discourage young people from seeking further services. For example, referring young people to hospitals where they may not be received well will discourage them from returning for further services. An alternative may be for the existing RH facilities to provide a wider scope of services. The key to successful work with young people is to supplement counselling with other RH services through establishing linkages

⁸ Ackoff, R.L. 1982. Towards a System of Systems Concepts. Management Science. p. 661-663

⁹ Copyright©2007-2008 BusinessDictionary.com.

¹⁰ World Health Organisation

¹¹ Senderowitz, Judith, et.al., September 2003. A Rapid Assessment of Youth Friendly Reproductive Health Services. Pathfinder International.

¹² EC-UNFPA Initiative for Reproductive Health in Asia Lessons Learned

with medical personnel for referral. This system is supported by volunteers who create awareness at the community level on ASRH needs.

The members of the network

As CARE International's reproductive health programme has come to a close in 2006, PSI Peuan Mai¹³ Centre which is a male health centre and FHI Drop-In Centre for female sex workers joined the network, giving a total number of 12 members.

On 24 July 2008, the Heads of the RCN member agencies/institutions signed a Memorandum of Understanding (MoU) that bound themselves to ensure the implementation of the Strategic Plan of the Network and the fulfilment of its goals: a) Strengthen the capability of the agencies/institutions to provide a continuum of rights based, client-oriented and quality information and services which link HIV and AIDS, substance abuse with other elements of sexual and reproductive health; b) promote the further development, effectiveness and sustainability of the Network; c) ensure the institutionalisation or integration of RCN within their respective organisations with involvement of the communities they are in.

After many coordination discussions and meetings the Network, despite challenges at the start has finally taken off with a strategic plan in place, facility-based focal persons and heads of agencies and institutions actively participating in the RCN-wide activities and the organisation of facility-based RCN Committees.

Table 1 below, shows the types of facilities the RCN has, with members that can be classified into more than one type. Five (5) of its members are hospitals, the Friendship Hospital (FH), Mahosot Hos-

“Getting the RCN to be fully functional is like when we first started to campaign for condom use in Lao PDR. At first, we had a lot of challenges because we faced so many social and cultural barriers but when the people realised its needs and appreciated its great contribution to the prevention of STIs, HIV and pregnancy and we in the health sector stick to our messages and do our responsibilities, we are now moving forward easily with condom use campaign. So with the RCN tasks in the future.” Deputy Director of Mittaphab Hospital during the opening ceremony of the 14th August 2008 RCN meeting at the Mittaphab Hospital.

pital (MH), Maternal and Child Hospital (MCH), Sethathirat Hospital (SH); and the Vientiane Health Department (VHD) operating 9 District Hospitals in Vientiane Capital. Furthermore, the RCN has (2) rehabilitation centres, the Lao Women's Union Counselling and Protection Centre for Women and Children (LWU CPCWC) and the Somsanga Drug Treatment and Vocational Training Centre (SDTVC); three (3) are counselling centres, the Centre for HIV, AIDS and STI (CHAS), Lao Women's Union Counselling and Protection Centre for Women and Children (CPCWC) and Vientiane Youth Centre. There are 3 that are classified as drop-in centres which are the FHI Drop In Centre (FHI DIC) for Sex Workers, PSI Peuan Mai Centre and the Vientiane Youth Centre. Two are considered clinics, the Dermatology Centre and FHI Drop In Centre for Female Sex Workers. There is only one (1) protection centre which is the LWU CPCWC and one (1) testing centre which is the CHAS National Laboratory Centre.

¹³ Means New Friend

Table 1
Type of Facility

RCN Member Agencies	Hosp	Rehab Centre	Counselling Centre	Drop In Centre	Clinic	Protection Centre	Testing Centre
CHAS			✓				✓
Dermatology Centre					✓		
Friendship Hospital	✓						
FHI Drop In Centre for Sex Workers				✓	✓		
LWU Counselling and Protection Centre for Women and Children		✓	✓			✓	
Mahosot Hospital	✓						
Maternal and Child Hosp	✓						
PSI Peuan Mai Centre				✓			
Sethathirat Hospital	✓						
Somsanga Drug Treatment and Vocational Training Centre		✓					
Vientiane Health Department (9 hospitals)	✓						
Vientiane Youth Centre			✓	✓	✓		

Out of the twelve (12) member agencies/institutions, as shown in the Table 2, ten (10) are government health facilities, one (1) an INGO which is the PSI and one (1) is a partnership between the Vientiane Health Department which is also a government entity and Family Health International, an INGO, with the former as the implementing agency. FHI-VHD partnership operates four (4) DICs in four (4) different districts of Vientiane Capital.

Table 2
Nature of the Facility

RCN Member Agencies	Government	Non-Government Organisation	Gov't-Non-Government Partnership
CHAS	✓		
Dermatology Centre	✓		
Friendship Hospital	✓		
FHI Drop In Centre for Sex Workers			✓
LWU Counselling and Protection Centre for Women and Children	✓		
Mahosot Hospital	✓		
PSI Peuan Mai Centre		✓	
Sethathirat Hospital	✓		
Somsanga Drug Treatment and Vocational Training Centre	✓		
Vientiane Health Department	✓		
Vientiane Youth Centre	✓		

With the majority of facilities being government institutions, the RCN has the proximity to the policy makers in terms of getting their voices heard in policy advocacy and dialogue

for the institutionalisation of adolescent sexual reproductive health. They too are the first line implementers of whatever policies the government has that positively or negatively influence the delivery of adolescent sexual and reproductive health services. Thus these public RCN member institutions serve as the link between the needs/demand side of the scale, the people and the provider, the health leaders and the policy makers.

Table 3
Location of Facility

(The distance stipulated here uses the morning market as point of reference)

RCN Member Agencies	Urban	Sub-urban
CHAS	Km 3 going towards the Friendship Bridge (3 km)	
Dermatology Centre	Buenckhayong Village Sisatanak District (2 kms)	
Friendship Hospital/Mittaphab Hospital	Chomany Village Saysettha District (6 kms)	
FHI Drop In Centre for Sex Workers	Hongkae Village, Saysettha District (5 kms)	
LWU Counselling and Protection Centre for Women and Children		Ban Nonsengchanh Saythany District (25 km)
Mahosot Hospital	Phiawat Village Sisattanak District (1 km)	
Mother and Child Hospital	Phiawat Village Sisattanak District (1.5 km)	
PSI Peuan Mai Centre		
Sethathirat Hospital	Donekoy Village Sisattanak Dist (8 km)	
Somsanga Drug Treatment and Vocational Training Centre		Somsanga Village Saysetha District (9 km)
Vientiane Health Department	Sisaket Village Chanthaboury District (0.5 km)	
Vientiane Youth Centre	Sihome Village Chanthaboury District (5 km)	

Table 3 shows the location and distance of the member facilities with the presidential palace as point of reference, ten (10) are in the city and two (2) are situated in the sub-urban areas, however, as shown in the table, Vientiane Health Department is considered sub-urban as well as it operates nine (9) district hospitals and some of these hospitals are in the sub-urban areas of Vientiane City. The location of these health facilities may not be of immediate concern this time or at all but can be important in future planning for expansion, complementation and for health planning for a total population coverage of

health services . These institutions may be far from the city centre but they may be near to some communities that serve as the institutions' catchments. As they cover different catchments and different areas of health, it is then imperative that all the institutions must at least offer the four essential reproductive health services, namely, contraception, VCT, STI testing and treatment and condom use for dual protection, otherwise, the referral of young clients from one health family to another health facility will increase the possibility of client loss.

Majority of the clients of the member agencies for reproductive health services are young people with an average of 51% among the members who have shared disaggregated data of their clients. Among these young clients, majority are 20-24 years of age. For the profile of each RCN member agency/institution, please see Annex A.

Assessment Objectives and Assessment Framework

Objectives

The goal of the RCN Strategic Plan 2008-2010 is to strengthen capability of member institutions to provide a continuum of rights based, client oriented and quality information and services, which link HIV/AIDS, substance abuse, with other elements of sexual and reproductive health. A key activity identified under this goal is the development/improvement of general service delivery guidelines.

This Assessment of Youth-Friendly Services of the RCN members is a critical preliminary step in meeting above-mentioned goal. The study will increase the understanding of current situation and capacity among RCN members to identify prevailing issues and concerns, gaps and needs to better respond to RH needs of young people. The results of this assessment will be utilised to guide the development of the RCN Service Delivery Protocols scheduled in the 3rd quarter of 2008. Moreover, the process will also facilitate the development of action plans for quality improvement that can help RCN member agencies address policy, operations, training, and other program areas needing adjustments and change, helping to expand access to and availability of youth friendly linked HIV/AIDS and SRH services.

This assessment sought to gather information that will help create a better understanding of the current situation, capacities, services available, youth friendliness, including issues, concerns, and program gaps of RCN member agencies in responding to RH needs of young people. Specifically, the study aimed to:

1. Gather background information on individual RCN member agencies, to include among others: mandate, organizational structure, management and personnel, RH programs or projects, yearly budget/funding allocation, describing the overall strengths and relative advantage of individual member agencies which could contribute to the goals and objectives of the RCN.
2. Describe the range, status and trends (including client volumes) of RH services provided in RCN member agencies/organization
3. Assess the Youth Friendliness of the institution/facility in terms of the following characteristics:

- a. Location
- b. Facility hours
- c. Facility environment
- d. Staff preparedness
- e. Services provided
- f. Peer education/Counselling program
- g. Educational activities
- h. Youth involvement
- i. Supportive policies
- j. Administrative procedures
- k. Publicity/Recruitment
- l. Fees

4. Identify weaknesses, gaps or needs in the current RH services for young people among RCN member agencies/institutions.

5. Propose recommendations to strengthen and institutionalize RH service delivery for young people at the RCN facility/clinic level.

The assessment is viewed in the perspective of access issues (physical, technical, socio-cultural, political and economic) to YFS in each of the RCN member agencies. In most countries (including Lao PDR), openly discussing young people's sexuality is taboo, creating an environment where sexuality is seen as something negative and should be repressed¹⁴ This results to many barriers in accessing accurate, comprehensive and non-judgement SRH information, education and services, at the same time, early pregnancies, STIs, including HIV/AIDS and other SRH problems are major threats to young people's personal development, health and life. Therefore young people need to be consulted as to what barriers do they think and feel to be addressed in order to improve their access to SRH information, education and services.

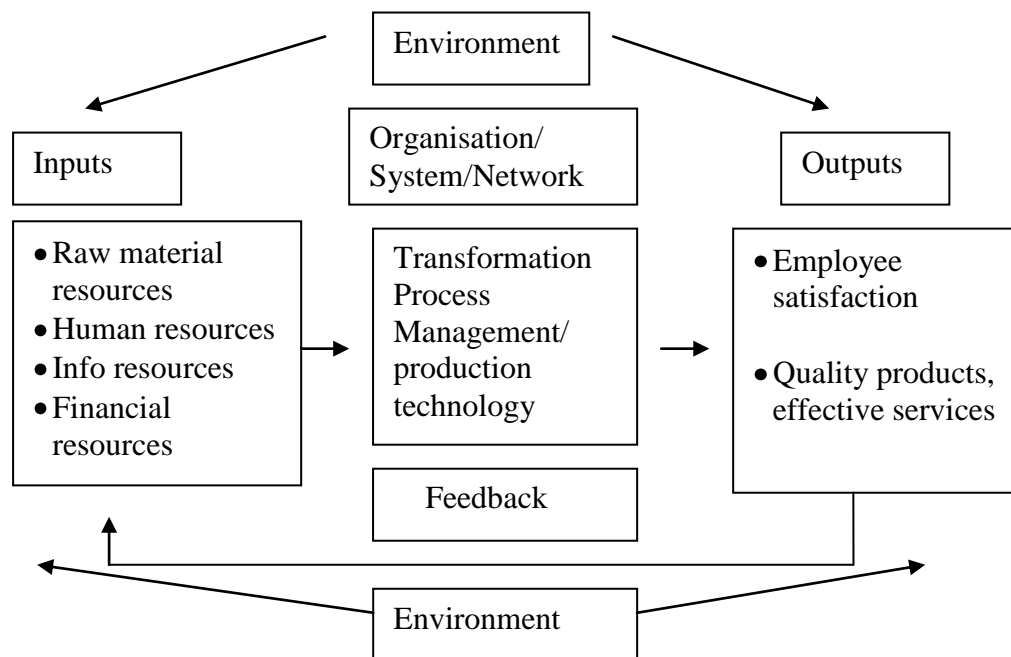
Assessment Framework

The system or network's view of organisations as shown in Figure 1 emphasises effective utilisation of human and material resources to accomplish organisational goals. It is a ubiquitous phenomenon in any social system. It is inconceivable that a network may come into existence, continue its operation and attain its objectives without the application of the network's view of organisations. The intricacy of a system or network mechanism would vary according to the size and complexity of organisations, but organisations' presence, even in the simplest ones, howsoever imperceptible, is indisputable. This framework was adapted into the assessment of the individual member-agencies/institution's youth-friendly services to young people in the context of the whole referral and counselling system. Understanding every member of the network gives an idea of the strength and potentials of the whole network. The assessment process was viewed as a system or network analysis.

¹⁴ Claudia Ahumada & Shannon Kowalksi-Morton(2006), *Activist's Guide to Sexual and Reproductive Rights*, Canada: The Youth Coalition.

Figure 1.

A systems view of organisations¹⁵



Systems or network analysis is the process of analysing with the objective of improving it. It involves the study and design of a system to modify it for the better. It seeks to identify and evaluate all major influences and constraints in terms of their impact on the various decision points in the system. A decision point is that point in a system at which some persons or automatic mechanism must react to input data and make a decision.¹⁶

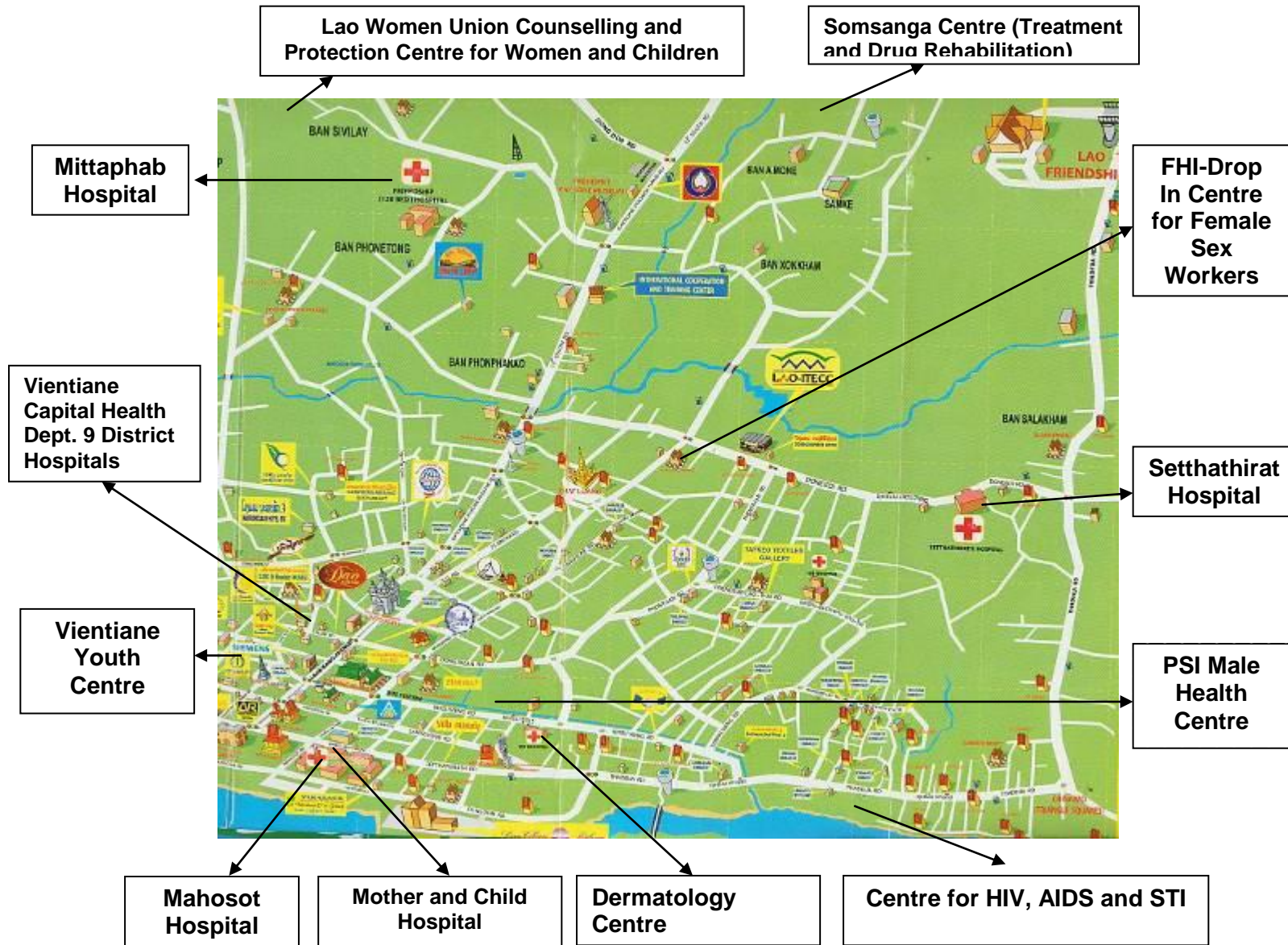
The Assessment was done to understand the whole RCN's strength and capacity, its weaknesses and challenges in terms of its human, material and information resources and the environment by looking at the individual network member's strength and capacity, opportunities and challenges in delivering youth-friendly sexual and reproductive health information and services, as each member agency/institution influences the whole network either positively or negatively. The assessment process of the whole system utilises feedback and data, collated and analyse to help the network members to decide and enter into transformational processes to improve, enhance and strengthen their own institution and indirectly strengthen the whole network.

The assessment was a collaborative output with the UNFPA HIV/AIDS and RH Programme specialist, the UNFPA National Programme Officer for Youth RH and HIV who served as co-investigators for the assessment.

¹⁵ Fitzgerald, J., et.al.. 1987. **Fundamentals of Systems Analysis**. p. 9-12. New York: John Wiley and Sons.

¹⁶ Ibid.

The RCN Network at a glance



Methodology

The assessment process had ensured participation by invoking active involvement of Focal Persons of Network members in the collection, sharing and finalisation of assessment data, recognising the value of the member agencies' ownership of the information and inferences emanating from the study.

Assessment Instruments

1. Interview guide with the heads and focal points of RCN member agencies to gather the following information:

- Mandate of their agency
- Organisational structure
- RH programme and projects
- Management and human resources
- Budgetary allocation for SRH initiatives
- Plans in relation to provision of YFS

2. The Assessment Team used the Clinic Assessment of Youth Friendly Services developed by Pathfinder International in 2001.¹⁷ This tool is designed to help assessment teams, project managers, trainers, supervisors, and others collect detailed information on the range and quality of services provided to adolescents at a given facility or within a given program in order to make services more youth-friendly. The assessment results will in the future facilitate the development of action plans for quality improvement that can help clinics address policy, operations, training, and other program areas needing adjustments and change.

The tool also provides essential baseline information, allowing for repeated applications to examine changes and the impact of program interventions. Although the tool is primarily for use by a team, it may also be used by an individual. Determining minimum requirements for youth-friendly services is a difficult task.

The tool consists of spreadsheets and questionnaires and is organized into four sections:

- General Background Information
- Client Volume and Range of Services Provided
- Personnel and Supervision
- Assessment of Youth-Friendliness

The Assessment for Youth-Friendliness part is broken down into 12 areas, as follows:

- Location
- Facility Hours
- Facility Environment
- Staff Preparedness
- Services Provided

¹⁷ Senderowitz, Judith, et.al., 2003, Clinic Assessment of Youth Friendly Services, A Toolkit for Assessing and Improving Reproductive Health Services for Youth, Pathfinder International.

- Peer Education and Counselling Programme
- Educational Activities
- Youth Involvement
- Supportive Policies
- Administrative Procedures
- Publicity Recruitment
- Fees

Respondents

The respondents for this assessment process are the service providers who are the staff and the unit managers or supervisors of the member-agencies/ institutions' health facility. Some questions in the assessment tool also required interview with clients on questions related to what they feel and think of the reception, privacy, confidentiality, affordability of cost and whether they feel or not that the RH services were intended for them or not.

In reference to this assessment, the main target age range is 15-24 years old and the terms young people, adolescent and young adults are used interchangeably.

Sources of data

As the assessment utilised several methods of gathering information, there are also varied sources of data, as follows:

- Staff and supervisors' responses to interviews
- Clinic records and reports as examined and reviewed
- Clinic policies and procedures as shared by the RCN focal persons
- Clients responses to interviews
- Assessment team's observation and examination of clinic layout and environment and of provider-client interaction
- Brochures and available reading materials
- UNFPA reports and documents
- Websites

Data gathering procedure

Data were gathered through the following activities and procedures:

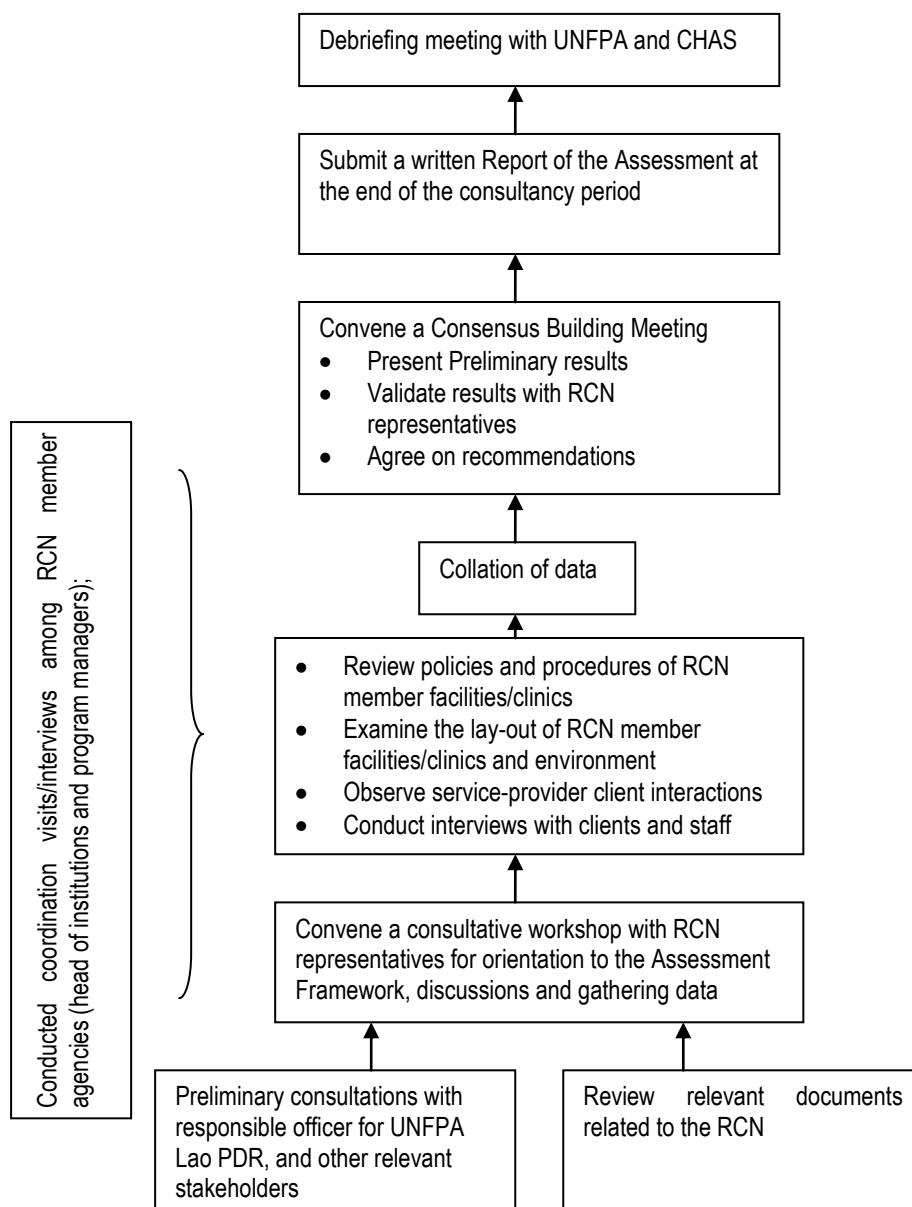
- Interviews, observations and review of clinic records, facility reports and IEC materials during facility visits

Table 4
Schedule RCN Assessment for Youth Friendly Services agency visits

Date/Day	RCN Member Agency/Institution
23 July (Wed)	Centre for HIV/AIDS and STIs (CHAS)
25 July (Fri)	FHI Female Sex Workers Drop-in Centres
26 July (Sat)	Vientiane Youth Centre for Youth and Development (VYCHD)
28 July (Mon)	Dermatology Centre
29 July (Mon)	PSI Peuan Mai Centre
1 Aug (Fri)	Friendship Hospital
4 Aug (Mon)	Mahosot Hospital

Date/Day	RCN Member Agency/Institution
5 Aug (Tue)	Mother and Child Hospital
6 Aug (Wed)	Settathirat Hospital
8 Aug (Fri)	Somsanga Drug Rehabilitation Centre
11 Aug (Mon)	Vientiane Health Department
12 Aug (Tue)	LWU Counselling and Protection Centre for Women and Children and the Chantaboury District Hospital

Figure 2
Assessment Procedural Framework



- A consultative workshop was conducted mainly to orientate the RCN members of the assessment and to gather information from the participants. During the said workshop, the participants were able to draw their organisational structure, trace the flow of clients by the time they come in for

services to the time they leave, spot mapping of their facilities and create a venn diagram for staff involved in providing health services to their clients especially young people.

- Regular meeting of the RCN member agency/institution focal persons. Through the discussions, the Assessment Team was able to pick up more information about the life and work of each member facility.
- During the visits, as some network members were not ready with their data especially on budgets and client volume, a questionnaire was sent to each one for them to fill it up with the support of their colleagues and managers.
- A consensus-building meeting was convened for the presentation of initial findings, analysis, gaps and specific recommendations to the representatives of the network member agencies/institutions. It was also a chance to validate data and gather more information from the participants. The processes mentioned above are illustrated in this diagram.

Data analysis

The findings and other pertinent data concerning the study were presented in tables, graphs and diagrams to aid the assessment team in analyzing the said data. Analysis of youth-friendliness of RCN RH services used benchmarks as standards. Benchmarking is evaluating one's programme with a set of standards, a target or a point of reference based on best practices internationally as basis and guide for the process. It is also known "best practice benchmarking" or "process benchmarking"), which is a process used in management and particularly strategic management, in which organizations evaluate various aspects of their processes in relation to best practice, usually within their own sector. This then allows organizations to develop plans on how to adopt such best practice, usually with the aim of increasing some aspect of performance. Benchmarking may be a one-off event, but is often treated as a continuous process in which organizations continually seek to challenge their practices.¹⁸

Benchmarking in simplistic terms is the processes where one compares its process with that of a better process and tries to improve the standard of the process being followed to improve quality of the system, product, services etc. The benchmarks used for this assessment of Youth Friendly Services, come from several authors from:

- Pathfinder International
- EngenderHealth
- AFRICAN YOUTH ALLIANCE
- IPPF- The Safe Project
- FHI- YouthNet

As there is no perfect youth-friendly services model, the assessment team is cognizant of the fact that there was a need to take into consideration the socio-cultural, economic and political realities in Laos in the analysis of data.

¹⁸ Wikipedia, the free encyclopedia

Constraints

The arrangements and logistics for the assessment by the CHAS and UNFPA Laos were excellent; however, factors intervened to constrain the assessment process, these included:

1. Some RCN member agencies were not able to give complete information as needed for the study such as budgets, organisational structures and disaggregated data on clients served.
2. As the Focal Persons of member agencies were busy with their day to day activities and services, they were not able to meet the Assessment Team for the whole day as planned. Visit to each facility was only a half day.

Presentation of Findings, Analysis and Recommendations

There is a growing recognition among the RH providers world-wide and among the RCN member agencies that youth-friendly services are needed if young people are to be provided with SRH care. Such services are able to effectively attract young people, comfortably and responsively meet their needs and succeed in retaining these young clients for continuing care, whether services are provided in: a) clinical setting, b) youth-oriented site or programme, c) at the workplace, or through d) outreach to informal venues. Basic components of YFS include a) specially trained service providers, b) privacy, confidentiality and d) accessibility.¹⁹

The presentation of data is grouped according to three (3) YFS characteristic groups:

1. the Facility Related characteristics which include data on location, facility hours and facility environment,
2. the Provider Related Characteristic which includes staff preparedness and
3. the Programme Related Characteristics which include the services provided, peer education and counselling programme, educational activities, youth involvement, supportive policies, administrative procedures, publicity/recruitment and fees.

Each table has a column for methods used in gathering data, the codes of the methods are as follows: E- examine clinic layout and environment, IC- Interview Clients, R- Review Clinic Records, O- Observe provider-client interaction, IS Interview clinic managers and staff and P- Review policies and procedures.

1. Facility Related Characteristics of Youth Friendly Services

Under these characteristics of YFS, there were 3 areas that were assessed; the location, facility environment and facility service hours which are discussed in this report individually.

¹⁹ African Youth Alliance

1.1 Location

Table 5: Location

RCN Member Agencies	Method	CHAS	DC	FH	FHI DI C	LWU CPC WC	MH	MC H	PSI PM C	SH	SDT VT	V H D	VYC
Near public transport	E,IS,IC	✓	✓	✓	✓	X	✓	✓	✓	✓	X	✓	✓
Near places where adolescents spend their free time	E,IS,IC	✓	X	✓	✓	X	✓	✓	X	X	X	✓	✓
Near a secondary school or university	E,IS,IC	✓	X	✓	X	X	✓	✓	✓	X	X	✓	✓

Existing facilities cannot address this variable; however, the information on location can better inform planners and programmers of SRH initiatives that will cater to the needs of young people in terms of location, where these initiatives are better established. Currently, all member facilities are accessible by public transport. Lack of convenient transport can be one of the reasons why adolescents are less willing to seek RH services.

Benchmarks

- **Accessible by public transport**
- **Near where young hang around**
- **Near schools**

The staff at the FHI Drop In Centre verbalised that some of their prospective clients are not able to access their services due to transport problem. Transport problem is also felt by PLWHAs who are supposed to convene regularly in Sethathirat Hospital for monthly activities. The staff said that some young PLWHAs cannot come due to the distance of the hospital from their village and travel cost is high. Travel cost is taking a big chunk of the budget.

On the other hand, some staffs of the far District Hospital of the Vientiane Health Department are

not encouraged to attend RCN coordination meetings especially at the facility level, particularly the staff of the far district hospitals under the Vientiane Health Department due to high fuel cost for motorbikes. However, on the other hand, as mentioned earlier in this report, the facilities may be far from the city centre or some facilities far from schools and places where young people spend their free time; they cater to the needs of certain communities that serve as the facilities' catchments.

Gaps/challenges identified in this section

1. Clients have difficulty accessing some of the facilities because its distance
2. Fare for public transport is high
3. Staffs of facility are not encouraged to come to meetings because of the distance

Recommendations

1. Consider a transport support mechanism for focused vulnerable clients such as the entertainment workers, MSM and others who may be identified in future ASRH programming

2. Consider fuel subsidy for staffs who go for RCN or RCN-related meetings

1.2 Facility hours

Table 6: Facility Hours

RCN Member Agencies	Method	CHAS	DC	FH	FHI DI C	LWU CPC WC	MH	MC H	PSI PMC	SH	SDT VT	V H D	VYC
Have convenient service hours for adolescents.	IS, IC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Have separate hours of service for adolescents	IS,IC	X	X	X	✓	✓	X	X	✓	X	X	X	✓
There is a sign listing services and service hours at strategic places in the facility	E	✓	✓	✓	X	✓	✓	✓	X	✓	✓	✓	✓

Having clinics open at times when young people can conveniently attend and having separate space or special times are set aside for young clients²⁰, are fundamental to effective recruitment of young people and service provision. Table 6 above shows that all the facilities have convenient service hours for adolescents according to the clients who were interviewed during the assessment visits. This data needs to be counterchecked as the period of the visit happened in a long school break when clients were temporarily out of school. There was no record in majority the facilities as to the time young people come for services, although at the FHI DIC, sex workers' convenient time is determined which is towards midday after getting up late from late night work and before they set out to work again for the day. Staff of some facilities particularly the hospitals said that young people usually come late in the morning when it is almost lunch time when fewer people are in the registration and OPD departments, when long queues are gone as young people may not want to spend longer time waiting as they may feel embarrassed that friends, neighbours or relatives might see them in the facility.

Table 6 further shows that all facilities do not have separate hours of service for adolescents, except the ones particularly established for young people like the FHI DIC, PSI PMC and VYC, Working hours are publicised in the facilities except for PSI PMC and FHI DIC when information is disseminated by word of mouth through peer educators and outreach team. Government health facilities' OPD and clinics usually start at 8:00 in the morning and take a break for lunch and close at 4:00 in the afternoon.

Benchmarks

- **After school or work hours, evenings and weekends**
- **Have separate hours for adolescents**
- **Working hours are publicized**

These working hours are also the hours when young people who may be employed are still in their work and students still at school. So while young people who need urgent care may be willing to leave school or work for such services, those who need preventive services, but who may be unaware of the importance for prevention, are often reluctant to take time off.

Gaps/challenges identified in this section

1. Adolescents want to come at lunch time when there are not many people at the facility however staff are on lunch break
2. Majority of the facilities close at 4 PM and may not be able to cater to those who want to come after school or after work
3. No publicity of working hours in strategic places

Recommendations

1. Consider a skeletal staffing structure to cover lunch time and extended working hours in the afternoon with the use of flexi-time staff scheduling scheme according to what suits well the facility.
2. Publicize/advertise the facilities?

“Entertainment workers referred to us by FHI DIC don’t come during our working hours because they wake up late and they avoid being with other clients in the hospital so they come at noon time or late afternoon when our staff are about to leave. Public sector and private sector have different working hours! How can we adjust?”
 Dr. Khamsay, MCH

services and working hours in relevant strategic places and adverts to include a line on respect to privacy and confidentiality that each facility adheres to provide.

1.3 Facility Environment

Table 7: Facility Environment

RCN Member Agencies	Method	CHAS	DC	FH	FHI DI C	LWU CPC WC	MH	MC H	PSI PM C	SH	SDT VT	V H D	VYC
Provide comfortable setting for adolescent clients	E, IC	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Has a separate space to provide services for adolescent clients	E, IC	X	X	X	✓	✓	X	X	✓	X	✓	X	✓
Has a separate waiting room for adolescent clients	E, IC	X	X	X	✓	✓	X	X	✓	X	✓	X	X
Counselling area provides auditory privacy	E, IC	X	X	✓	✓	✓	X	✓	✓	X	✓	✓	✓
Counselling area provides visual privacy	E, IC	✓	✓	✓	✓	X	X	X	✓	X	✓	✓	✓
Examination room provides auditory privacy	E, IC	NA	X	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓

Examination area provides visual privacy	E,IC	NA	X	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓
Both young men and women are welcomed and served, either for their own needs or as partners.	IS,IC,R	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

In many studies about youth-friendly services, young people ranked privacy and confidentiality extremely high among various facility characteristics. Privacy must be arranged for counselling sessions and examinations. Young people must feel confident that their important and sensitive concerns are not overheard or retold to other persons. Adequate space is needed for privacy and to assure that counselling and examinations can take place out of sight and sound of other people.²¹ Clinic surroundings should be comfortable, as "unmedical" as possible, and made appealing for young people.²² There is adequate space, and it is arranged so that young people's privacy is protected. Comfort is relative, the client expressed that having been able to sit inside the health facility is already comfortable as it may not be so for others. Comfort ranges from physical to emotional or psychological comfort as brought about by providing privacy. This has to be understood as well in the context of the country, its social and cultural norms. The assessment has not gone deep into classifying the comfort felt by the clients in the facilities.

Benchmarks

- **Comfortable setting**
- **There is adequate space**
- **Counselling and examination rooms provide visual and auditory privacy**
- **Waiting rooms with posters and decorations that related to young people's tastes and interests**
- **Welcomes partners**

Table 7 shows that all the facilities offer comfortable setting except for CHAS where the counselling room is part of the Counselling and Surveillance Unit Office at the same time a library. Every client who comes for counselling can be seen by the staff of the said Unit.

All facilities do not have separate space for adolescent clients except those whose programme and services focus on young people already, like the VYC, FHI, PSI and LWU CPCW and SDTVT but among the 5, VYC doesn't have a waiting room where

clients can stay while waiting for clinic services; however, the management of VYC expressed that a new building will soon be put up to adequately provide rooms for SRH services to young people. Clients at the VYC sit on their motorbikes outside, in a covered court.

Waiting areas in hospital have posters that show diseases and other family and adult-related health matters. There are no materials that may attract the attention of young clients.

Among the 12 facilities only 4 (CHAS, DC, MH, SH) whose counselling areas do not provide auditory privacy as their counselling rooms are at the same staff offices. Even if the occupant staffs will be asked to leave their offices when counselling is to be done, the discomfort will still be there knowing that the staffs may come back before

²¹ Technical Guidance Series, No. 4 September 2003, Pathfinder International.

²² Comprehensive Youth-Friendly Services. The Safe Project. IPPF European Network

the counselling session is over or may shorten the process as they may be busy with their work at their own offices. There are facilities that have counselling rooms that can assure auditory privacy but not visual privacy as their doors have a glass portion that allows one to see from the outside, the people inside the counselling room as with the LWU CPCWC.

As shown in the table above, all facilities have examination rooms that provide visual and auditory privacy except the DC where the window from the examination room where specimens are passed on to the laboratory is made of glass and the curtains used are transparent ones.

All the facilities welcome young males and females either for their own needs or as partners. This is very evident in CHAS and MCH where partners are even encouraged to avail of the services especially when one partner is HIV positive or having STI that could possibly have affected the partner. Although not in all societies, welcoming male partners can prove beneficial, where feasible. For a young woman, the accompaniment of her boyfriend to the clinic can be an important element in the decision to seek services. Furthermore, opportunities exist to foster shared responsibility for decision-making when both are welcomed as partners.²³ An African regional conference reported that most teenage men are not well informed about sexuality, safe sex, condoms and other contraceptives, and that young men are far less likely than young women to be targeted by health communications and services.²⁴ In Laos, the UNFPA and other relevant entities of Government promote participation of men in the reproductive health decisions.

Gaps/challenges identified in this section

1. No room for clients to wait for counseling, testing and other clinic services
2. No visual privacy for counseling and examination as doors and windows are made of glass and without curtain or with transparent curtains.
3. Privacy is not assured in counseling as counseling rooms are at the same time offices.

Recommendations

1. Assure visual privacy in counselling and examination by using non-transparent curtain for glass doors and windows
2. Assure visual and auditory privacy in counselling by providing separate room for the said purpose, if possible.
3. Consider providing a waiting room or a corner within the OPD with “edutainment”²⁵ materials that relate to young people.

²³ Technical Guidance Series, op. cit.

²⁴ Johns Hopkins Centre for Communication Programs. 1997. Better Together: A Report on the African Regional Conference on Men’s Participation in Reproductive Health. Baltimore: Johns Hopkins University.

²⁵ A combination of educational and entertainment purposes of materials that relate to young people

4. Men's participation in reproductive health should be promoted by all the facilities, whenever feasible.

2. Provider Related Characteristics

Having a specialised staff that is trained to work competently and sensitively with young people is often considered the single most important condition for establishing youth-friendly services. Acquired skills must include familiarity with adolescent physiology and development, as well as appropriate medical options according to age and maturity. Staff should be able to communicate in the language that clients can comfortably share needs and concerns. It's not only the service providers who need to be orientated on adolescent services but also the receptionists, OPD staff and other support staff of the facility. Under this characteristic, only staff preparedness is being assessed.

2.1 Staff Preparedness

Table 8: Staff Preparedness

RCN Member Agencies	Method	CHAS	DC	FH	FHI DI C	LWU CPC WC	MH	MC H	PSI PM C	SH	SDT VT	V H D	VYC
Service providers trained to serve adolescent clients in reproductive health	IS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓
Support staff members received at least an orientation about adolescent clients	IS	✓	X	X	✓	✓	X	X	✓	X	X	X	✓
Job aids are available to help service providers in their daily work (i.e., flipchart, posters that remind them of key messages, clients' rights, etc.)	IS,O	✓	X	✓	✓	✓	✓	✓	✓	✓	X	✓	✓
Staff show respect during counselling and consultation	IS,IC,O	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table 8 shows that all the facilities have their staffs trained in adolescent services, although they vary in the number of who were trained on what subject of ASRH. In most cases, only the RCN focal persons who are at the same time service providers are the ones who have undergone ASRH training so not all staffs who provide services to young people have undergone training on adolescent RH.

Benchmarks

- **Service providers trained to work with adolescents in RH**
- **Staff respects the clients, provides them privacy and assures confidentiality**
- **Managers and service providers discuss young people's special needs and issues**

It's not only the service providers who need to be orientated on adolescent services but also the receptionists, OPD staff and other support staff of the facility as the attitude of the support staff can either facilitate or hinder the young people seeking services in the facility.

Out of the 12 facilities, only CHAS, FHI DIC, LWU CPCWC, PSI PMC and VYC have their support staff trained at least once on adolescent services.

In spite the trainings that staff received and in providing SRH services to young people, it is ideal that job aids are present in the facility to help the counsellors and medical staff remember key messages and some procedures in giving specific service to clients. Most importantly, both the staff and the clients need to be reminded of the clients or patients' rights. All of the facilities have posters on syndromic approach to treatment of STIs, use of condoms and other materials that will serve as visual aid in the counselling and treatment processes except DC and SDTVT; however only the MCH has clients' rights written and posted in the OPD and lobby of the health facility.

In relation to respect to clients, some service providers bring to their job deeply entrenched biases against adolescent sexual activities or find it difficult to relate to adolescent in a respectful way. The table above shows that the staff of all facilities show respect to their clients or patients. While respect for young people is an essential characteristic, it can be fostered within a training exercise. Given this reality, clinic managers should carefully consider such attitudes as they select trainees or as they recruit staff.

Clinic managers make sure there is extra time allowed for counsellors or medical staff to discuss young people's special issues.²⁶ Majority of RCN members are mandated to serve the general public hence addressing adolescents' special needs and issues is not a priority and there is no system for monitoring and supervision of staff by unit managers.

Gaps/challenges identified in this section

1. Not all staffs who provide services to young people have undergone training on adolescent RH
2. Not all support staff oriented
3. No job aids on client rights
4. Majority of RCN members are mandated to serve the general public hence addressing adolescents' special needs and issues is not a priority
5. No system for monitoring and supervision of staff by unit managers

Recommendations

1. Consider organizing a core of ASRH trained staffs in the facility that will serve as front liners in the advocacy for and provision of adolescent-friendly RH services. An needs assessment must be conducted to map staffs' capacities and competencies in ASRH services so that appropriate training and refresher courses can be planned and implemented at different levels of technical competency, aptitude and experience.
2. Involve the clients (adolescents) in developing a monitoring tool and let them do the monitoring
3. Formulate a generic RCN guideline and a tool in an ARH competency-based system of monitoring and supervision of service providers.

²⁶ Kim YM, Marangwanda C. *Attending Young Clients: Quality of Counseling in Zimbabwe*. John Hopkins Centre for Communication Programs, 1996.

are sufficient to meet clients' need	IS, IC	X	X	✓	✓	X	✓	✓	X	✓	X	✓	✓
Condom supply is sufficient to meet client needs	IS, IC	✓	X	X	✓	X	✓	X	✓	✓	X	✓	X
Referrals made for services not provided	IS,IC,P	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓
There is a formal referral system in place	IS,IC,P	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
There is tracking and follow-up of referred cases	IS,IC,P	X	X	X	X	X	X	X	X	X	X	X	X

Table 9 above shows the range of services that each facility offers to general clientele as a matter of mandate to their institutions like hospital, clinics, rehabilitation and counselling centres and as well as specifically to young people. However, though the government institutions, with the exception of the VYC, serve the general population, they also welcome the opportunity to accept and send ASRH cases for referrals to other RCN member facilities with specific service expertise such as the LWU CPCWC, Dermatology Centre and SDTVT.

On counselling services, 10 out of 12 facilities offer the complete four essential RH services which are on contraceptives, VCT, STIs and condom for dual protection. Dermatology Centre offers only 2 while SDTVT offers only drug counselling. Nine facilities provide HIV testing while only 8 provide STI testing; only 7 provide pregnancy test and only 1 for drug testing. It is envisaged that all facilities will be able to perform the test for HIV and for some STIs cases, as well as for pregnancy which is really ideal if HIV testing is done in order to prevent mother to child transmission of the virus.

The four RCN-member hospitals provide treatment of HIV, STI, post-abortion and injuries secondary to sexual abuse.

While only SDTVT provides treatment and rehabilitation from substance abuse. Most of the non-hospital based facilities use the syndromic approach to treatment of STIs, except for the Dermatology Centre which has good facilities for testing STIs which include a digital microscope to detect STIs among males.

- | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Benchmarks</u></p> <ul style="list-style-type: none"> ● Comprehensive or wide range of ARH services ● Has a formal referral system, including follow-up and tracking of young clients ● Has sufficient equipment and adequate supplies, i.e. contraceptives, medicines, condoms |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For services related to pregnancy and delivery, only in 5 hospital facilities are these services provided and in 7 facilities, contraceptives are provided. It is also envisaged that contraceptive services can be expanded to all member agencies, especially condoms for dual protection and emergency contraceptives as these are relatively easy to procure and dispense.

As financial resources are poured in to the country through bilateral and multilateral lateral funding, the RCN member facilities now have the access to material resources for testing and treatment of HIV and STIs by linking to whatever national programme there is that provide the necessary equipment and medicines for the said purpose.

Furthermore, as shown in Table 9, all facilities have sufficient equipment to perform the procedures for the services that they provide, except for PSI PMC for MSM which is the only facility that caters to all male clients and whose medical service provider is part-time.

In terms of contraceptives supply, all the facilities which are providing this service said that the supply is sufficient for their needs but in Table 9, it is shown that there are facilities marked x for this matter, the x means that these facilities don't have contraceptives at all as this is not part of the services they currently provide. With regards to condoms, the facilities that have sufficient supply are those hospitals that are providing VCT and care of HIV positive, clinics with programmes supported by PSI and FHI and the District Hospitals of the Vientiane Health Department which is supported by an MCH organisation called Organon. Others said that the condoms they have are not sufficient for the needs of their clients. As this shortage may be perceived by some facility service providers as a problem related to supply, it has to be examined because as far as condom supply in Laos is concerned, there is more than enough for the needs of the population. The shortage might be related to distribution rather than supply. The facilities that experienced condom supply shortage might not be linked to the chain of the distribution system of the national condom distribution programme, the LMIS (logistics management information system).

With regards to referrals, most of the facilities do refer cases that they can't handle or cases whose management is not within their range of services provided. There is an RCN-wide formal referral system and a form that includes follow-up and tracking of referred cases, stipulated in the strategic plan. However, this has not been systematised yet in each of the member facility. The referral form that the members are currently using is one that was formulated by CHAS which is used for VCT referrals hence not so appropriate for other referral cases.

It has been emphasised by the LWU CPCWC that referral to them cases of sexual and other forms of abuse to women and children is important as care for victimised clients does not only include medical but also psychological and legal care.

Gaps/challenges identified in this section

1. The referral system that is stipulated in the Strategic Plan and Guideline has not been institutionalized yet
2. The referral form that is currently used is focused more on counseling and does not provide a direction for follow-up and tracking of clients
3. Shortage of condom supply in some facilities

Recommendations

1. Institutionalize the referral system that is stipulated in the Strategic Plan and Guideline which includes follow-up and tracking mechanism
2. Review and amend the current referral form that the RCN is using in order to include referrals for other services and will facilitate follow-up and tracking of clients that guarantees the provision of confidentiality to clients that has been started from the sending facility.

3. Negotiate with the MCHC for each member institutions inclusion to the LMIS of the national condom distribution programme for condom supply. As MCHC may consider giving condoms for contraception purposes only, it has to be justified that this commodity will be used for dual protection.
4. All members of the RCN to cover services on contraception, VCT, STI and condom use.
5. All the areas of RH mentioned in the table above are the ones that young people are concerned of and may need some guidance as they face the different realities of their reproductive life, hence the need for comprehensive counselling whatever facility they go for any sexual and reproductive health information and service they need. It is therefore recommended that a package of ASRH counselling manual or guideline be formulated for RCN members to use in all units or departments that deal with reproductive health.

Peer Education and Counselling Programme

Table 10: Peer Education and Counselling Programme

RCN Member Agencies	Method	CHAS	DC	FH	FHI DI C	LWU CPC WC	MH	MC H	PSI PM C	SH	SDT VT	V H D	VYC
Peer Education available	IS,IC,O	X	X	X	✓	X	✓	✓	✓	✓	✓	X	✓
Peer Counselling available	IS,IC,O	X	X	X	✓	X	✓	✓	✓	✓	✓	X	✓
There is a system for monitoring and supervising peer educators	IS, P	X	X	X	✓	X	✓	✓	✓	✓	✓	X	✓
There is a system for monitoring and supervising peer counsellors	IS, P	X	X	X	✓	X	✓	✓	✓	✓	✓	X	✓

Peer promotion programs deliver information and services in the community and workplace through peers similar in age and background. These programs are successful in difficult-to-reach populations such as out-of-school youth, street children and commercial

sex workers.²⁷ Table 10 shows that 7 out of 12 facilities have peer education and counselling programmes. The peer counselling and education programmes of Mahosot and Sethathirat Hospitals are focused on HIV positive clients regardless of age, they are based in the facilities and they help other PLWHAs to cope, come to terms with their conditions and lessen the impact of stigma that clients may feel from their communities and families. Unlike peer education and counselling in other facilities like FHI, PSI and VYC, their peer educators and counsellors reach out to places where they can recruit targeted clients to avail of their services or conduct

²⁷ Senderowitz, 1998 Reproductive Health Programs for Young Adults: Health Facility Programs

activities where these young people work and where they congregate like in beer houses, bars and other entertainment places.

Benchmarks

- **Peer Educators or Counsellors work with young clients**
- **There is a system of supervising and monitoring Peer Educators and Peer Counsellors**

For the SDTVT, their peer educators are involved in encouraging rehabilitated persons not to succumb to substance abuse again as the rate of returning to drug addiction after discharge from the rehabilitation centre is high. As different facilities have diverse reasons for having such programme, it is proved that the programme yields positive results. However, while counselling is a highly recommended component of most clinic programs, effective results depend

greatly on the quality and extent of the training that counsellors receive.²⁸ The personal traits of counsellors appear to be very important to young clients, including an interest in working with adolescents and an ability to develop respectful relationships. A World Health Organization (WHO) study concludes that there will be minimal impact unless clients are assisted in internalizing the information they receive and owning the resultant protective behaviours.²⁹ Counselling must also effectively connect young people to services.³⁰

During the visits to the facilities, it was observed that there seemed to be no system in monitoring and supervising Peer Educators and Counsellors and the absence of Peer Education and Peer Counselling programmes in facilities where these programmes are known to be effective approaches.

Peer promoters require close supervision of their activities and reinforcement of their efforts.³¹ This oversight must continue throughout the life of the project. Supervisors must work with peers to identify their task-related needs and areas for upgrading—and then address those gaps.

Gaps/challenges identified in this section

1. There seemed to be no system in monitoring and supervising Peer Educators and Counselors

²⁸ UNICEF. 1996. *Youth Health – For a Change: A UNICEF Notebook on Programming for Young People’s Health and Development.* (Working Draft I.)

²⁹ Wastell, C. 1995. "Effectiveness of Counselling in Adolescence." (Prepared for the WHO/ UNFPA/UNICEF Study Group on Programming for Adolescent Health)

³⁰ WHO/UNIFPA/UNICEF Study Group on Programming for Adolescent Health. 1995. "Programming for Adolescent Health." (Discussion paper).

³¹ UNICEF. 1996. *Youth Health – For a Change: A UNICEF Notebook on Programming for Young People’s Health and Development.*

2. Absence of Peer Education and Peer Counseling program in facilities where PE and PC are known to be effective approaches

Recommendations

1. Formulate a generic RCN guideline and a tool in an ARH competency-based monitoring and supervision system of Peer Educators and Peer Counsellors
2. Consider Peer Education and Peer Counselling programme in relevant facilities and in appropriate services
3. Consider refresher trainings for Peer educators/counsellors

Educational activities

Table 11: Educational Activities

RCN Member Agencies	Method	CHAS	DC	FH	FHI DI C	LWU CPC WC	MH	MC H	PSI PM C	SH	SDT VT	V H D	VYC
Educational materials available on site (computers, printed materials)	IS,IC,E	✓	X	X	✓	✓	✓	✓	✓	✓	✓	✓	✓
Educational posters are displayed	IS,IC,E	✓	X	✓	✓	X	✓	✓	✓	✓	X	✓	✓
There are brochures and posters about the clients' rights	IS,IC,E	X	X	X	X	X	X	✓	X	X	X	X	X
There are reading materials for clients to take home	IS,IC,E	X	X	X	✓	✓	X	✓	✓	X	X	✓	✓
Materials are in Lao language	IS,IC,E	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clients can access information and counselling through telephone	IS,IC,E	X	X	X	✓	✓	X	✓	✓	✓	✓	X	X
Clients can access information and counselling through telephone hotline	IS,IC,E	X	X	X	X	X	X	X	X	X	X	X	✓
Clients can access information through websites	IS,IC,E	X	X	X	X	X	X	X	✓	X	X	X	X
Clients can access information and counselling through mails	IS,IC,E	X	X	X	X	✓	X	X	✓	X	X	X	X
Group discussions are held in the facility on adolescents and reproductive health topics and issues	IS,IC,O	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	X	✓

Some young clients prefer to learn about sensitive issue on their own, using written and audio visual materials because their discomfort level can be too great to retain information during a face-to-face session. Such learning can occur while clients are waiting to be seen, as with educational videos, computer-based health education. Some materials can be taken home if they are available so that young clients can read more and refer to them later after the formal sessions with the service providers.

Posters in Lao language are the most common educational materials that most of the facilities have, these are posters produced by the MoH, international health and health-related organisations and INGOs. These are posted on the walls around of the facilities, except in Dermatology Centre, LWU CPCWC and SDTVT, maybe because most of the available posters (about diseases) are not suited to the services they are providing.

“We don’t have new brochures in our clinic, if you have available materials in your organisations, please share us some.” - Focal Person from VYC during the RCN meeting. CHAS replied that they have available HIV/STI posters and a letter to the head of CHAS is needed to avail of these.

Brochures and leaflets are also common but seldom seen in the facilities as these materials run out when given to clients and maybe friends and relatives of patients who accompany them to the facilities. Most of the facilities are not able to produce new and updated printed materials. Neither the posters nor the brochures seen in the facilities have messages on clients’ rights, except at the MCH where this is written on a board

hanged at the OPD and registration areas. All materials seen in the facilities were in Laos language. In the Table above, DC has an X to the question on language because they don’t have these educational materials for clients

The third most common source of information from the facilities is through telephone, there are 6 facilities who can be contacted by clients for information and counselling. For hotline counselling, only the VYC provides such service to young people. Enhancement of this service is undergoing with the support of UNFPA and UNICEF.

Only PSI PMC provides information through websites as they are the only centre with internet facilities. LWU CPCWC and PSI PMC give information through mails.

Benchmarks

- **Educational materials available on site (posters, brochures, leaflets)**
- **Formal and informal group discussions are conducted**
- **Easy access to information and counselling**
- **Informs young clients of their rights**

The former does it through the LWU monthly newsletter where there is a portion where clients can write to them and for the staff to reply to these letters.

Gaps/challenges identified in this section

1. Some members of the Network don’t have adequate and appropriate ASRH IEC materials
2. Clients’ Rights are not given emphasis in existing IEC materials and practice
3. Generally, there is no easy access of clients to information and counselling aside from face-to-face counselling
4. Most facilities may have group discussions but don’t have a system that assures

regularity and learning from the conduct of these said activities with young clients.

Recommendations

- Encourage continued intra-network sharing of IEC materials
- Develop an IEC material for all RCN member agencies on Clients' Rights which emphasizes on confidentiality and privacy
- Consider other means of increasing access to ASRH information and counselling by young clients maybe community outreach or peer education as mentioned in other sections of this report.

Youth involvement

Table 12: Youth Involvement

RCN Member Agencies	Method	CHAS	DC	FH	FHI DI C	LWU CPC WC	MH	MC H	PSI PM C	SH	SDT VT	V H D	VYC
There are ways that adolescents can suggest or recommend changes to make services more comfortable and responsive	IS,IC E, P	X	X	X	✓	X	✓	✓	✓	✓	✓	X	✓
Adolescents are currently involved in decision-making about how programs are delivered	IS,IC, P	X	X	X	✓	X	X	X	✓	X	X	X	✓
Adolescents are involved in decision making at the facility	IS,IC	X	X	X	X	X	X	X	X	X	X	X	X

While professionals working with young people generally know key behavioural aspects of their constituency, they may not know what elements of a new program will attract or sustain a particular target group.³² Thus, young people should be involved in many, if not all, stages of programs, including design, implementation, monitoring and evaluation.³³ Community members should also be involved to help ensure program support and acceptance. Particularly important to include are

³² Senderowitz, J. (1995). "Lessons Learned: Ten Tips for Meeting the Needs of Young Adults." Population Reports Series J (41).

³³ Koontz, S.L. and S.R. Conly (1994). "Youth at Risk: Meeting the Sexual Health Needs of Adolescents." Population Policy Information Kit #9. Washington DC: Population Action International.

policymakers, health professionals and religious leaders.³⁴ Although there is a lack of conclusive data regarding parental involvement, there is general but not unequivocal agreement that family members' support should be gained.³⁵

Table 12 above, shows that youth can give suggestions or recommendations on how to improve the facilities to make it more comfortable and responsive. Participation in decision making on how programmes are delivered is lacking. Some agreed that family member opposition can be a barrier to success; there is also a limit to the roles that adult family members can constructively play

Benchmarks

- **Adolescents can suggest/recommend to make programs and services more comfortable and responsive**
- **Adolescents are involved in decision making at the facility**

in their children's reproductive health lives due to issues of confidentiality.

Young people who were interviewed said that they are more involved in how activities are run and what programmes are suited to their clientele than in giving suggestions on what changes will be done to make services and the setting comfortable and responsive. These young people who were interviewed are at the same time peer educators and some were clients. Suggestion boxes in the facilities seem not functional; they are kept hidden, full of dust and not equipped with pen and paper for clients to write on.

In 3 facilities that have responded yes to young people involved in decision making on how programmes are delivered, the FHI DIC, PSIPMC and VYC, have young people as their main target groups.

A fundamental principle in designing of youth-friendly services is to ensure participation of young people in identifying their needs and preferences for addressing these needs. Among the RCN member facilities, when decision making is on the facility level already, none of them involve young people in the process. Young people are involved as peer educators and counsellors but not in decision making bodies of the facilities.

In addition to creating an environment more likely to meet the adolescents' needs, involving them in the life and work of the facility will allow them to feel belongingness and sense of ownership of the programme. This will result to increased motivation in recruiting their peers and other clients to avail of the services.

Gaps/challenges identified in this section

1. Suggestion Box approach to gathering feedback seem not to be functional as it is not a culture of Lao Adolescents to give feedback on services

³⁴ International Planned Parenthood Federation (IPPF). 1994. Understanding Adolescents: An IPPF Report on Young People's Sexual and Reproductive Health Needs. London: IPPF.

³⁵ Pathfinder International. 1993. "Adolescent Reproductive Health/Family Planning Programs in Sub-Saharan Africa." (Paper presented by Pathfinder International at USAID).

Table 10 shows the RCN-member agencies/institutions do not have clear guidelines and protocols in the delivery of ASRH services except CHAS and VYC; Only MCH with the support of a SWISS organisation-partner has written guidelines on how to ensure and protect client confidentiality. There are rules and regulations that the staffs follow as what they learn from trainings, meetings and workshops that are applied in the facility but these are not written.

<u>Benchmarks</u>
<ul style="list-style-type: none">• Has clear written policy detailing extent of services for adolescents allowable under the law• Has clear written procedures for protecting client confidentiality• No policies and procedures that pose barriers to adolescent services• Confidentiality is assured in record keeping

Respondents of the assessment interviews expressed that there are no policies and procedures that pose as barriers to delivery of services to young people and there are no policies as well that clearly states what RH services are allowable for adolescents such services as contraceptives and pelvic examination as well as issues on consents, minimum age requirements for particular services or regard to marital status. When laws restrict available services by age, health facilities face constraints beyond their control. However staff should have clear legal guidelines, with operational policies detailing the full extent of services allowable by Lao law.

As reproductive health clinics for young people are relatively new in Laos, operational policies governing how service providers should serve this group are evolving. To avoid subjective service decisions, which place responsibility on service providers who do not always have a positive view regarding these services for youth,³⁶ specific and detailed operational policies should be established, resulting in consistent and even handed provision of services. To the extent that such protocols are actively supportive of young people's access, there is a greater potential for recruiting and maintaining a young clientele. Training and orientation and regular monitoring, along with appropriate supervision, may be required to assure compliance with guidelines or when introducing a new component for the staff to implement.

Gaps/challenges identified in this section

1. No clear written policy detailing extent of services for adolescents allowable under the Lao law
2. No RCN-unified clear written protocol for youth-friendly ASRH service delivery that include protecting client confidentiality, record keeping and referrals.

Recommendations

1. Develop a written policy detailing full extent of services for adolescents allowable under the Lao law

³⁶ Senderowitz, J. 1995. Thematic Evaluation: Reproductive Health/Family Planning IEC and Services for Adolescents (Case Study: Jamaica and Antigua). New York: UNFPA.

2. Develop an RCN-wide written protocol for protecting client confidentiality including record keeping, referral, follow-up and tracking of clients
3. Encourage each member agency to review and put into writing their current practices in keeping confidentiality in their service delivery and referrals. This ensures that all staffs follow the policy regardless of how she/he thinks and feels about young clients.

3.6 Administrative procedures

Table 14: Administrative Procedures

RCN Member Agencies	Method	CHAS	DC	FH	FHI DI C	LWU CPC WC	MH	MC H	PSI PMC	SH	SDT VT	V H D	VYC
Registration process is private so that other waiting clients cannot overhear the conversation	IS,IC E,P	✓	X	X	✓	✓	X	X	X	X	X	X	✓
Adolescent clients can be seen without appointment	IS,IC,P	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓
If appointment are required, services of adolescent clients can be expedited	IS,IC,P	-	-	-	-	-	-	-	✓	-	-	-	-
Adolescent clients don't wait for more than an hour to be served	IS,IC	✓	X	X	X	✓	X	✓	X	X	✓	X	✓
Sufficient time is allowed for provider-client interaction	IS,IC O,P	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Drop-in clients are welcomed because young people are present-minded, they don't usually plan their ahead hence facilities that welcome them without appointment increases access of this group to reproductive health services. If an adolescent is turned down in a health facility and told to return the following day, it is unlikely that they come again. Working with adolescents is to seize every opportunity when they come and show interest in availing of ASRH care. It is important that administrative procedures in the facility attuned to characteristics of adolescent clients. Privacy cannot be over emphasised, as this is one of the client's rights.

Benchmarks
<ul style="list-style-type: none"> • Young clients can seek services without appointment • Overcrowding is avoided • Shorter time for registration and waiting for the service • Longer time for counselling • Registration process is made private

In all the facilities, young clients can be served without appointment except for the PSI PMC because they don't have a fulltime physician, whenever there is a client, the doctor has to be called and sometimes when he is busy, an appointment will be made to see the client the next days. It wasn't investigated whether these clients come back or not; however, the staff said that most often the clients are referred to other facilities.

Table 14 shows that only 4 of the 12 facilities provide privacy during the registration process for both old and new

clients. In hospital situation and other public general health service facilities, OPDs tend to be overcrowded and patients are ushered in from one section to the other by calling the names sometimes with the use of a loudspeaker enhancing their embarrassment being identified for accessing services for sexual and reproductive health problems.

In facilities where there are few clients like the CHAS, LWU CPCWC, SDTVT and VYC, clients don't wait to see a health provider for more than an hour. MCH has many patients too but they have a system where clients are grouped for different services like group counselling, group signing of consents and group health teachings and these groups rotate in availing of these different services. Post HIV testing counselling is done individually though.

Both staffs and clients said that sufficient time is given to clients, however this sufficiency needs to be qualified as this can be dependent on the procedure to be done. Most of the responses state that 15 minutes is average duration of provider-client interaction. As said earlier, facilities with many clients and with 6.5 working hours, this 10-15 minutes provider-client interaction may be impossible and quality care is likely to be jeopardised.

In counselling, young people tend to need more time to open up and reveal very personal concerns. They usually come to the clinic with considerable fear and worry for their condition such as pregnancy or being HIV positive or suffering from STI. These clients need ample time to speak out and freely. They too can have loads of confusion as their traditional beliefs and taboos may clash with what is currently happening to them. The health facility staffs need to identify these types of clients so that they will be given more time for counselling.

In the RCN-member facilities, there seemed to be a mix-up in the use of the term counselling and post treatment instruction or health teaching, as well as an interchange in the practice of such activities. How can counselling in real sense of the work happen in 10 to 15 minutes or even 30 minutes? It was also pointed out in the RCN meeting that counselling is definitely not convincing clients to submit for VCT.

Gaps/challenges identified in this section

1. There is a very high tendency of referring the giving of instructions to patients as counselling as well as convincing clients to submit for HIV or STI testing
2. Longer time for counselling seems impossible in view of the high volume of clients/patients in the facilities.
3. Young clients without referrals from RCN facility, join the long queue at the OPD and registration units of some facilities

Recommendations

1. Due to many clients to serve, develop a job aid for counselling that service providers can use e.g. a handy guide or a poster, to ensure that nothing important is missed out in every session

2. Consider screening clients to identify who needs counselling so that counselling can be done with quality. As recommended earlier, there is a need to monitor and supervise staffs who does counselling and conduct refreshing training in counselling in order to ensure quality service.
3. Extending working hours for young clients, as recommended earlier in this report, may help decongest the registration and OPD units during the main working hours

Publicity and recruitment

Table 15: Publicity and Recruitment

RCN Member Agencies	Method	CHAS	DC	FH	FHI DI C	LWU CPC WC	MH	MC H	PSI PM C	SH	SDT VT	V H D	VYC
Publicity about the facility identifies services offered	IS,IC	X	X	X	✓	✓	X	✓	✓	✓	✓	✓	✓
Publicity about the facility stresses on confidentiality	IS,IC	X	X	X	✓	X	X	✓	X	X	X	X	✓
There are staff who do outreach activities	IS,IC,O	X	X	✓	✓	✓	X	✓	✓	✓	X	✓	✓
There are volunteers who do outreach activities	IS,IC,O	X	X	✓	✓	X	X	✓	✓	✓	X	X	✓

It is a common conclusion among administrators and researchers that young adults, especially unmarried ones, do not come to public health services for reproductive health care. Lack of privacy and bad treatment are frequently cited as reasons. Other reasons include feelings among young people that services are intended only for married people as concluded by researchers in the Philippines.³⁷ Young people also are often not aware of service locations or what types of services are offered.

Benchmarks

- **Availability of special programs and services for young people are widely publicized**
- **Publicity emphasises confidentiality**
- **Peers or adult professional staff working in outreach programs to promote information and some commodities such as contraceptives, condoms, etc.**

Gaps/Challenges identified in this section

1. Generally, most of the staff interviewed said there is no fund for publicity of their services while some don't have special adolescent programs to advertise.
2. Brochures and other information materials on RCN are outdated

In an Indonesian study, four in ten adolescents did not know what reproductive health services were

³⁷ WHO. 1995. Provision of Adolescent Reproductive Health the Philippines.

services were available in their area.³⁸ This is a particular problem among out-of-school youth. Clinics can use diverse communications activities to publicize their services and attract clients. Especially important is word of mouth, as satisfied clients become effective advocates.³⁹ Personal communications also minimize sensitive mass publicity, as pointed out in an International Planned Parenthood Federation report on adolescent service provision.⁴⁰

Recommendations

1. Develop an updated publicity materials or directory for RCN
2. Facilities without outreach programs may consider having one for information dissemination and essential RH services promotion in their respective target communities.

3.8 Fees

Table 16: Fees

RCN Member Agencies	Method	CHAS	DC	FH	FHI DI C	LWU CPC WC	MH	MC H	PSI PM C	SH	SDT VT	V H D	VYC
Consultation services are free of charge	IS,IC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Counselling is free of charge	IS,IC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HIV Testing is free of charge	IS,IC	✓	-	✓	-	-	✓	✓	-	✓	-	✓	-
Other laboratory services are free of charge	IS,IC	X	X	X	-	-	-	✓	-	-	✓	X	-
Condoms are free of charge	IS,IC	✓	✓	X	✓	-	✓	✓	✓	✓	-	✓	✓
Contraceptives are free of charge	IS,IC	-	-	X	✓	-	X	X	-	X	-	X	✓
Delivery is free of charge	IS,IC	-	-	X	-	-	✓	✓	-	✓	-	X	-
Medicines are free of charge	IS,IC	-	X	X	✓	-	X	X	✓	✓	X	X	✓
Fees are affordable to adolescent clients	IS,IC,P	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓

Costs of reproductive health services, if they are to be covered by young adults themselves, must be affordable. If costs are too high, they constitute a barrier to clinic

³⁸ Ibid.

³⁹ Marie Stopes International. 1995. "A Cross Cultural Study of Adolescents to Family Planning and Reproductive Health Services." (Final Report to the World Bank).

⁴⁰ Herz, E.J., L.M. Olson and J.S. Reiz. 1988. Family Planning for Teens: Strategies for Improving Outreach and Service Delivery in Public Health Settings. Public Health Reports 27 (2).

use.⁴¹ Although affordability is important, its translation into a specific fee varies according to the country and the group targeted for services.⁴² For example, researchers in one study found that even if adolescents could not afford very much, most would rather pay something because they tend to view free services as being of poor quality.⁴³ In Laos, as facility staff informed the Assessment Team, they require fees in order to develop a revolving fund that will be used to replenish the current commodities when the UNFPA or other donors will no longer provide free commodities such as condoms and contraceptives, whilst others said that the proceeds from these commodities are used for administrative purposes such as purchase of stationeries for the office and running costs for staff.

Generally, consultation and counselling services are free of charge; however, in the RCN-member hospitals, these 2 services are covered in the cost of the registration that the clients pay at 5,000 kip (0.6 cents) for every visit to the health facility. HIV testing and treatment are entirely free of charge as this programme is supported by Global Fund against AIDS, TB and Malaria (GFATM) and even condoms that are supplied for this programme. There are some facilities that require patients to buy their own supplies such as gloves, syringes, needles and others. Medicines and laboratory tests in all government facilities are not free of charge but government social security card holders can avail of discounts and sometimes free medicines.

Benchmarks

- **Service charges are as low as possible, so that young people can afford them**
- **Commodities are given free if acquired and intended free from government and donors**

In most health facilities, contraceptives are supposed to be free as these are given by UNFPA for free for those who need them; however, small fees are charged for these commodities as a revolving fund that will be used to procure these medicines in the future.

In one facility that was visited, a 2,000 kip parking fee for motorbikes is required from clients even if the clients for some facility-related reasons are unable to avail of services at certain time when they come to the facility. This cost can be an add-on to the overall health costs and can pose a barrier to access of poor clients to health care services.

Overall comment from clients in relation to affordability is, costs of all the services are affordable, except hospitalisation fees, medicines for skin disorders and some specialised laboratory test.

⁴¹ IPPF. 1988. "Adolescent Fertility and FPA Service Provision." (A Report of a Joint Meeting of the International Programme Committee and Programme Committee of the East and Southeast Asia and Ocean Region, Bangkok, Thailand, 5-6 December 1987.)

⁴² UNICEF. 1996. Youth Health – For a Change: A UNICEF Notebook on Programming for Young People's Health and Development. (Working Draft I.)

⁴³ Marie Stopes International. 1995. "A Cross-Cultural Study of Adolescents to Family Planning and Reproductive Health Education and Services." (Final Report to the World Bank).

Gaps/Challenges identified in this section

1. There is or maybe more facilities requiring clients to pay parking fee for motorbikes parked within the vicinity of the facility.

Recommendations

1. Waive parking fees for young people as this may pose a barrier to access of services by poor young clients who may even just borrow motorbikes to reach the facility.
2. Consider striking the delicate balance between sustainability as the reason for user fees and access of services by the poorest and marginalized young people
3. Linking of programmes to where health commodities like HIV rapid test kits, condoms, pregnancy test dipsticks can be procured either through social marketing scheme or for free distribution.

Conclusion

The Assessment Team was impressed by the developments of the Network and the commitment of its members' Heads of Agencies and Focal Persons. The Network has gone a long way beyond what was probably expected when it was originally planned and established. The Network is rendering a wide range of sexual and reproductive health service delivery to a great volume of young people through referrals of cases. Majority of the members are offering the basic ASRH services namely, VCT and STI testing and treatment, condom use for dual protection and contraception with 3 hospitals doing treatment and support for people living with HIV. The Network enjoys a very good relationship/partnership within the 12 member agencies, with the Government authorities, UNFPA, international and non-governmental organisations.

The Focal Persons are hard working and have built a strong Network team which will be enhanced by the organisation of facility-level RCN committees. Each member is an asset and strength of the Network although it needs to develop clear and written policies and guidelines to guide all the members in their sexual and reproductive service provision to young people who compose more than half of the country's population.

There may be a lot of changes that each member has to initiate and institute in their respective agency/institution as recommended in this assessment, but with the full support of each other and of the MoH and UNFPA, it is expected that the Network will move fast forward in the aim to make its member agencies/institutions' services more youth-friendly.

General Recommendations

- Seek clarification on the mandates of individual RCN member agencies and promote the identification and inclusion of young people among its targeted key beneficiaries for its services.

- Promote participatory processes in planning and budgeting exercises like development of annual work and financial plans among RCN member agencies. The rationale for developing and implementing ASRH services needs to be articulated by the RCN Committee members at the planning and budgeting stage to help mobilize support and funding for the same.
- Advocate for the development of new or adjustments/modifications in existing health service delivery infrastructure to support the delivery of ASRH services.
- Build capacity of all RCN members for the delivery of 4 priority ASRH services: Voluntary Counselling and Testing (VCT) for HIV; STI syndromic management, contraceptive provision (including emergency contraception); and condom promotion/distribution for dual protection.
- Enhance capacities of RCN member agencies in ASRH programming. This includes, among others, monitoring and supervision; evaluation; data management: recording and reporting systems, data analysis, presentation of results; and advocacy.
- Promote the development of new and innovative service delivery strategies to help increase access to and utilization ASRH services, and enhances client satisfaction. Illustrative examples includes: alternative referral schemes and procedures, sharing of human resources within the network, exchange or transfer of expertise among members.
- Expedite the development of supportive policies, guidelines or standard operating procedures to promote standardization of service delivery, help ensure comprehensive management of ASRH problems, improve the quality of these services and optimize the benefits for clients.
- Ensure the involvement of and active participation of young people in development, implementation and evaluation of ASRH services among RCN members, including in the promotion of these services in the respective catchments of these facilities.
- The results of this assessment can be a baseline for each member agency and as they institute adjustments and changes in their facilities according to the recommendations of this study, each member agency/institution needs to do a follow-up self assessment using the same instrument.



(Closing activity during the Consensus Building Workshop)

and networking continues...

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World Health Organisation

Annex B

TERMS OF REFERENCE

Contract Name: RCN Assessment for Youth
Friendly Services

Tracking Number: aretsT02_0708

Client/Country: UNFPA Lao PDR

ToR prepared by: Alliance TS Hub (Manila)

Background

The Referral and Counseling Network (RCN) was established in 2004 as an unexpected but positive and unique accomplishment of the “Reproductive Health Initiative for Youth in Asia” (RHIYA) project in Lao PDR which was completed in December 2006.

The idea of organizing a network to improve the provision of quality sexual and reproductive health services to young people, came about at one of the series of counseling courses on Adolescent Sexuality and Reproductive Health conducted among the three implementing agencies of the RHIYA Programme in Lao PDR: (1) the Vientiane Youth Centre of the Lao Women’s Union which took care of the urban youth in Vientiane Capital; (2) CARE International which worked with service women (sex workers) also in Vientiane Capital; and (3) Health Unlimited whose target were the rural youth in three southern provinces. The participants of this counseling course were from five institutions: the Vientiane Youth Centre, Mahosot Hospital, Setthatirat Hospital, The Dermatology Centre, and Oudomxai Hospital. They felt the need to refer clients to each other in cases where their institution could not render the appropriate service, to share information about their referred and counseled cases, and to discuss difficult and complex situations which they handle in the form of case studies so as to learn more from their experiences.

RCN was launched in November 2004. Confirming the value of the Network in the attainment of their health care goals, and RCN was urged to continue their work and to sustain the organization. The membership then expanded from the original five institutions to 11 members from several ministries, institutions and organizations in Vientiane Capital, with representatives from a variety of disciplines or professions, making RCN a unique endeavor. The RCN was approved by the Ministry of Health through an official endorsement issued on 13th June 2006 with CHAS designated as the Chair/Coordinator.

A review of the objectives and operation of the RCN conducted in August 2006 (covering a 2 year period) reported more than 700 client referrals, counseling and treatment in the area of sexual and reproductive health, drugs, and gender-based violence. Monthly meetings were held in the members’ premises by rotation. A RCN booklet members’ guidelines, a brochure and a referral form had been developed and printed by the Network.

The review found that RCN focal points had learned a lot from the exchange of information and experiences. They gained a better understanding of the importance of counseling and referrals, developed other linkages and counseling resources for their individual activities. The RCN focal points began to appreciate more the added value of increasing the number of clients and their easier access to various services, and of collaboration of the existing systems for better client services. Many obtained the support of the head of their institution for RCN and there was a general recognition of the need to address gaps and weaknesses of their network.

Among the recommendations of the review was the development of a strategy paper which would include clear vision, mission, goals, objectives, and structure, to enable RCN to be more effective, efficient, and sustainable. Strategies and key activities must be identified by

the member agencies, which should be prioritized in an implementation plan, together with a monitoring and evaluation mechanism. In addition, operational guidelines have to be developed or refined to facilitate the functions of the Network, for it to achieve its vision, mission, values, goals, and objectives.

With support from UNFPA, a Consultative Workshop was conducted from 12th to the 16th of November, 2007 in Vientiane, Lao PDR, attended by representatives of the member organizations/institutions to develop the RCN Strategic Plan and Operational Guidelines 2008-2010. With the strategy document already drafted, the network called for further assistance to support organizational development and jumpstart the operationalization of the strategic plan.

Rationale

Goal No.1 of the RCN Strategic Plan 2008-2010 aims to strengthen capability of member institutions to provide a continuum of rights based, client oriented and quality information and services, which link HIV/AIDS, substance abuse, with other elements of sexual and reproductive health. A key activity identified under this goal is the development/improvement of general service delivery guidelines.

This assessment is a critical preliminary step in meeting this goal. The study will increase the understanding of current situation and capacity among RCN members, identify prevailing issues and concerns, gaps and needs to better respond to RH needs of young people. The results will be utilized to guide the development of the RCN Service Delivery Protocols scheduled in the 3rd quarter of 2008. Moreover, the process will also facilitate the development of action plans for quality improvement that can help RCN member agencies address policy, operations, training, and other program areas needing adjustments and change, helping to expand access to and availability of youth friendly linked HIV/AIDS and SRH services.

Purpose and Objectives

This study will seek to gather information that will help create a better understanding of the current situation, capacities, services available, youth friendliness, including issues, concerns, program gaps of RCN member agencies in responding to RH needs of young people. Specifically, the study aims to:

1. Gather background information on individual RCN member agencies, to include among others: mandate, organizational structure, management and personnel, RH programs or projects, yearly budget/funding allocation,. Describe the overall strengths and relative advantage of individual member agencies which could contribute to the goals and objectives of the RCN.
2. Describe the range, status and trends (including client volumes) of RH services provided in RCN member agencies/organizations.
3. Assess the Youth Friendliness of the institution/facility in terms of the following characteristics:
 - a. Location
 - b. Facility hours
 - c. Facility environment
 - m. Staff preparedness
 - n. Services provided
 - o. Peer education/Counseling program
 - p. Educational activities
 - q. Youth involvement

- r. Supportive policies
- s. Administrative procedures
- t. Publicity/Recruitment
- u. Fees

4. Identify weaknesses, gaps or needs in the current RH services for young people among RCN member agencies/institutions.

5. Propose recommendations to strengthen and institutionalize RH service delivery for young people at the RCN facility/clinic level.

Scope of Work and Tasks

The consultant will be tasked to:

1. Conduct preliminary consultations with CHAS (Chair of the RCN), the responsible officer for UNFPA Lao PDR, and other relevant stakeholders (e.g. MCHC, Dept. of Hygiene and Prevention and Dept. of Curative);
2. Review relevant documents related to the RCN;
3. Conduct coordination visits/interviews among RCN member agencies (head of institutions and program managers);
4. Convene a consultative workshop with RCN members agencies;
5. Review policies and procedures of RCN member facilities/clinics;
6. Examine the lay-out of RCN member facilities/clinics and environment;
7. Observe service-provider client interaction;
8. Conduct interviews with clients;
9. Submit a written Report of the Assessment at the end of the consultancy period; and
10. Conduct a debriefing meeting with UNFPA and CHAS.

The consultant will work collaboratively with the UNFPA HIV/AIDS and RH Programme specialist who will serve as Co-investigator for the study, the UNFPA NPO for Youth RH and HIV and MOH counterparts.

Deliverables/outputs

The consultant is expected to deliver the following outputs:

1. Inception report detailing the following: a) schedule of activities; b) research design/protocol, and c) outline of the final report
2. Research instruments that will be used in data collection
3. Consultative workshop with RCN member agencies
4. Debriefing and submission of draft report
3. Final Report of the Assessment: three (3 hard copies) and one (1) soft copy in CD

Inputs

The following inputs will be provided by the following collaborators to facilitate the implementation of this consultancy assignment:

UNFPA Lao PDR

1. Review and approval of budget
2. Finalization of contract between UNFPA and Alliance TS Hub (Manila)
3. Relevant documents, information, etc.
4. Key informants for data collection

5. Mobilization of workshop/meeting participants
6. Organization of the workshops, project visits, meetings & other data collection activities
7. Translation
8. Transportation, office and other logistical support for the consultant

Alliance TS Hub (Manila)

1. Discussion, negotiation and conclusion of agreements with UNFPA Lao PDR
2. Contact, screening and negotiation with the consultant
3. Travel & accommodation arrangements
4. Provision of relevant information on the consultancy assignment
5. Preparation of Budget, ToR and contract with the consultant will be prepared by the Alliance TS Hub (Manila)
6. Sign contract between Alliance TS Hub (Manila) and UNFPA Lao PDR
7. Disbursements/payments to consultant will be paid first by the Alliance TS Hub Manila and reimbursed by UNFPA afterwards
8. Monitoring of consultant's progress
9. Submission of consultancy reports

TA selection criteria

The consultant should have:

- Health background with at least a Master's Degree in Public Health, Administration, or related fields
- At least 7 years experience in the areas of Youth Sexual and Reproductive Health information and services;
- Broad understanding of Gender-based Violence and Drug Abuse Prevention and Rehabilitation, MSM and Sex Worker issues and needs;
- Extensive experience in conducting field epidemiologic research and/or in infectious diseases of public health significance;
- Previous experience in conducting health facility and client based surveys; and
- Demonstrated ability in writing and presenting technical reports.

Time & scheduling

This consultancy will be concluded within six weeks from the commencement date, i.e. July 20 – August 31, 2008, covering 30 working days with fee. The schedule is as follows:

Date	Activity
July 21	Preliminary consultations with CHAS (Chair of the RCN), the responsible officer for UNFPA Lao PDR, and other relevant stakeholders
Week 1	Review relevant documents related to the RCN
Week 1	Conduct coordination visits/interviews among RCN member agencies (head of institutions and program managers)
Week 1	Formulation of draft research design, research plan and instruments to use
Week 2 and 3	Visits to the individual RCN facilities
Week 3 and 4	Analysis of findings
Week 4	Consultative workshop with RCN member agencies
Week 4	Finalizing and submission of draft report
August 18	Conduct debriefing

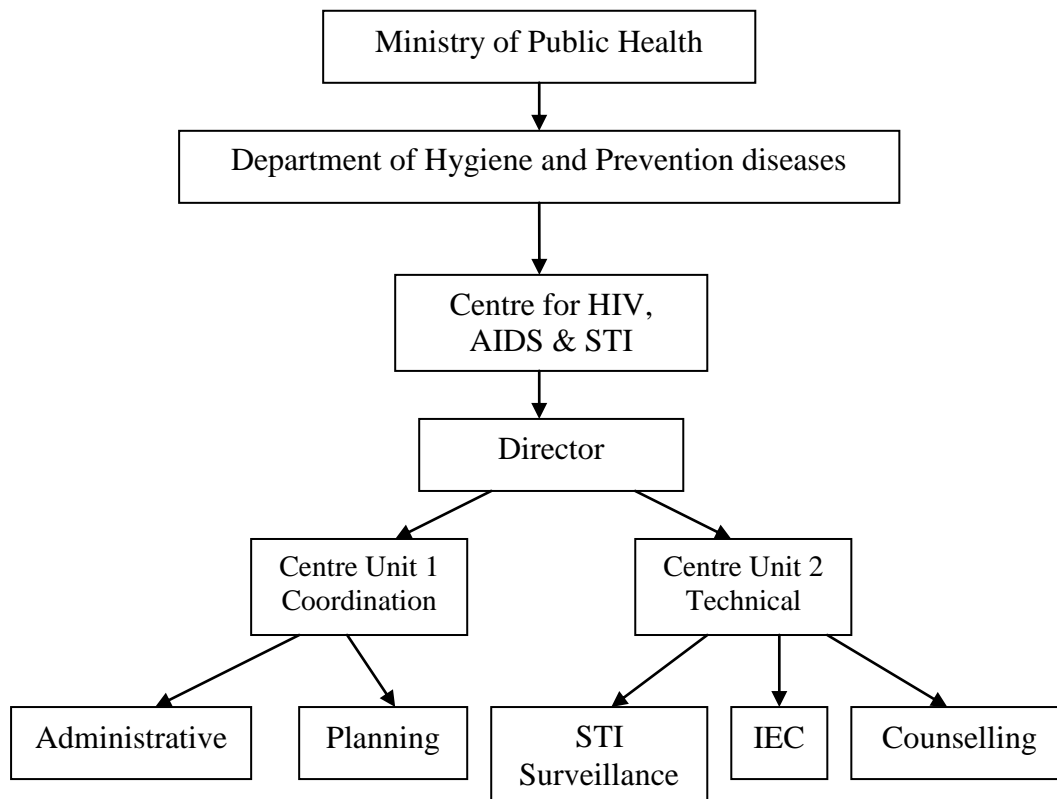
Centre for HIV/AIDS and STI (CHAS)

CHAS is a government agency responsible in coordinating both government and non-governmental initiatives related to the prevention, control and treatment of HIV/AIDS and STIs. Specifically, CHAS does HIV/AIDS and STI surveillance and counselling, health education, STI management, research and capacity building for staff on AIDS and STI. It is also responsible in accessing and mobilising funds for the above-mentioned activities.

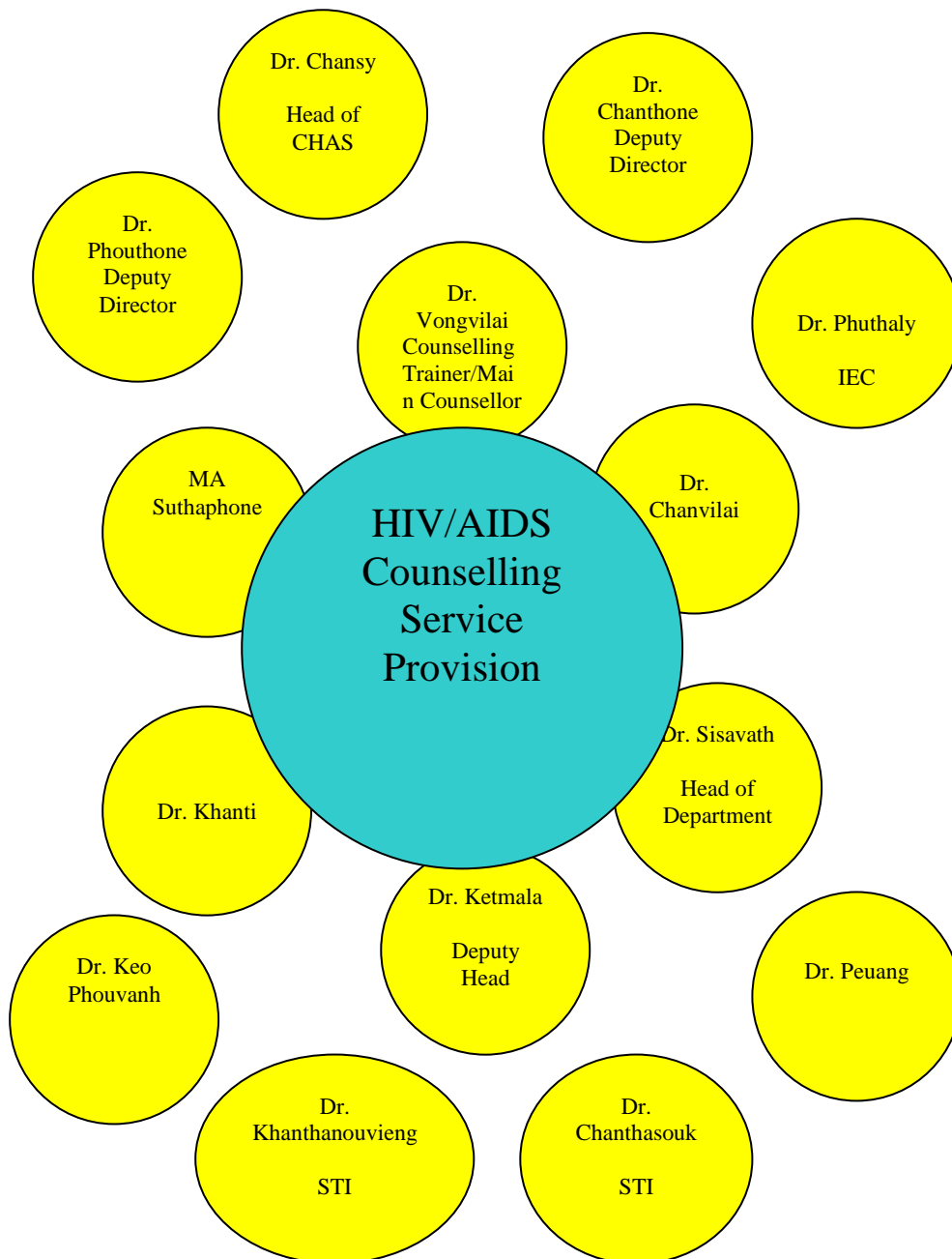
CHAS is divided into two units; the first unit is in-charge of coordination which is responsible for strategy identification and policy formulation, advocacy and administration. The second unit is responsible for technical aspects particularly in capacity building for their own teams and partner-organisations. Trainings that are conducted by the technical team are STI surveillance, diagnosis and treatment, VCT, use of ARV and behaviour change communications strategies. The Technical Committee is also responsible for development and publication of IEC materials on VCT, HIV/AIDS and STIs.

The section of CHAS that is involved in the RCN work is the Counselling Unit under the technical unit. HIV Pre-test counselling is conducted before clients are sent to the National Laboratory Centre (NLC) for the HIV test. Post test counselling is also done by CHAS after test results are sent back from the NLC.

Organisational Structure



Venn diagram on Personnel Involved in Counselling



As shown in this venn diagram, there are six (6) personnel who provide direct HIV/AIDS counselling services to clients including young clients as illustrated in circles attached to the counselling service provision circle in the middle. As the Centre caters to the general population, there may be a need for the counsellors for trainings on adolescent youth friendly services, except for the main counsellor who is at the same time the RCN Focal Person who had attended trainings and workshops on ASRH services.

The following questions are related to supervision, which is an important factor for improving the quality of services.

1. How often does the supervisor visit/supervise the clinic staff?

There is no supervisor in the current set-up of CHAS counselling unit, there is the Head of Surveillance and Counselling Department but does not do monitoring and , counselling is done mainly by the counsellor trainer while other service providers are having specific roles and responsibility in the Department, however they do counselling when there are many clients to serve and in situations when the main counsellor is out of office.

2. Is there a forum for on-going feedback from staff? If so, provide a brief description.

There is no formal forum for on-going feedback from the staff, however, as the counsellors are located in one office, feedback and discussions happen informally. If there are difficulties that the counsellor-trainer encounters, she can easily consult with her colleagues.

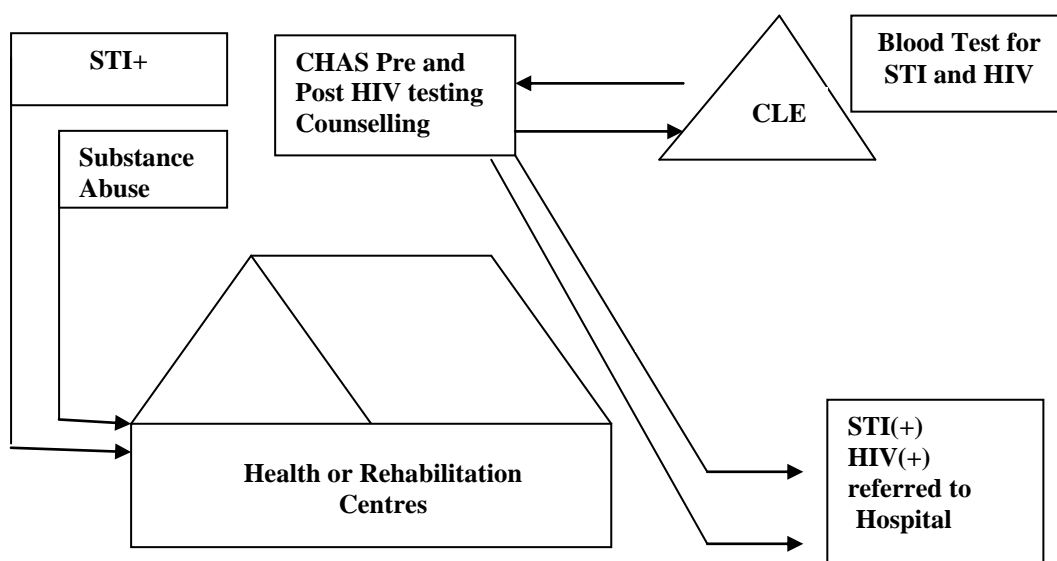
3. Is there a system to check progress? If so, provide a brief description.

Checking of progress is done through reporting at monthly meetings for the CHAS. Written reports are also submitted to appropriate personnel at the Centre who consolidates information for use in planning and improvement of services.

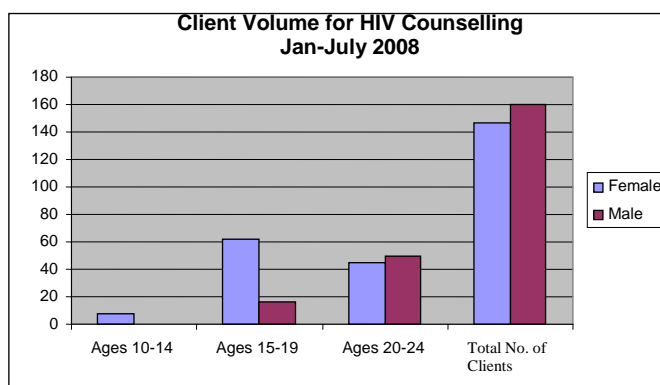
4. What are the primary issues managers/supervisors addresses in relation to serving youth? Which issues require the most supervisory time?

As the Centre does not focus on serving youth only, the majority of their clients as shown in the graph and table on clients served are young people. It is their concern on how to give priority to young people when it will seem discriminating to adults if young people are served first while some adult clients may come first for the service. Although not requiring supervisory attention, privacy is also a concern as of the CHAS as their counselling room is small, auditory and visual privacy is not ensured as the counselling room is within the Surveillance and Counselling office and at the same time library.

Flow of Clients



It is recommended that the Centre uses the database spreadsheet that was developed for the RCN members for the recording of patients in order to get a disaggregated data according to sex, age, services provided and whether clients are new or follow-up



Of the 307 total numbers of clients, 181 or 58% are young people. Among these young clients, 63% are females and 37% are males however males are slightly more among those 20-24 years of age and among all the clients served by CHAS. Females are more among 10-19 years of age.

All the diagrams above were outputs of the participants from CHAS during the Consultative Workshop conducted on 29 July 2008.

Schedule of Available Services

Working hours (e.g., 12-5 pm) for each day of the week that the following services are available to adolescent clients.

Services Offered	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Counselling							
Contraception/Dual Protection							
HIV/AIDS	14:00-15:30	8-12, 1-4	8-12, 1-4	8-12, 1-4	8:30 – 11:00	No service	No service
Nutrition							
Sexual Abuse/Violence							
Other RH Issues							
Testing							
STI							
VCT/HIV test only (pls. note)							
Pregnancy							
Treatment							
STI (note if syndromic or etiologic)							
Postabortion Care							
Sexual Abuse or Violence							
Other Services							
Contraception							
Antenatal Care							
Postnatal Care							
Delivery							
Other Services							
Substance Abuse Rehab							

Assessment of Youth Friendliness

Methods of gathering information:

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
1. Location			
How far is the facility from public transportation?	E, IS, IC	The Facility is 3 kms from the city centre and is located along the main road hence accessible for those with motorbikes and cars and those commuting with tuktuk.	In the current set-up, the Counselling Facility is near the Laboratory where HIV testing is done. It was observed that clients with some physical complaints come for the testing rather than the counselling but there is a mechanism that counselling is done before and after the testing hence the advantage of having the counselling and testing facilities near each other.
How far is the facility from places where adolescents spend their free time?	E, IS, IC	There are like entertainment places near the Facility where adolescents spend their free time. Staff and clients said it is far from the city but near some places that serve as their catchments.	There is a high possibility that adolescents will come for counselling if the Facility is much physically accessible to them.
How far is the facility from schools in the area?	E, IS, IC	Nearest school is 2-3 kms far.	
2. Facility Hours			
What time is the clinic scheduled to open?	IS, IC	The Facility opens together with the working hours of the staff is normally 8:00 except on Monday when all the staff attend organisational meetings.	
What time is the clinic scheduled to close?	IS, IC	The Facility closes at 17:00, at the end of the day's working hours of the staff.	
Does the facility have separate hours for adolescents?	IS, IC	There are no separate hours for adolescents. The respondent-staff thinks it's discriminating adult clients when they come and not served on the time intended for young people	It is true that adult clients might not come back if they are asked to leave when they come at the time intended for young people therefore there is a need to communicate and publicise working hours especially if there is specific time intended for specific age bracket.
Is there a sign listing services and clinic working hours?	E	There is sign listing Facility working hours posted at the Facility door.	

What times are convenient for adolescents to seek services?	IS, IC	Young clients said that convenient time for them is when they don't have classes and work.	During times convenient for adolescents, the Facility is close unless the students are taking evening classes. For working adolescents, it would mean that they miss work if there is a need to go to the Facility.
3. Facility Environment			
Does the facility provide a comfortable setting for adolescent clients?	E, IC	Clients say the Facility does provide comfortable setting for them.	Comfort is relative and clients do not usually speak out openly about how they feel especially if they get free services from the Facility, they consider it ungrateful to say negative things about the services.
Does the facility have a separate space to provide services for adolescent clients?	E, IC	The Facility has 2 tiny rooms for counselling	If it is possible, the counselling rooms have to be moved out of the office and library, not for its size or lack of comfort but for privacy. One client expressed that he was concerned that people he knows might see him undergoing HIV test. Going inside an office of doctors and sometimes in the presence of foreign consultants can sometimes be intimidating and embarrassing for clients, young and old.
Does the facility have a separate waiting room for adolescent clients?	E, IC	The waiting room is a library at the same time an office for the staff of the Counselling and Surveillance staff of CHAS	
Is there a counselling area that provided both visual and auditory privacy?	E, IC	There is a counselling area that provides visual privacy but not auditory. The client interviewed verbalised that he was concerned about being heard by the staff outside the counselling room and for people to see him when he goes out of the Facility. The Counsellor said that the remedy for this is that they have to talk softly.	Talking softly not to be heard is possible but not all the time particularly when clients cries or wants to let out her/his emotions during post testing counselling.
Is there an examination room that provides visual and auditory privacy?	E, IC	CHAS does not do examination of clients	

Are both young men and young women welcomed and served, either for their own needs or as partners?	IS, IC, R	Yes, services are offered to both young men and women, however, the staff said that they will only allow couples if the latter request for both to be served at the same time.	CHAS encourages couples to submit for testing but not necessarily together especially during counselling, both pre and post, only when couples request both to be present at the same time.
4. Staff Preparedness			
Are providers trained to serve adolescent clients in RH?	IS	Yes, the staffs are well trained and competent in counselling but not necessarily for adolescent clients	There is a need for an orientation or workshop on adolescent counselling for all the staffs who provide services to adolescents. The RCN Focal Persons were the ones who have attended trainings on youth-friendly services.
Did all staff members (e.g., receptionist) receive at least an orientation about adolescent clients? What type of orientation was this and how long was it?	IS	Yes, some of the staff have orientation and training about youth-friendly services. Some of these trainings were conducted by RCN.	
Do providers show respect for the adolescent client during counselling and consultations?	IS, O, IC	Clients said that they were respected during the counselling sessions. This was also observed.	Assessment team agrees that clients are respected by the staff.
Are there job aids available to help service providers in their daily work (i.e., flipchart, posters that remind them of key messages, clients rights, etc.)?	IS, O	There were two posters only on the wall that shows about STI and HIV.	There is a need for CHAS to acquire posters and other forms of job aids particularly those that remind them of key messages and clients rights.
5. Services Provided			
Is counselling on sexuality, safer sex, pregnancy prevention, and STI and HIV prevention provided (including dual protection)?	IS, IC, P	Counselling on HIV/AIDS is the only service being offered in the Facility. It is more on pre-testing and post testing counselling.	Pregnancy can be a part of the counselling topic especially when it is related to HIV and STIs. The clients have to be informed and guided about preventing perinatal transmission of the virus from mother to child.

What contraceptive methods are offer (including EC)?	R, IS, IC, P	None	There is a need for CHAS to include contraception especially emergency contraception as one of their services in the light of HIV/AIDS transmission. Condoms should also be promoted dual protection.
Are condoms provided to both males & females?	IS, IC, O, P	There are available male condoms only and these are free of charge however there is no information that this commodity is available and is free. One client said that he could have asked had he known that it is available for free.	Availability of condoms have to be publicised or condoms have to be offered to clients especially for young people who are not earning any income yet. Given the meagre financial resources of young people, purchase of condoms may not be prioritised.
Are supplies (condoms, other contraceptive methods, and drugs) sufficient to meet the need?	IS, IC	Condoms are sufficient.	
Is there sufficient equipment for the provision of RH services for young people (small size speculum, scale, sphygmomanometer, syringe, needles, etc.)?	IS, E	As mentioned earlier, CHAS doesn't do client examination but the national laboratory centre has sufficient supplies of syringes and needles that ensures one syringe-needle for one client undergoing any blood examination.	
Is pregnancy testing offered?	R, IS, IC, P	No	This should be done especially for women who are found to be HIV+ in order to be guided on what to advise and where to refer. MCH will then be the best facility to refer the client to when found pregnant.
Is STI testing available? What type is available?	R, IS, IC, P	Yes, this is done by the National Laboratory Centre. Etiologic approach is used.	Clients found positive for STI are referred to medical facilities particularly the dermatology centre or hospitals

Do young people request RH services other than the ones offered? Which ones?	IS, IC	What they know is that the Facility offers only HIV testing and this was confirmed by the staff.	So far, there hasn't been any suggestion from young clients for other services to be offered by CHAS
Are referrals made for services not provided at the clinic (e.g., sexual abuse)? Please give examples	R, IS, IC, P	Yes, the staff said that she often refers clients to Mother and Child Hospital and STI cases to the Dermatology Centre	This is a good practice, the referral system needs to be strengthened by having an RCN-level policies and guidelines for referral where confidentiality and privacy are ensured starting from the sending facility and sustained by the receiving referral facility.
Is there a formal referral system, including tracking and follow-up, in place?	IS, IC, P	There is a formal referral system as stipulated in the RCN strategic plan however this hasn't been institutionalised.	There is a need to institutionalise and operationalise the referral system that includes follow-up and tracking of clients.
6. Peer Education/Counselling Program			
Is a peer education/counselling program available? If so, please describe.	IS, IC, O	There is no peer education and counselling programme	CHAS may consider having peer educators to disseminate information and key messages related to VCT.
How many peer educators/counsellors are working with the facility?	IS	NA	
How many hours a week do they each spend at the facility?	IS	NA	
Is there a system for supervising and monitoring counsellors? If so, what kind of system?	IS, P	NA	

7. Educational Activities			
Are educational materials available on-site (A/V, computers, printed material)? Which ones?	IS, IC, E	Only printed materials are given out to clients.	The library at the Surveillance and Counselling Unit where clients wait for their time to be seen by the counsellor has a lot of printed materials for clients to see and read however these are not displayed for clients to easily access. There is a need to choose which materials are suitable for clients and display these for clients to read.
Are there educational posters displayed?	IS, IC, E	Few educational posters are displayed, only 2 at the counselling room.	
Are there posters or brochures that describe the clients' rights?	S, IC, E	No posters and brochures that describe client's rights	RCN can consider developing this material for all the network members.
Are there print materials available for clients to take? Describe materials and comment.	IS, IC, E	Yes, there are few materials that the client can take.	Materials seen in the facility were leaflets and brochures about STIs and HIV and RCN directory.
In what languages are IEC materials available?	IS, IC, E	In Lao	
Are group (or rap) discussions held. Please describe.	IS, IC, O	Staff said there is but Assessment Team was not able to observe	
Are there ways clients can access information or counselling off-site (telephone hotline, website, materials sent by mail)? Please describe.	IS, IC, E	No.	Innovative off-site information dissemination may be considered by CHAS for future implementation.

8. Youth Involvement			
What ways can adolescents suggest/recommend changes to make services more comfortable and responsive?	IS, IC, E, P	Staff said that there is no mechanism that allows adolescents to make suggestions or recommendations to improve services, although she always hear people telling her that the Facility is difficult to find.	A Suggestion Box is recommended
Are adolescents currently involved in decision-making about how programs are delivered? How?	IS, IC, P	No	
How could adolescents be more effectively involved in decision-making at the facility?	IS, IC	No	
What other roles can adolescents play in clinic operations or guidance?	IS, IC	No	
9. Supportive Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	IS, P	There are policies about VCT but not particularly for adolescent clients only.	Adolescent service policies can be formulated by RCN for its member networks especially policies to ensure confidentiality and privacy. This will ensure youth-friendly services as staffs may vary in their attitude and beliefs as to serving young people. This will also ensure continuity of youth-friendly services in cases where substitute staff provides services to young people. Policy can also include record keeping and case reporting.
Do written procedures exist for protecting client confidentiality? Please describe.	IS, P	There is no written procedure however the staff knew from trainings and seminars that client confidentiality has to be protected.	
			It is recommended that the RCN Focal Persons put into writing whatever the process or procedure they currently practice in serving clients specifically young people including protection of client confidentiality.

Are records stored so that confidentiality is assured?	IS, E, P	A log book of parents served is kept in the counselling room where only the counsellors can access. Staff said that she explains to clients that records are kept confidential.	
Are there any contraceptive method that adolescents cannot receive? Which ones?	IS, IC, P	NA	CHAS doesn't have this service.
Is parental or spousal consent required? Which type and under what circumstances?	IS, IC, P	Parental or spousal consent is not required for services at the CHAS.	
Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?	IS, IC, P	There is no minimum age requirement for young people to receive services.	
Are adolescent clients served without regard to their marital status?	IS, IC, P	Adolescent clients are served without regard to marital status.	
Are pelvic exams routinely required? For what reasons? Can they be delayed?	IS, IC, P	NA	
Do policies or procedures exist that pose barriers to youth friendly services?	IS, IC, P	There are no policies that pose barriers to youth-friendly services.	Enhance services that will attract more young people to avail of VCT. RCN needs to formulate a written policy detailing full extent of services for adolescents allowable under Lao law. This will require review of all the RH
10. Administrative Procedures			
Is the registration process private so that other waiting clients cannot overhear the conversation?	IS, IC, E, P	There is no separate registration process, the counsellor interviews and record information as part of the counselling process.	The registration process is done privately, however, the counsellor and counselee have to talk softly in order not to be heard by others in the office where the counselling room is located.

Can adolescent clients be seen without an appointment?	IS, IC, P	Yes, walk-in adolescent clients can be seen but service can also be postponed when counsellors are not available.	Client volume at the Centre is not much so waiting is not really a problem unless there is no available service provider due to meetings and seminars that the counsellors attend.
If appointments are required, can they be expedited for adolescent clients?	IS, IC, P	No appointment is not required	As working hours may not be known to all clients and given the distance of the Centre, it is recommended that there should always be a staff who can provide services even in the absence of the main counsellor.
How long would an adolescent client wait, on average, to see a provider?	IS, IC	Client said that he waited for 5 minutes. As observed in the Laboratory, 2 clients waited for almost half an hour, however this may be a rare experience.	
What is the average time allowed for client/provider interaction?	IS, IC, O, P	Staff said 10-20 minutes on average is the length of interaction between the clients. Sometimes she spends more when the client needs more explanation. Client said he had 15 minutes during the pre-testing session, quicker when he had the post-testing session as he said there was no problem from the test.	It is good that counselling has to be individualised as each client is unique according to the level of information about HIV/AIDS and educational attainment a client has.
11. Publicity and Recruitment			
Does publicity about the clinic identify services offered and stress confidentiality?	IS, IC	The Client heard the information about the Facility from a friend. No signboard observed even outside of the Facility. The Counsellor said that many people told her that the Facility is difficult to find.	There needs to be more publicity to increase number clients availing of services at the Centre. Different communication/information media can be explored.

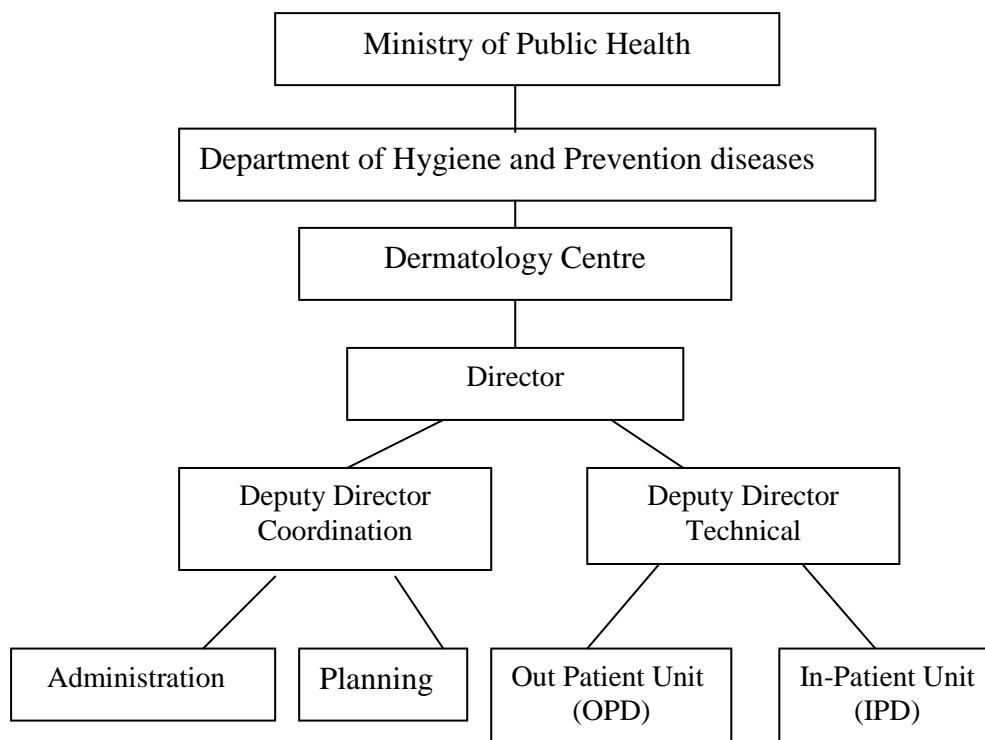
Are there staff or volunteers who do outreach activities? If so, what type?	IS, IC, O	No	Consider outreach as a means to dissemination to communities and wider scope of the population.
12. Fees			
How much are adolescents charged for specific methods and services?	IS, IC, P	Clients and Counsellor said that counselling is free but a payment of 2,000 kip is required for the HIV Test to pay for the syringe used in the process. However, it was observed that the 2 other clients were not required to pay, they just left without paying.	There seems to be no system of collecting fees at the laboratory if ever fees are indeed required. If supplies like syringes are supported by programmes, consider giving the services free for young people.
Are these fees affordable by adolescents in the catchments?	IS, IC	Client said that 2,000 kip is affordable to him.	

Dermatology Centre (DC)

The Dermatology Centre a government clinic that provides medical diagnosis and treatment of skin diseases; control, surveillance and prevention of leprosy, including rehabilitation of leprosy patients and laboratory investigation, diagnosis and treatment sexually transmitted infections (STI). The Centre is equipped with a laboratory with a digital microscope for diagnosis of STIs in males. Counselling is also conducted for STI patients for clients to consider voluntary counselling and testing for HIV which is also conducted in their laboratory.

The Dermatology Centre also serves as learning institution for medical students. Trainings on diagnosis and treatment of skin diseases are also conducted for medical personnel of provincial and district health facilities from all over the country.

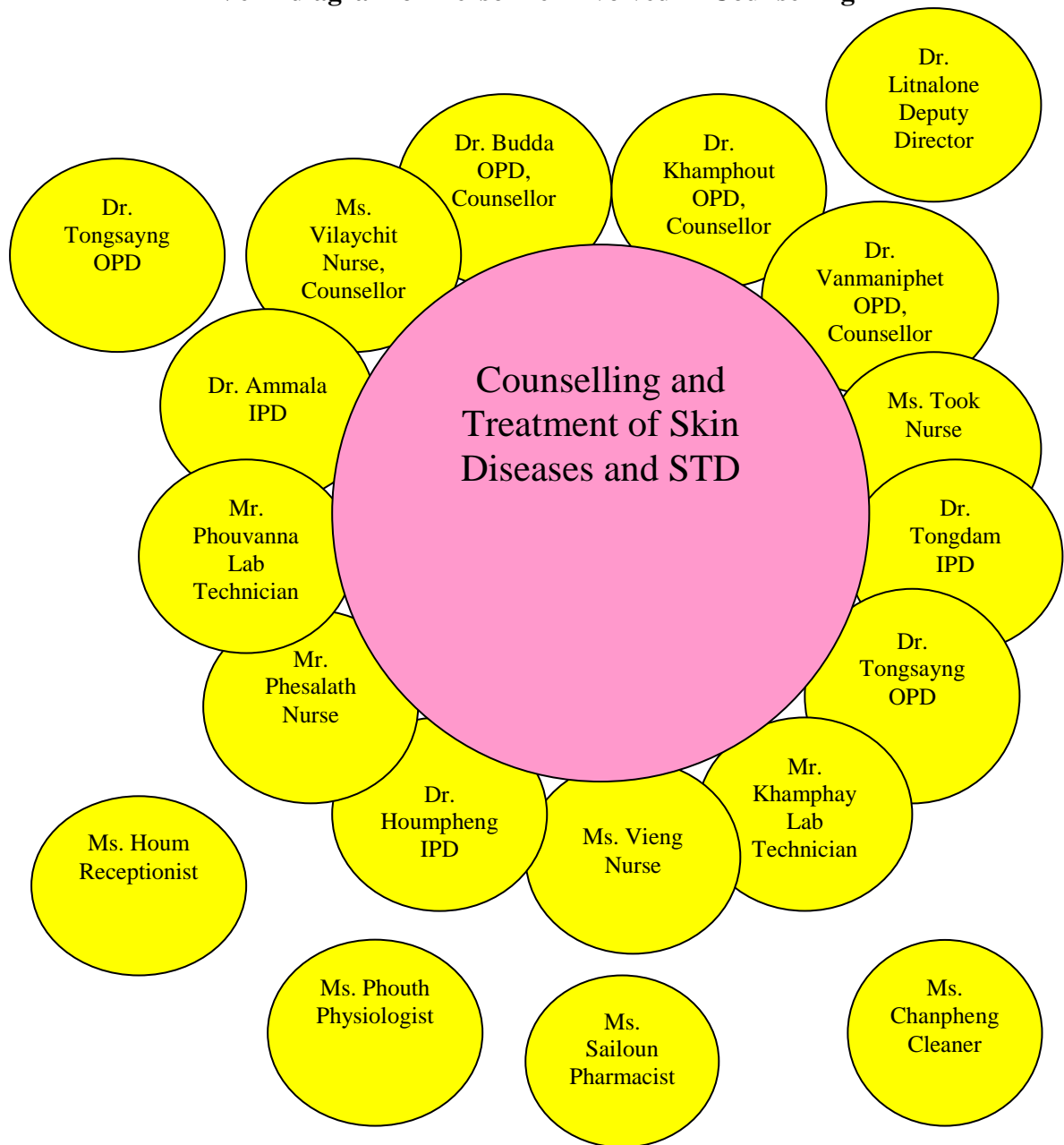
Organisational Structure



The sections of the Centre that is involved in the RCN activities are the OPD and IPD. As the Centre caters to the dermatologic needs of the general population, there is no time and place specifically for young people. Young clients have to go through the normal procedures of registration and queuing except when a young client is a referred case from the other RCN-member facilities. With a referral form from the sending facilities, the young client can be seen directly by a doctor as it is the practice among the RCN member agencies to call first the referral facility to inform the receiving facility about the case.

The Centre has a total annual budget of 462,220,000 kip (approximately USD 54,379) from the government to cover salaries, administrative and other operational expenses.

Venn diagram on Personnel Involved in Counselling



Dermatology Centre has a total number of 38 personnel, 15 of these 38 are women, and there are 4 counsellors (2 males and 2 females). In the venn diagram, the circles attached to the big circle in the middle are the staff who provide direct services to clients while others are members of the support units or are head of the technical unit.

The following questions are related to supervision, which is an important factor for improving the quality of services.

1. How often does the supervisor visit/supervise the clinic staff?

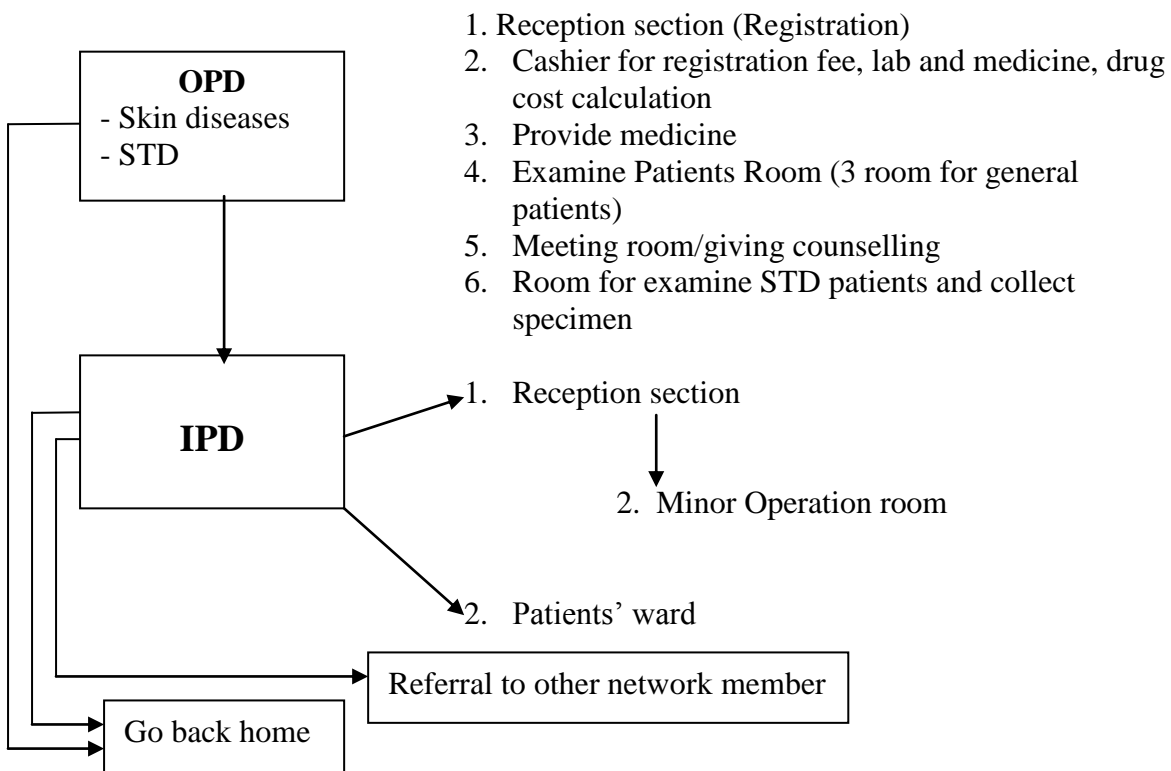
The Deputy Director of the Centre supervises clinic services every 2 weeks through meetings where the staff share their experiences and challenges related to their respective roles and responsibilities.

2. Is there a forum for on-going feedback from staff? If so, provide a brief description.
The bi-monthly meetings are used as the forum for on-going feedback from staff. The Deputy Director comes to clinic areas only when there are problems needing his immediate and direct attention.

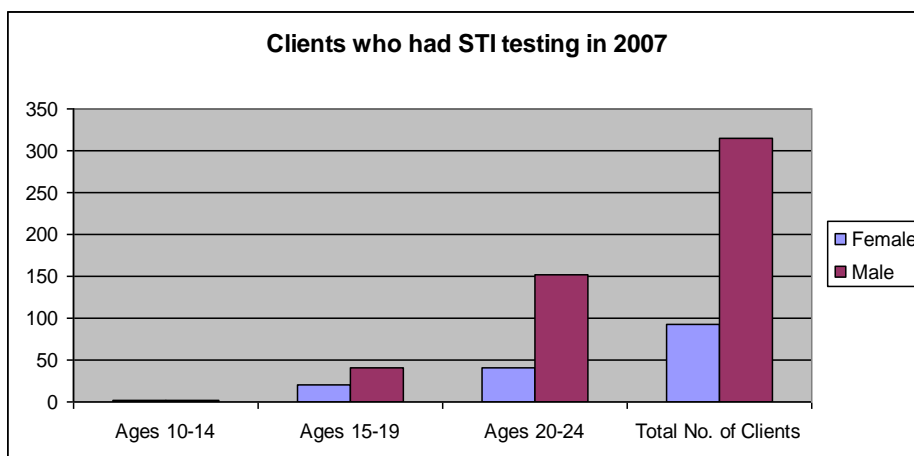
3. Is there a system to check progress? If so, provide a brief description.
There is no system except the reporting where numbers of clients served are shared to appropriate people and departments of the Ministry of Health.

4. What are the primary issues managers/supervisors addresses in relation to serving youth? Which issues require the most supervisory time?
The staff expressed that the issue that need to be addressed is servicing youth, how the Centre can cater to the young population in more effective way. He said that the staffs need more training on youth-friendly services. The RCN Focal Persons though had attended trainings conducted by the RCN and the RHIYA project.

Flow of Client



When the clients come to the Centre, they go first to the reception area for registration where they acquire a patient record booklet and then go to the cashier to pay for this booklet. After seeing the doctor, the clients go back to pharmacy for drug calculation then go to the cashier to pay for medicines, pay for laboratory services and minor surgery procedures. When all bills are paid, medicines are given and procedures are done, including the examination and collection of specimen for laboratory tests.

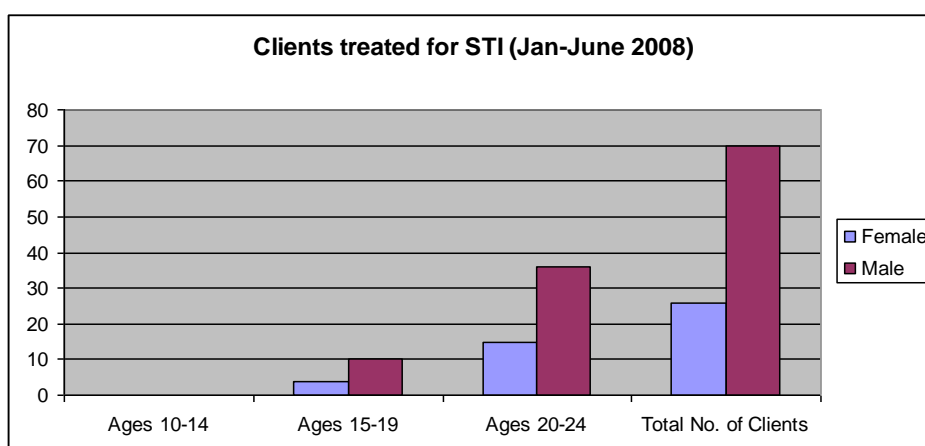


Of the 406 total numbers of clients who underwent STI testing in the year 2007, 254 or 62% are young people or adolescents, 47% of which belong to the age of 20-24 years and 77% of the total number of clients are males.

The graph below shows 96 clients who were treated at the Dermatology Centre, 65 or 67% of these clients are young people and 73% are males. Of the total number of young people who received treatment, majority or 78% are of 20-24 years of age.

As majority of clients with reproductive health problems are young people, it is just proper and relevant for the Dermatology Centre to be youth-friendly and endeavour to come up with the characteristics of youth-friendly services.

Dermatology Centre served 125 or 49% young clients referred from Vientiane Youth Centre, CHAS, Mother and Child Hospital and Somsanga Drug Treatment and Vocational Training in the year 2007 and Jan to June 2008. Reason for referral was for diagnosis and treatment of genital warts. 3 clients were referred to CHAS for VCT and that was the time when HIV testing was not yet a part of the services provided by the Dermatology Centre.



It is recommended that the Centre uses the database spreadsheet that was developed for the RCN members for the recording of patients in order to get a disaggregated data according to sex, age, services provided and whether clients are new or follow-up clients.

Assessment of Youth-Friendliness

Methods used to gather information:

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
1. Location			
How far is the facility from public transportation?	E, IS, IC	The Dermatology Centre is near the road where there is available public transportation.	The location is strategic where it is located within the city centre and very accessible by public transport.
How far is the facility from places where adolescents spend their free time?	E, IS, IC	As it is located within the city centre, it is not far from places where young people spend their free time.	
How far is the facility from schools in the area?	E, IS, IC	There are schools within 1 kilometre radius	
2. Facility Hours			
What time is the clinic scheduled to open?	IS, IC	The facility opens at 8 AM which is the usual start of work of government facilities with 1 hour lunch break	As recommended to all RCN member agencies, the facilities are encouraged to provide services at lunch time where many young people are free and want to seek services when few people are in the facilities and to consider extending services until the 5 or 6 PM. As recommended also, the RCN facilities can use flexi-time for their respective staff.
What time is the clinic scheduled to close?	IS, IC	The facility closes at 4 PM, again, it is the usual closing time of government institutions.	
Does the facility have separate hours for adolescents?	IS, IC	The facility does not have separate hours for adolescents.	
Is there a sign listing services and clinic working hours?	E	There are sign listing services and clinic hours posted in the clinic but not in strategic places where more young	Consider putting up of more information in schools and through varied communication media.

	Method	Answer	Comments/Recommendations
		people can possible read.	
What times are convenient for adolescents to seek services?	IS, IC	The clients interviewed were students, they were free at the time of interview as it was during a school break but they said that convenient time of young people is when there are no classes.	If Dermatology Centre has difficulty providing services on Saturdays, there must be information at the Centre directing young people to access STI services at RCN member facilities that provide services on weekends like the Vientiane Youth Centre.
3. Facility Environment			
Does the facility provide a comfortable setting for adolescent clients?	E, IC	Generally, the facility provides a comfortable setting for all clients not only the young people. There are seats provided for clients while waiting for service	
Does the facility have a separate space to provide services for adolescent clients?	E, IC	The facility doesn't have a separate space to provide services for adolescent clients nor a separate waiting room for young people.	These might be difficult to provide as the facility does not have enough space for this purpose.
Does the facility have a separate waiting room for adolescent clients?	E, IC		
Is there a counselling area that provided both visual and auditory privacy?	E, IC	Counselling area does provide visual privacy but not auditory.	
Is there an examination room that provides visual and auditory privacy?	E, IC	Examination room does not provide both auditory and visual privacy as there is a small glass window in the room where specimens are passed on to the laboratory and the curtain used is transparent.	It is recommended that a non-transparent curtain be used to cover the window to provide visual privacy.
Are both young men and young women welcomed and served, either for their own needs or as	IS, IC, R	Yes, both young men and young women are welcomed and served either for their own needs or as partners. This needs	This is a good practice and be encouraged in order to promote partnership with men in the prevention, control and treatment of STIs.

	Method	Answer	Comments/Recommendations
partners?		to be requested.	
4. Staff Preparedness			
Are providers trained to serve adolescent clients in RH?	IS	The RCN Focal Persons are trained to serve adolescent clients in RH but majority of the service providers still need the same trainings.	It is recommended that the RCN Focal persons conduct a needs assessment of all service providers and ensure that appropriate staff be sent for trainings and workshops initiated by the RCN, UNFPA or any organisations conducting trainings on adolescent service.
Did all staff members (e.g., receptionist) receive at least an orientation about adolescent clients? What type of orientation was this and how long was it?	IS	There was no orientation about adolescent clients that was conducted to all support staff members.	It is suggested that the RCN Focal Persons conduct this orientation to all the support staff. This can be done in one of the bi-monthly meetings of all the technical staff.
Do providers show respect for the adolescent client during counselling and consultations?	IS, O, IC	As clients and staff expressed, the service providers respect adolescent clients.	This is commendable and this respect that the staff show to their young clients can be enhanced by more information and training on youth-friendly services.
Are there job aids available to help service providers in their daily work (i.e., flipchart, posters that remind them of key messages, clients rights, etc.)?	IS, O	There are no posters or any material in the clinic that will serve as job aids for the service providers.	The need for sharing of IEC materials among the RCN member agencies surfaced during the RCN regular meeting on 14 August 2008 which was positively taken by all the participants of the meeting.
5. Services Provided			
Is counselling on sexuality, safer sex, pregnancy prevention, and STI and HIV prevention provided (including dual protection)?	IS, IC, P	Only STI and HIV counselling is provided.	As observed, the giving of instructions to clients or giving of RH information is used interchangeably with the word counselling. It is recommended that the RCN develops a counselling guide for all its member agencies.
What contraceptive	R, IS,	Condom was distributed	The Centre ran out of condom

	Method	Answer	Comments/Recommendations
methods are offer (including EC)?	IC, P	according to the staff but mainly for STI and HIV prevention.	supply, the staff said that they don't have a regular supply of this commodity. It is therefore recommended the Centre inquires about its inclusion to the Logistics Management Information System that will enable them to access condoms for dual protection purposes.
Are condoms provided to both males & females?	IS, IC, O, P	Only male condoms are provided but supply is not sufficient.	
Are supplies (condoms, other contraceptive methods, and drugs) sufficient to meet the need?	IS, IC		
Is there sufficient equipment for the provision of RH services for young people (small size speculum, scale, sphygmomanometer, syringe, needles, etc.)?	IS, E	Yes, equipment used for young clients are sufficiently available although some supplies are to be bought by clients.	
Is pregnancy testing offered?	R, IS, IC, P	No, pregnancy testing is not offered.	It is recommended that the Centre considers providing this service as this does not need specialised training or specialised staff. This is sometimes necessary for female clients who will undergo STI management
Is STI testing available? What type is available?	R, IS, IC, P	Yes, both etiologic and syndromic approaches is available.	
Do young people request RH services other than the ones offered? Which ones?	IS, IC	The staff said that so far, young people haven't requested RH services other than those currently offered	
Are referrals made for services not provided at the clinic (e.g., sexual abuse)? Please give examples	R, IS, IC, P	Yes, referrals are made to CHAS for VCT	HIV testing is newly instituted at the DC hence the need for training and close supervision of counselling for pre and post testing.

	Method	Answer	Comments/Recommendations
Is there a formal referral system, including tracking and follow-up, in place?	IS, IC, P	There is a formal referral system as stipulated in the RCN strategic plan; however this hasn't been institutionalised yet.	It is recommended that the referral system be operationalised as this include tracking of referred cases and follow-up of the care of the referred clients.
6. Peer Education/Counselling Program			
Is a peer education/counselling program available? If so, please describe.	IS, IC, O	There is no peer education and peer counselling program at the Dermatology Centre.	It is recommended that the Centre looks at feasibility of a peer education and counselling programme as it is an accepted fact that when implemented very well, peer education is an effective way to increase access of young people to information and access to ASRH services.
How many peer educators/counsellors are working with the facility?	IS	NA	
How many hours a week do they each spend at the facility?	IS	NA	
Is there a system for supervising and monitoring counsellors? If so, what kind of system?	IS, P	NA	
7. Educational Activities			
Are educational materials available on-site (A/V, computers, printed material)? Which ones?	IS, IC, E	There are no educational materials available on site	The waiting area is a strategic place for some unstructured educational activities as clients in this area are overflowing while waiting to be served. A video programme can provide both educational and entertainment to clients.
Are there educational posters displayed?	IS, IC, E	There are no educational posters displayed. Posters on the wall are more on promotional information on certain medicines for skin disorders. There are also calendars.	Consider requesting relevant posters from other RCN-member agencies. It is recommended that RCN-wide poster or brochures on clients' rights be developed and produced for use of all the members.
Are there posters or	S, IC, E	There are no materials	

	Method	Answer	Comments/Recommendations
brochures that describe the clients' rights?		that describe clients' rights.	
Are there print materials available for clients to take? Describe materials and comment.	IS, IC, E	There are no materials available for clients to take.	
In what languages are IEC materials available?	IS, IC, E	NA	
Are group (or rap) discussions held? Please describe.	IS, IC, O	There are no group discussions held with clients.	Consider the possibility of holding a regular discussion groups with clients.
Are there ways clients can access information or counselling off-site (telephone hotline, website, materials sent by mail)? Please describe.	IS, IC, E	There no ways and means clients can access information or counselling aside from face-to-face counselling or consultation.	It is recommended that the Centre looks at possibilities of off-site access to information about dermatologic conditions especially affecting the reproductive organs.
8. Youth Involvement			
What ways can adolescents suggest/recommend changes to make services more comfortable and responsive?	IS, IC, E, P	There is no mechanism where adolescents and other clients can suggest or recommend changes to make services more comfortable and responsive	It is suggested that the facility should agree on an appropriate and doable mechanism to gather suggestions or recommendations from clients especially from adolescents.
Are adolescents currently involved in decision-making about how programs are delivered? How?	IS, IC, P	Adolescents are not involved in decision-making about how programs are delivered nor in decision-making at the facility.	It is suggested that Dermatology Centre considers involvement of young people or advocates for young people at the facility level RCN Committee.
What other roles can adolescents play in clinic operations or guidance?	IS, IC		
9. Supportive			

	Method	Answer	Comments/Recommendations
Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	IS, P	There is no written for serving adolescents.	It is recommended that the RCN Focal Persons put into writing whatever the process or procedure they currently practice in serving clients specifically young people including protection of client confidentiality.
Do written procedures exist for protecting client confidentiality? Please describe.	IS, P	There are no written procedures for protecting client confidentiality.	
Are records stored so that confidentiality is assured?	IS, E, P	Staff said that records are kept in a way that nobody can access them.	Include in the written procedure how and where records are kept so that these will be followed by all staff whether they are new or have been with the facility for a long time already. This has to be put into writing otherwise this is easily taken for granted or overlooked.
Is there any contraceptive method that adolescents cannot receive? Which ones?	IS, IC, P	NA	
Is parental or spousal consent required? Which type and under what circumstances?	IS, IC, P	There is no parental or spousal consent required for clients to be served.	
Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?	IS, IC, P	There is no age requirement for adolescents to receive services.	Although there was no in-depth investigation by the assessment team, it was observed in the analysis of clients served that younger clients tend not to seek RH services from hospitals.
Are adolescent clients served without regard to their marital status?	IS, IC, P	Yes, adolescent clients can be served without regard to marital status however, they have a policy that if the client is married and found to have STI, they require spouse to be treated also or the partner if	This can be a good policy however this may not be enforced in all clients especially for sex workers and those who frequently use their services

	Method	Answer	Comments/Recommendations
		unmarried	
Are pelvic exams routinely required? For what reasons? Can they be delayed?	IS, IC, P	Pelvic examination is routinely done for pelvic pain, leucorrhoea or if the male partner has STI	It is known that pelvic examination is invasive and oftentimes scares the young female clients especially those who come to the facility for the first time hence may pose a barrier for continuing access of services at the same facility. It is therefore suggested that this examination be done sparingly and adequate and appropriate medications can be prescribed instead.
Do policies or procedures exist that pose barriers to youth friendly services?	IS, IC, P	The policy on requiring partners or spouses to be treated also can possibly pose as a barrier to youth friendly services.	It is suggested that the young clients participates in making the decision to involve spouses or partners in the treatment. RCN needs to formulate a written policy detailing full extent of services for adolescents allowable under Lao law. This will require review of all the RH
10. Administrative Procedures			
Is the registration process private so that other waiting clients cannot overhear the conversation?	IS, IC, E, P	No, the registration process is not private as it is done through a window that is within the hearing distance from the waiting clients.	It is suggested that there will be staff who will cover the lunch time period and designate this time as time for young people. As suggested earlier, the staff can practice flexi-time scheme.
Can adolescent clients be seen without an appointment?	IS, IC, P	Yes, all clients including adolescents can be served even without an appointment. Staff said that many young people want to come towards lunch time so there are few people at the OPD.	Referred clients from other RCN members don't necessarily go through the OPD queue but goes directly to the physician to whom the referral is addressed
If appointments are required, can they be expedited for adolescent clients?	IS, IC, P	NA	
How long would an adolescent client	IS, IC	The staff and clients who were interviewed said	

	Method	Answer	Comments/Recommendations
wait, on average, to see a provider?		that clients usually wait from 30 minutes to 1 hour duration	
What is the average time allowed for client/provider interaction?	IS, IC, O, P	10 minutes for consultation and for treatment, it may need one hour as the client needs to buy the medicines first before the doctor can apply this to the client	It is suggested that more time be given to client-provider interaction especially if counselling is needed after the treatment or after a laboratory result is received by the client
11. Publicity and Recruitment			
Does publicity about the clinic identify services offered and stress confidentiality?	IS, IC	No publicity about the clinic or services offered except for leprosy programme which has external funding.	Posters for publicity for leprosy programme doesn't emphasise confidentiality. It is suggested that the RCN develops a common publicity or directory material for all members with an emphasis on confidentiality
Are there staff or volunteers who do outreach activities? If so, what type?	IS, IC, O	There are no outreach activities.	It is suggested that the Centre conducts outreach activities as these are fundamental to expanding the coverage of services at the same time recruiting more clients to avail of the services through information dissemination.
12. Fees			
How much are adolescents charged for specific methods and services?	IS, IC, P	Registration is 3,000 kip, consultation is free, medicines and supplies used for testing like syringes and needles are to be bought at their pharmacy or outside	The same costing if true to referred clients from other RCN members.
Are these fees affordable by adolescents in the catchment's area?	IS, IC	Staff said that the prices are not a problems however, there were clients who expressed that dermatologic drugs or medicines are expensive.	

Family Health International Drop In Centre for Female

Family Health International (FHI) is a non-profit organization actively involved in the implementation of HIV/AIDS/STI prevention and care programs in more than 50 countries. The goal of FHI's activity in Laos PDR is to decrease HIV and STI prevalence among vulnerable groups such as service women and their male clients through strengthening the government and non-government partners' capacity to implement second generation surveillance, and to design and implement quality HIV/AIDS/STI prevention interventions and services. FHI's current intervention for both HIV and STI reduction seeks to change behaviour through risk reduction education, condom promotion among service women and their clients as well as provision of presumptive treatment of STIs among service women. FHI will continue working with its prime counterparts, the National Committee for the Control of AIDS Bureau (NCCA.B) of Ministry of Health (MOH), Centre of Epidemiology and Laboratory (CLE) of Laos MOH, and Provincial Committee for the Control of AIDS (PCCA) in the provinces (Luang Prabang, Vientiane, Savannakhet, and Champasack) and other organizations.

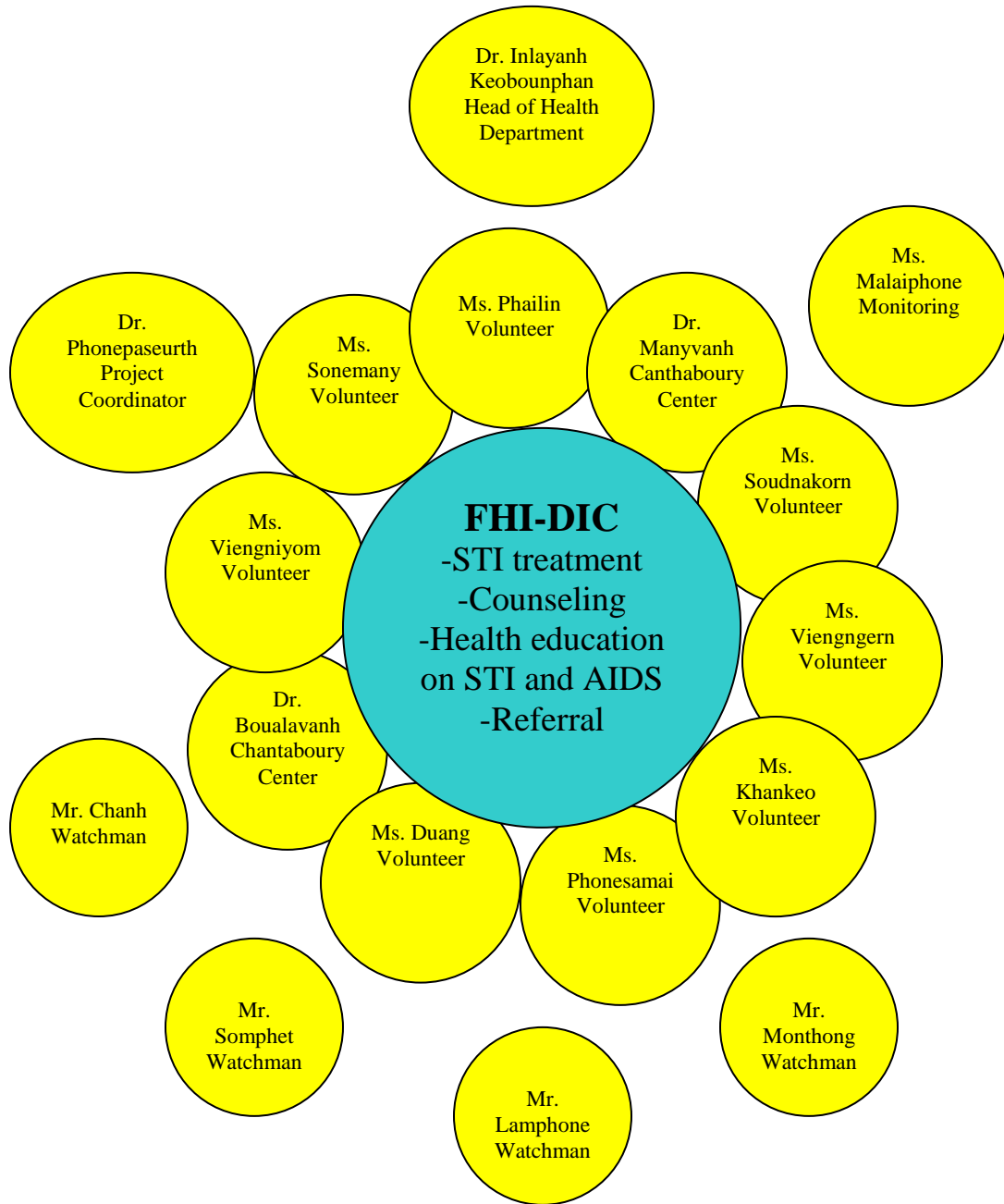
The mission of FHI is to strengthen the capacity of resource-constrained countries to prevent HIV/AIDS, provide care and support and mitigate the impact of the epidemic. It is our goal to work with the Government of Lao PDR and provide resources and capacity building support and thereby together to reduce risk of an expanding HIV epidemic.

Their objectives are:

1. To build capacity by providing technical assistance and training;
2. To establish partnerships with host governments, international agencies, health facilities, NGOs, private sector and local community groups and associations of people living with HIV/AIDS;
3. To assist countries and partner organizations to conduct surveillance of epidemic and behavioural trends, develop monitoring systems and evaluate program outcomes;
4. To share research findings, programmatic lessons learned, tools, and strategic approaches with partners, national policy makers and the public.

FHI Laos supports the operation of Drop In Centres (DIC) in 4 districts of Vientiane Capital (Saysetha, Chanthaboury, Xaithany and Sikhhot) and in partnership with the Vientiane Health Department that serve as the implementers of the DIC programme. At the DIC, the staffs give health education on reproductive health to service girls, how to prevent STI, AIDS and condom use negotiation. There is also a clinic where service girls undergo routine pelvic exam for STI detection and treatment of STI cases. Pre- HIV test counselling is also done before referral is done for HIV testing. Their programme is funded by USAID.

**Venn diagram on Personnel Involved in Service Provision
(Chanthaboury District)**



This venn diagram shows that there are 10 personnel who are directly involved in giving services at that Chanthaboury DIC. They are composed of volunteers who take charge of peer education and medical doctors who attend to clinic needs. Vientiane Health Department as the implementing partner oversees the operation of the DICs and all the staff working at the centres are VHD staff. Monitoring is done by one of the staff of the VHD also who spends 60% of her time going around the centres for the said purpose.

The following questions are related to supervision, which is an important factor for improving the quality of services.

1. How often does the supervisor visit/supervise the clinic staff?

Head of the DIC oversees the peer education and other activities as this is the main activity of the facility; she also does the vital signs taking prior to sending the clients to the doctor. There is no system of supervision in place and no supervision done. The physicians who come from the Hospital of the district where the DIC is located works on her own and very much focused on the clinic activities.

2. Is there a forum for on-going feedback from staff? If so, provide a brief description.

There is a monthly feedback activity where the Peer Educators share experiences and information on what goes on in the peer education activities. This is also the time when reports are done and submitted.

3. Is there a system to check progress? If so, provide a brief description.

There are charts and posters on the walls showing the different peer groups and peer educators and their schedule of activities. There are also some charts showing the number of young people reached out and peer education activities done. There was no evidence that a system of checking what transpires during peer education activities, whether right messages were shared and discussed as well as the challenges or appropriate medical management was done for certain reproductive health complaints manifested by the clients.

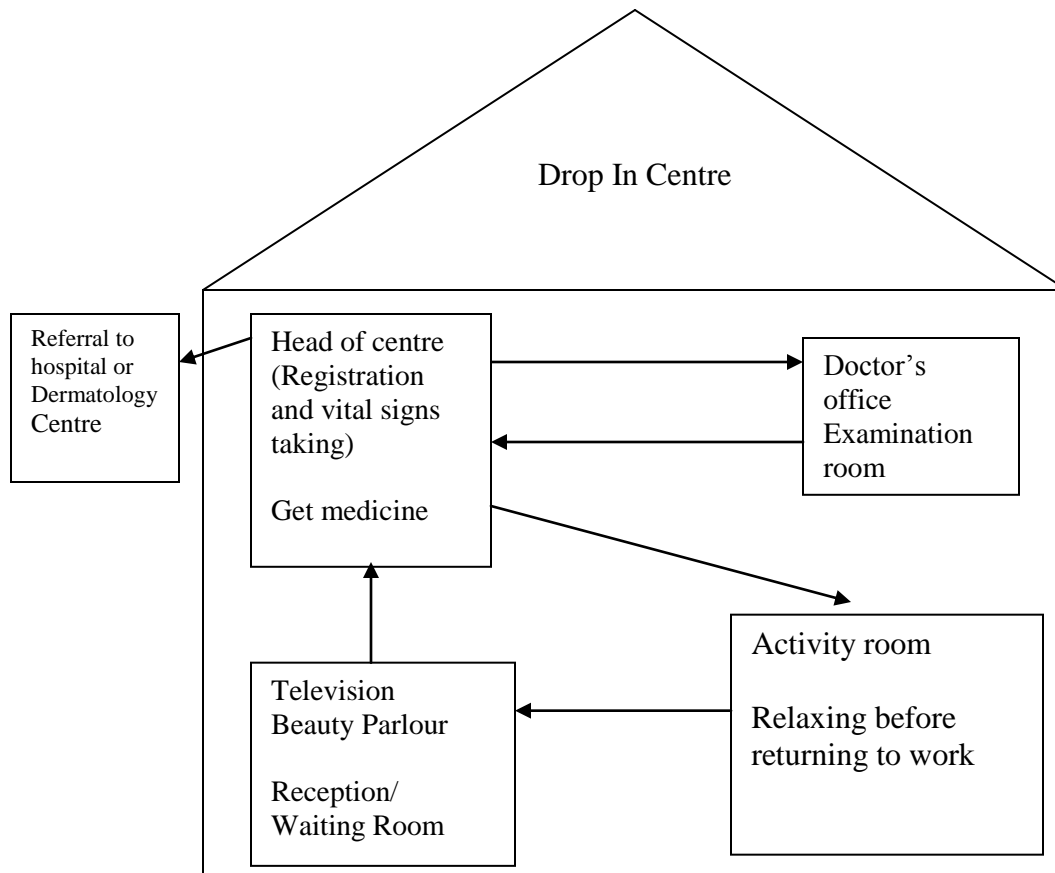
4. What are the primary issues managers/supervisors addresses in relation to serving youth? Which issues require the most supervisory time?

The primary issues that the manager together with the peer educators address are the non-cooperation of beer shop owners in letting the peer educators conduct activities with the possible clients working in their establishment; there is also the issue of language as some young bar workers belong to ethnic groups particularly from Sekong and Salavan; the low literacy of this target groups is also a challenge in letting them understand the messages that the project tries to convey to them. As with any young people in entertainment work, the clients were shy and seldom interact in the beginning so the peer educators have to establish rapport with them.

Flow of Patients

For the flow of patients, please see the diagram below. Clients come to the DIC by groups; they usually work in the same entertainment shop. While they wait for the nurse and the doctor to serve them, they stay at the reception or waiting room where there are choices of activities that they can do. They are provided with materials and equipment for manicure and pedicure, hair styling, dancing and watching educational video programmes. When their turn comes for the health service, they go to the nurse who is at the same time the head of the DIC. Registration is done for first timers, then for both the old and new clients, vital signs are taken before they are seen by the doctor and pelvic examination is done. From the doctor, if the clients need medicine, they go back to the

nurse for it or if they need to be referred to other facilities, the nurse writes the referral form and calls the referral facility to inform about the referral. After all the procedures, the clients can opt to stay at the activity room to relax or when observation is needed before the client is allowed to leave the centre.



Counselling is done by the doctor at the examination room, by the nurse at the registration room or by the peer counsellors at the activity room. Sometimes group activities like life skills training, condom use negotiation and others are conducted at the centre or at the entertainment houses where possible clients are working. The centre distributes condoms for both males and females.

Client Volume and Range of Services Provided

This section is for information on client volume and the range of services provided. In order to maintain and improve the quality of services, service providers should have experience in all aspects of adolescent care, including, where appropriate, counselling and the provision of contraceptive methods. Total number of all clients served in the first column and the number of young people served, broken down by age, in the second column.

Services Provided	Total No. of Clients Served		No. of Young Clients Served					
	F	M	10-14		15-19		20-24	
			F	M	F	M	F	M
Counselling								
Contraception/Dual Protection								
HIV/AIDS								
Nutrition								
Sexual Abuse/Violence								
Other RH Issues								
Testing								
STI	5,122							
VCT/HIV test only (pls. note)								
Pregnancy								
Treatment								
STI (note if syndromic or etiologic)								
Postabortion Care								
Sexual Abuse or Violence								
Other Services								
Contraception								
Antenatal Care								
Postnatal Care								
Delivery								

There was no disaggregated data according to age of clients shown to the Assessment team, however for the period of 2007 to June 2008, the centre has catered to 5,122 female entertainment workers, 66 clients were referred for STI and 378 clients were referred to Mother and Child Hospital for HIV testing. Pre-test counselling is done before sending the clients for HIV test. It is recommended that the facility uses the RCN database program to easily retrieve and represent disaggregated data on sex and ages of clients.

Schedule of Available Services

Hours (e.g., 12-5 pm) for each day of the week that the following services are available to adolescent clients.

Services Offered	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Counselling							
Contraception/Dual Protection	8:00 – 5 PM	8:00 – 5 PM	8:00 – 5 PM	8:00 – 5 PM	8:00 – 5 PM	No service	No service
HIV/AIDS							
Nutrition							
Sexual							

Abuse/Violence							
Other RH Issues							
Testing							
STI					9:00 – 3 PM	Sometimes upon request of FHI	
VCT/HIV test only (pls. note)							
Pregnancy					9:00 – 3 PM		
Treatment							
STI (note if syndromic or etiologic)							
Postabortion Care							
Sexual Abuse or Violence							
Other Services							
Contraception							
Antenatal Care							
Postnatal Care							
Delivery							

Assessment of Youth Friendliness

Methods used to gather information:

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
1. Location			
How far is the facility from public transportation?	E, IS, IC	Not far for those who work in the beer shops nearby the DIC. The Centre is accessible by tuktuk.	As the Centre caters to the clinic needs of entertainment workers, the place is ideal as it is near the entertainment houses or shops although it is also considered far by those who work in shops that are located far from the Centre.
How far is the facility from places where adolescents spend their free	E, IS, IC	200-300 meters from the beer shops	

	Method	Answer	Comments/Recommendations
time?			
How far is the facility from schools in the area?	E, IS, IC	There are no schools nearby.	
2. Facility Hours			
What time is the clinic scheduled to open?	IS, IC	8:00 in the morning	
What time is the clinic scheduled to close?	IS, IC	5:00 in the afternoon	
Does the facility have separate hours for adolescents?	IS, IC	The facility is for adolescents	The facility is intended for adolescent female entertainment workers but it welcomes clients with of older ages.
Is there a sign listing services and clinic working hours?	E	There is no sign listing services and clinic working hours, in fact the DIC is quite difficult to locate as it is far from the main road.	The staff said that the sign is not really significant as they inform their clients by word of mouth through the peer educators who go to the clients workplaces.
What times are convenient for adolescents to seek services?	IS, IC	8:00 AM to 12:00 NN or when beer shops are still close	This is ideal for the target clientele.
3. Facility Environment			
Does the facility provide a comfortable setting for adolescent clients?	E, IC	Clients said and as observed, the facility provides a comfortable setting for adolescent clients where in the waiting room, they can do a lot of activities of their own choice, i.e. dancing, watching TV or video program, manicure, pedicure and hair styling, etc.	Some of the clients expressed that they want to learn some skills for whatever advantage they can use their skills for, so it is suggested that the FHI considers offering training activities while the clients are in the Centre waiting for clinic services.
Does the facility have a separate space to provide	E, IC	NA	

	Method	Answer	Comments/Recommendations
services for adolescent clients?			
Does the facility have a separate waiting room for adolescent clients?	E, IC	NA	
Is there a counselling area that provided both visual and auditory privacy?	E, IC	Both areas of the clinic registration and treatment provide visual and auditory privacy during counselling.	
Is there an examination room that provides visual and auditory privacy?	E, IC	The examination and treatment room provides auditory privacy but threatening to the clients who undergoes pelvic exam as the windows are open and there are no curtains. There is no screen or a partition to keep the client assured that she cannot be seen when anyone enters the room.	The mere fact that the room is big, windows are open with no curtains and even if assured that no people can see when the pelvic examination is done, the said environment can be threatening to any client. It is therefore recommended that curtains be provided for the windows and to screen the area where the examining table is located.
Are both young men and young women welcomed and served, either for their own needs or as partners?	IS, IC, R	As claimed by the staff, there are spouses and partners of clients who come for the services.	
4. Staff Preparedness			
Are providers trained to serve adolescent clients in RH?	IS	The DIC head said that she only had the hotline counselling training provided by the VYC.	The DIC conducts a number of trainings for their clients however the DIC staffs need more training on ASRH and youth-friendly services.
Did all staff members (e.g., receptionist) receive at least an orientation about adolescent clients? What type of orientation was this	IS	The staff said they did not have orientation about adolescent clients; however the PE said they had.	

	Method	Answer	Comments/Recommendations
and how long was it?			
Do providers show respect for the adolescent client during counselling and consultations?	IS, O, IC	Yes, the providers showed respect for the clients during consultations. (No observation done during counselling session)	As the programme utilises the services of peer educators, the peer educators are able to empathise with the clients and are able to respect them
Are there job aids available to help service providers in their daily work (i.e., flipchart, posters that remind them of key messages, clients rights, etc.)?	IS, O	There were many posters on the wall showing the different STIs and protocols for diagnosis and treatment ; however there is no poster about client rights neither clients' reproductive health rights.	The need for sharing of IEC materials among the RCN member agencies surfaced during the RCN regular meeting on 14 August 2008 which was positively taken by all the participants of the meeting.
5. Services Provided			
Is counselling on sexuality, safer sex, pregnancy prevention, and STI and HIV prevention provided (including dual protection)?	IS, IC, P	Yes, counselling is done when the clients register for the clinic service and when the doctor sees them before or after the treatment.	As observed, the giving of instructions to clients or giving of RH information is used interchangeably with the word counselling. It is recommended that the RCN develops a counselling guide for all its member agencies.
What contraceptive methods are offer (including EC)?	R, IS, IC, P	Condoms and pills are distributed to clients including emergency contraception	
Are condoms provided to both males & females?	IS, IC, O, P	Yes condoms for both males and females are provided but the female clients expressed dislike to the female condom.	There is a need for more promotional activities or information on female condoms.
Are supplies (condoms, other contraceptive methods, and drugs) sufficient to meet the need?	IS, IC	Yes, the supplies are sufficient for the clients' need.	FHI can share its condom supplies particularly the female condoms to other RCN member agencies
Is there sufficient equipment for the provision of RH services for young	IS, E	Yes, speculum varies in sizes and other supplies are provided for the providers use.	The clinic is well equipped.

	Method	Answer	Comments/Recommendations
people (small size speculum, scale, sphygmomanometer, syringe, needles, etc.)?			
Is pregnancy testing offered?	R, IS, IC, P	Pregnancy test is offered with the use of dipstick.	
Is STI testing available? What type is available?	R, IS, IC, P	No STI testing, the clinic providers use syndromic approach.	It is recommended that FHI-VHD offers HIV testing as part of their services to ensure that testing is done given the possibility that clients do not follow referral instructions for many reasons.
Do young people request RH services other than the ones offered? Which ones?	IS, IC	Some clients ask for abortion but they are referred to Mother and Child Hospital	
Are referrals made for services not provided at the clinic (e.g., sexual abuse)? Please give examples	R, IS, IC, P	Yes, referrals are made for services not provided, for example, violence experienced with male costumers in the bars, they are referred to Women Centre. Cases related to substance abuse are referred to Somsanga Centre. Most of the referrals were sent to Dermatology Centre for genital warts and MCH for abortion and HIV testing	It is recommended that the referral system that is stipulated in the RCN strategic plan be institutionalised to ensure that confidentiality and privacy provided starting from the referring institution
Is there a formal referral system, including tracking and follow-up, in place?	IS, IC, P	Yes, there is a formal referral system however; system for tracking and follow-up is not in place.	It is recommended that the referral system be operationalised as this include tracking of referred cases and follow-up of the care of the referred clients.
6. Peer Education/Counselling Program			
Is a peer education/counselling program available?	IS, IC, O	There is peer education among female sex workers. The peer	Peer education program is going on well/

	Method	Answer	Comments/Recommendations
If so, please describe.		educators go to entertainment establishments and bars to organise and conduct structured and unstructured peer activities among the young workers in these places.	
How many peer educators/counsellors are working with the facility?	IS	Peer education does not happen in the facility, seven (7) peer educators reach out to the female clients daily in different locations where they work.	
How many hours a week do they each spend at the facility?	IS	The clients can hang around the facility anytime and any day of the week but on Fridays most of the clients come to the facility to have their monthly check for STI hence the peer educators also stay in the facility from 8 AM to 5 PM.	
Is there a system for supervising and monitoring counsellors? If so, what kind of system?	IS, P	The Peer Educators said there is no system for supervising and monitoring the counsellors or peer educators in the field but at the facility, records of clients and activities are followed up and monitored	It is recommended that a competency-based checklist be formulated and used to monitor and supervise peer educators. This is to ensure quality programme where peer educators give out correct messages. The checklist will be used as basis on planning for refresher skills training and coaching peer educators.
7. Educational Activities			
Are educational materials available on-site (A/V, computers, printed material)? Which ones?	IS, IC, E	As the sites for activities vary, the educational materials are in a form of cards that can easily be carried and referred to by peer educators and the	Educational materials in a form of handy cards are very practical and helpful especially for clients as these can be brought by them to their workplace.

	Method	Answer	Comments/Recommendations
		clients. At the facility, there are also poster, pamphlets and other reading materials available. AV equipment set is also available for use of the clients. For the Peer Educators, they have an illustrated manual for PE activities which they can use for the activities.	
Are there educational posters displayed?	IS, IC, E	Educational posters are displayed in the waiting, registration and treatment rooms.	
Are there posters or brochures that describe the clients' rights?	S, IC, E	No	FHI and its partner agency may consider developing and printing educational materials that show the rights of the clients, in particular the rights of the sex workers.
Are there print materials available for clients to take? Describe materials and comment.	IS, IC, E	These cards are information on HIV, STIs, self-defence in cases of violent attacks by the clients' customers.	These materials are good and the Centre should ensure that all clients have copies of these cards.
In what languages are IEC materials available?	IS, IC, E	Lao	
Are group (or rap) discussions held Please describe.	IS, IC, O	There are discussions the Peer Educators conduct with the clients on site, i.e. life skills, condom use negotiation and others.	The clients need to be involved in deciding what topics are to be discussed so that they will be interested and the activity will truly address their needs and problems.
Are there ways clients can access information or counselling off-site (telephone hotline, website, materials sent by mail)? Please	IS, IC, E	By phone but only during working hours when the DIC staffs are available to take the call. Mostly the calls are more on inquiries about the services offered by the	Is it suggested that FHI and VHD explore more innovative and practical ways of increasing access of this vulnerable group to information and services.

	Method	Answer	Comments/Recommendations
describe.		Facility.	
8. Youth Involvement			
What ways can adolescents suggest/recommend changes to make services more comfortable and responsive?	IS, IC, E, P	During meetings for the Peer Educators and management staff, the former have the opportunity to suggest and recommend changes particularly in beautifying the facility and making it more comfortable and attractive to clients.	The adolescents are represented by the peer educators who have the mechanism to give suggestions and recommendations through their monthly meetings. Clients are not involved in meetings or in any other venues for decision making. Consider inclusion of adolescents either peer educator or client in the facility level RCN committee.
Are adolescents currently involved in decision-making about how programs are delivered? How?	IS, IC, P	Only the Peer Educators have the opportunity to be involved in planning for the implementation of activities, like where to go and what to do during outreach activities. This is through their monthly meetings.	
How could adolescents be more effectively involved in decision-making at the facility?	IS, IC	Continue to involve the peer educators in decision making related peer education activities and in the design of health education strategies and activities.	
What other roles can adolescents play in clinic operations or guidance?	IS, IC	The clients who were interviewed said that other roles they can do is in beautifying the centre and making charts and informational posters that will be useful to all who visit the centre.	
9. Supportive Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	IS, P	There are treatment protocols particularly on the syndromic approach to treating STIs but no written guidelines for	It is recommended that the RCN Focal Persons put into writing whatever the process or procedure they currently practice in serving clients specifically young people

	Method	Answer	Comments/Recommendations
		serving adolescents.	including protection of client confidentiality.
Do written procedures exist for protecting client confidentiality? Please describe.	IS, P	There are no written guidelines for protecting client confidentiality.	Include in the written procedure how and where records are kept so that these will be followed by all staff whether they are new or have been with the facility for a long time already. This has to be put into writing otherwise this is easily taken for granted and overlooked.
Are records stored so that confidentiality is assured?	IS, E, P	Yes, records are stored safely that only the DIC management can access.	
Are there any contraceptive method that adolescents cannot receive? Which ones?	IS, IC, P	There are no written policies about what contraceptives can and cannot be given to adolescents. The DIC gives out condoms only. The staff said that education is given about other contraceptive methods.	It has been recommended that the RCN will formulate a list of services to young people allowable by law in order to guide actions and decisions of service providers.
Is parental or spousal consent required? Which type and under what circumstances?	IS, IC, P	As far as the procedures done at the DIC are concerned, spousal or parental consent is not required, only the client's consent.	If ever parental or spousal consents are necessary, the client should always be involved in the decision-making process.
Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?	IS, IC, P	There is no minimum age requirement for adolescents to receive services.	It is recommended that the Centre comes up with a disaggregated data according to sex, age of clients for purposes of information and planning for the welfare of young people.
Are adolescent clients served without regard to their marital status?	IS, IC, P	Clients are served without regard to their marital status.	There may be no contraceptive methods that adolescents cannot receive however, discrimination by virtue of marital status is still practiced by some service providers. Therefore, it is recommended that review of government policies be done during staff meetings.
Are pelvic exams routinely required?	IS, IC, P	Yes, pelvic exams are routinely required for	It is known that pelvic examination is invasive and

	Method	Answer	Comments/Recommendations
For what reasons? Can they be delayed?	IS, IC, P	surveillance of existing STIs. The clients haven't got any option, they think that going through this examination is for their own good.	oftentimes scares the young female clients especially those who come to the facility for the first time hence may pose a barrier for continuing access of services at the same facility. It is therefore suggested that this examination be done sparingly and adequate and appropriate medications can be prescribed instead.
Do policies or procedures exist that pose barriers to youth friendly services?		NO, there are no policies that pose barriers to youth friendly services.	It has been recommended that the RCN will formulate a list of services to young people allowable by Lao law in order to guide actions and decisions of service providers.
10. Administrative Procedures			
Is the registration process private so that other waiting clients cannot overhear the conversation?	IS, IC, E, P	The registration process is done privately where nobody overhears the conversation. The room where the registration is done is	
Can adolescent clients be seen without an appointment?	IS, IC, P	locked whenever registration or counselling is on progress. This is done by the nurse who is at the same head of the DIC.	Referred clients from other RCN members don't necessarily go through the OPD queue but goes directly to the physician to whom the referral is addressed
If appointments are required, can they be expedited for adolescent clients?	IS, IC, P	Yes, the clients can drop in any time during the service hours of the DIC.	
How long would an adolescent client wait, on average, to see a provider?	IS, IC	Since clinic service is only during Fridays, many clients come to the Facility, lengthening the time they have to wait to be served. The clients said they don't mind waiting for hours as they make use of their time doing manicure,	Since clinic hours are only on Fridays, it is suggested that there must be a mechanism for an emergency or urgent cases be seen by a doctor and this has to be known by the clients.

	Method	Answer	Comments/Recommendations
		pedicure, dancing, hairstyling and other things while waiting.	
What is the average time allowed for client/provider interaction?	IS, IC, O, P	For the registration, it takes 10-15 minutes while the pelvic examination takes an average of 30 minutes.	The waiting hours can be utilised for simple work skills training that will allow them to have work options in the future.
11. Publicity /Recruitment			
Does publicity about the clinic identify services offered and stress confidentiality?	IS, IC	Brochures and posters for publicity emphasise about confidentiality and its services offered to the said target group.	FHI programme is one of the very few institutions that emphasises confidentiality in its publicity materials.
Are there staff or volunteers who do outreach activities? If so, what type?	IS, IC, O	The Peer Educators as explained earlier, go on outreach to the entertainment establishment to talk to owners and managers of these establishments about their services and meet their young workers for some organised educational activities	As expressed by the peer educators, non-cooperation from entertainment shop owners is one of the main concerns or an obstruction to fulfilling their objectives for the female entertainment workers, therefore it is recommended that sanctions from health authorities be issued to uncooperative shop owners to allow the entertainment workers to participate in peer education activities and go to the centre for health check.
12. Fees			
How much are adolescents charged for specific methods and services?	IS, IC, P	Condoms both for males and females are given free according to the clients' needs; however there is a special type (flavoured and corrugated) of condom that is sold to them by the staff for 5,000 kip per 2 packs with 6 condoms and 3,000 for 1 pack with 3 condoms. The staff said that the proceeds for this go to a condom revolving fund.	

	Method	Answer	Comments/Recommendations
Are these fees affordable by adolescents in the catchment's area?	IS, IC	Clients say these prices are affordable.	

Mittaphab Hospital (Friendship Hospital)

Mittaphab Hospital is one of the major government hospitals in Vientiane. The expertise and priorities of the hospital are orthopaedic, neurology and renal surgery. Its mandate are: diagnosis and treatment of diseases of people who seek help from the hospital; serves as teaching-learning venue for medical students; conduct science and medical researches to improve medical management; supervise lower level hospitals and prevention of diseases through health education and counselling. It serves all people regardless of age, sex, beliefs and national and cultural affiliations.

The departments that are involved in the care of young people with sexual and reproductive health problems are the department of obstetric and gynaecology, infectious diseases and mother and child departments.

The gynaeco- obstetric department has a 15 bed capacity (10 beds for obstetric and 5 beds for gynaecology), it has 17 staff, 6 of them are doctors, it has its own OPD. The obstetric section conducts ante natal care, close monitor to contraction for safe both mother and baby, performs caesarean section if indicated. It does rapid diagnosis of problems of labour and delivery; gives health education; encourage breast feeding; advise to get baby immunized. Family planning is also its priority service. The gynaecology section examines, detects, treats and prevents women's diseases, STI, detection of cancer cases in all examined women. It admit clients to the hospital as indicated, does gynaecological surgery, gives health education for women on STI and how to prevent it. It refers patients if found to be HIV positive and sends cases to Setthathirath hospital for treatment and for skin disorder cases, it sends them to the Dermatology Centre and cases of sexual violence, it refers to the LWU Protection and Counselling Centre for women and children in Nonesengchanh.

The Infectious Diseases Department has 9 beds, 6 staff (3 doctors and 3 nurses), Its main roles and responsibilities are: diagnosis and treatment of infectious diseases; counselling for patients with risk factor (prolonged fever, diarrhoea). In cases of HIV positive, it refers cases to Setthathirath hospital for treatment, caters to the learning needs of medical students who are on their residency exposure.

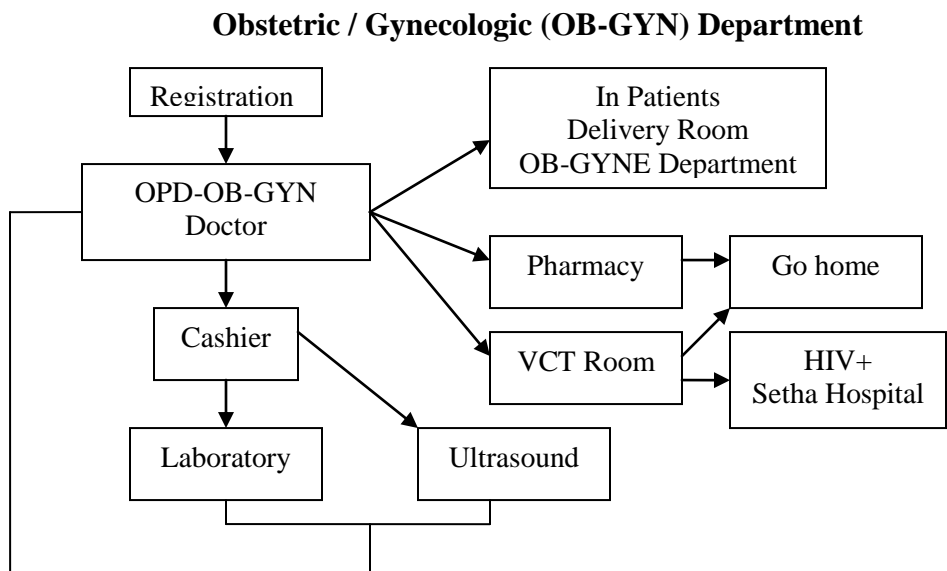
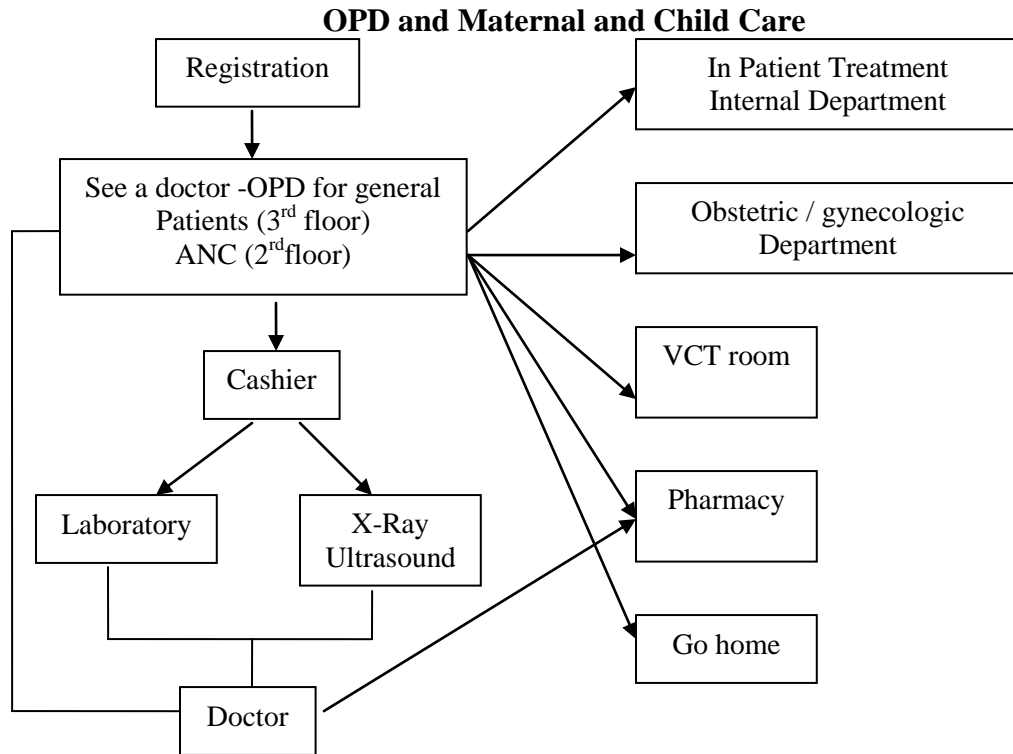
Flow of Clients

Basing on the diagram below, the 2 hospital units (Maternal and Child and Obstetric-Gynecology) that cater to the reproductive health needs of clients have their own OPDs which is appropriate as the two units are located far from each other; however, there is a need to have a system of gathering, collating and analysis of the number of adolescents clients they have for reporting to the RCN.

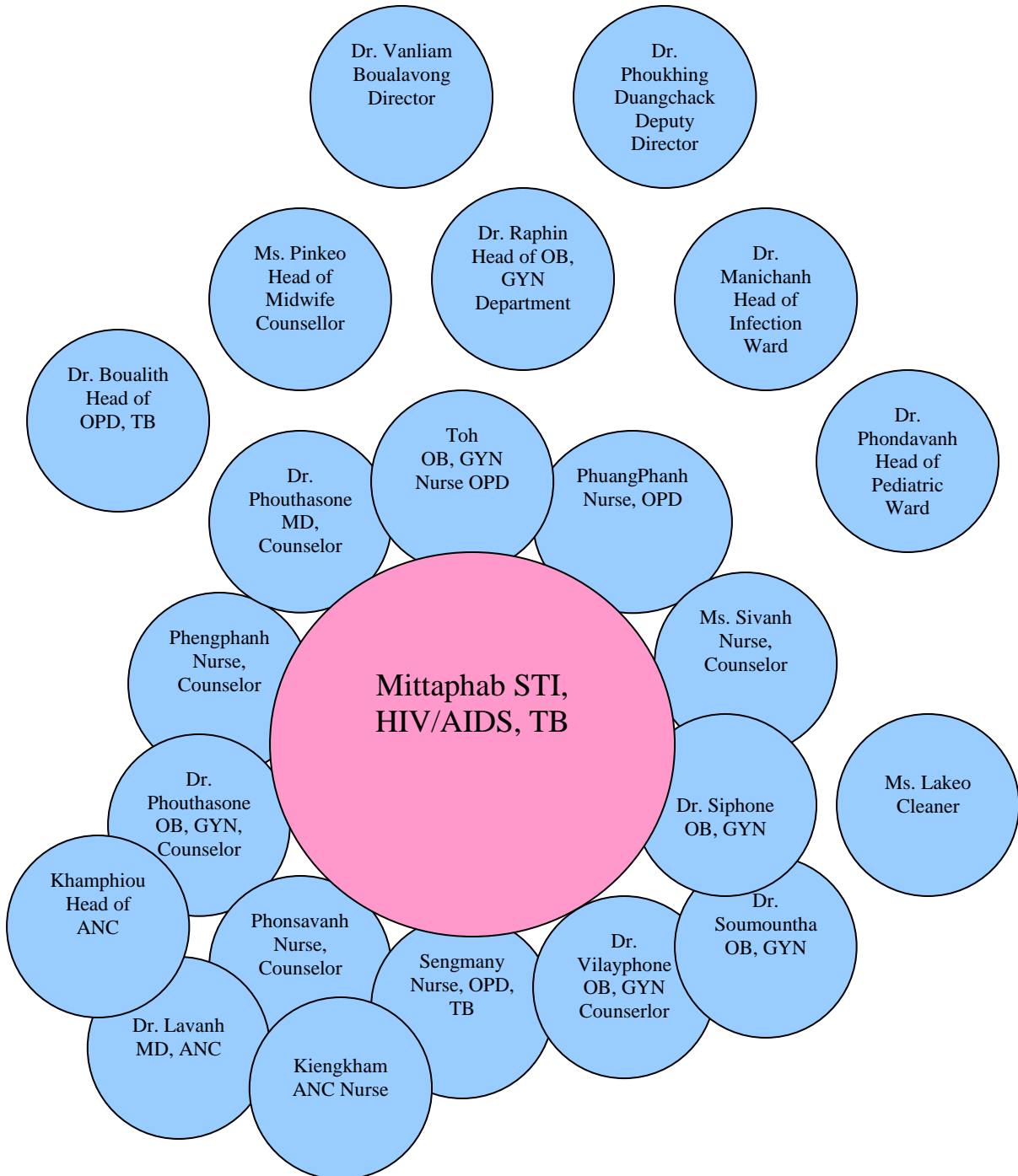
When clients seeking for RH services come to the facility, as common to all government facilities, they first go to the registration area where they pay for the patient booklet and get information where to go and the physician to meet at the OPD. After seeing the doctor, the clients will be advised for confinement if needed according to the severity of the case or be referred to the OB/Gyne unit or undergo VCT or buy medicines at the

pharmacy. For uncomplicated cases that need home-based care, after the OPD, they can leave and buy the medicines elsewhere. For cases needing laboratory and radiology tests, the clients with their doctor's notes, are advised to proceed to the cashier to pay for the laboratory and radiology fees and proceed with the prescribed examination. When the results are in, the clients with their test results go back to the doctor for further advice.

The flow of clients at the OB-Gyne Department, as shown in the diagram below is basically the same with the Maternal and Child Department.

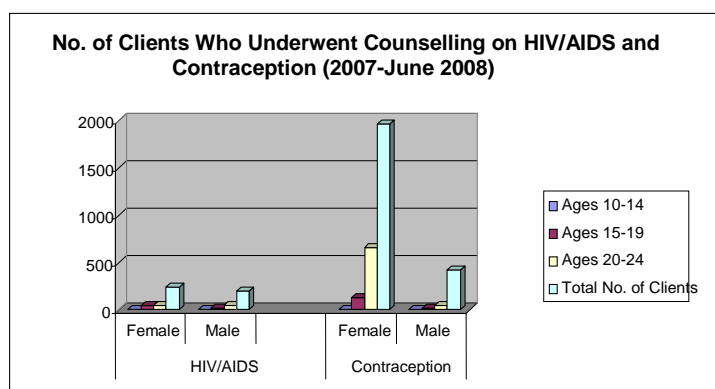


Venn diagram on Personnel Involved in Service Provision for Young Clients



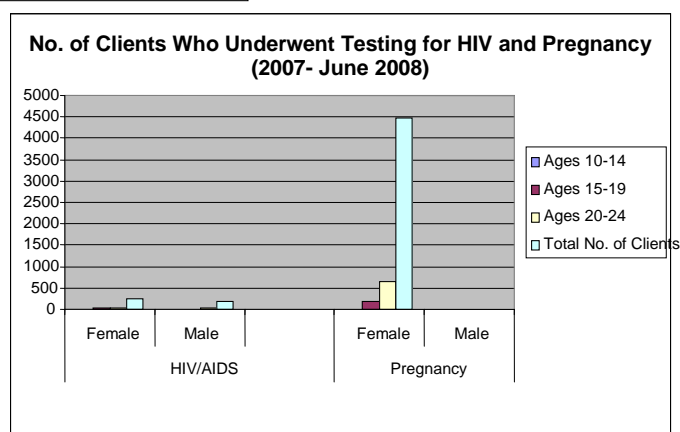
As the venn diagram shows, there are 14 staff who are directly involved in giving RH care to clients including adolescents. All the rest of the staff shown here are Director and Deputy Director of the hospital, Heads of Departments and support staff. It is recommended that a ASRH training needs assessment be done as a basis for planning for trainings on ASRH services. Furthermore, it is suggested that the RCN Focal Persons

Other RH Issues								
Testing								
STI								
VCT/HIV test only (pls. note)	237	197	2	2	43	15	41	42
Pregnancy	4,462	0			182		660	
Treatment								
STI (note if syndromic or etiologic)	5,509	60	17	0	269	0	380	51
Postabortion Care								
Sexual Abuse or Violence								
Other Services								
Contraception	1,972	420	0	0	187	0	654	0
Antenatal Care	1,462	0	0	0	182	0	650	0
Postnatal Care	1,681	0	0	0	138	0	781	0
Delivery	1,340							
Other Services								



Of the 434 total no. of clients who underwent counselling of HIV, 145 or 33% are young people and 57% of these young people are of age 20-24 years. Those of underwent counselling on contraception, out of 2,392 clients, 853 or 35% are young people, 82% of which are within age 20-24 years.

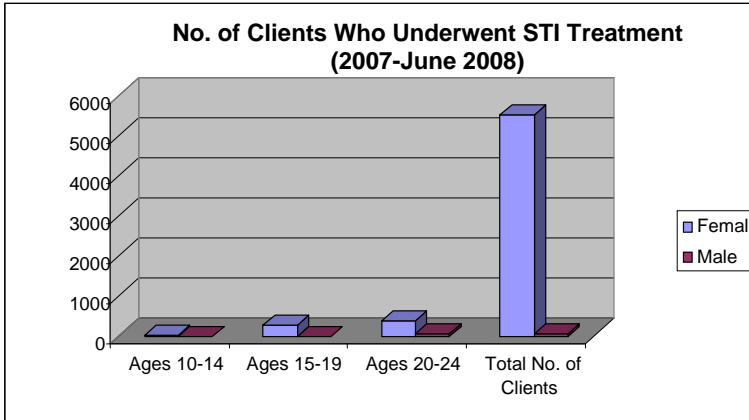
The number of clients who underwent testing for HIV is the same as those who underwent HIV counselling. Female clients are more than males as these are those who availed of gynaecological services of the hospital.



Those who underwent pregnancy test, 842 or 18% out of 4,462 clients are young people and 78%

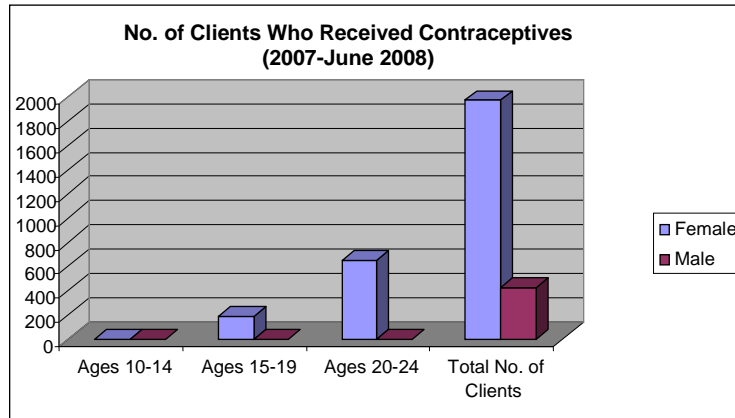
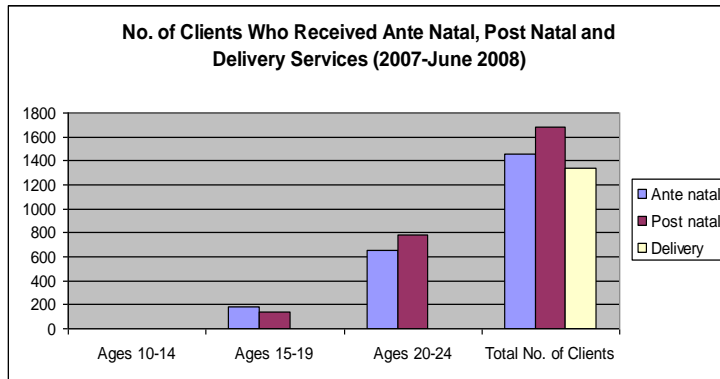
of these young people are within the 20-24 years old, 21 % of these young clients belong to the age bracket of 15-19 years. In comparison with other RCN member institutions,

lesser younger clients go to hospitals for RH problems which is evidenced by 0 clients in the age of 10-14 years for contraception, pregnancy and HIV counselling and other services.



Of the 5,569 total no. of clients who had STI treatment, 99% are females, 13% are young people and 93% of the 717 young clients are females. There are more female clients as they are the clients who sought services from the gynaecology department.

Among the 4,483 total no. of clients who received ante natal, post natal and delivery services at the hospital 1,751 or 39% are young people and for those who received contraceptives, only 35% of the total clients are young people. There was no young client who delivered in the hospital. There was no client in the 10-14 age bracket who received contraceptives from the hospital. As discussed earlier, there are lesser young people seeking services at the hospital.



As expressed by the staff, they had difficulty producing

disaggregated data on clients according to age as they said that nobody collates client records from the different departments. It is recommended that the RCN Focal Persons collate data on a regular basis, the number of young clients served at the different hospital departments.

Schedule of Available Services

Hours (e.g., 12-5 pm) for each day of the week that the following services are available to adolescent clients:

Services Offered	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Counseling							
Contraception/Dual Protection	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00 – 16:00	Emergency cases only	Emergency cases only
HIV/AIDS	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00 – 16:00	Emergency cases only	Emergency cases only
Nutrition	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00 – 16:00	Emergency cases only	Emergency cases only
Sexual Abuse/Violence							
Other RH Issues						Emergency cases only	Emergency cases only
Testing							
STI	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00 – 16:00	Emergency cases only	Emergency cases only
VCT/HIV test only (pls. note)	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00 – 16:00	Emergency cases only	Emergency cases only
Pregnancy	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00 – 16:00	Emergency cases only	Emergency cases only
Treatment							
STI (note if syndromic or etiologic)	24 hours	24 hours	24 hours	24 hours	24 hours	Emergency cases only	Emergency cases only
Postabortion Care	24 hours	24 hours	24 hours	24 hours	24 hours	Emergency cases only	Emergency cases only
Sexual Abuse or Violence	24 hours	24 hours	24 hours	24 hours	24 hours	Emergency cases only	Emergency cases only
Other Services							
Contraception	8:00 – 12:00 13:00 –	8:00 – 12:00 13:00 –	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 –	8:00 – 12:00 13:00	No Service	No Service

	16:00	16:00		16:00	– 16:00		
Antenatal Care	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	No Service	No Service
Postnatal Care	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	8:00 – 12:00 13:00 – 16:00	No Service	No Service
Delivery	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours
Other Services							
Substance Abuse Rehab							

Assessment of Youth Friendliness

Method of gathering information:

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedures

	Method	Answer	Comments/ Recommendations
1. Location			
How far is the facility from public transportation?	E, IS, IC	The facility is far from the city centre however it is located in a place which is thickly populated therefore the facility is serving the people in that area.	It is most accessible to people with transport but tuktuk provides public transport to those without private vehicles.
How far is the facility from places where adolescents spend their free time?	E, IS, IC	There are no entertainment places or any place near the facility where adolescents spend their free time	
How far is the facility from schools in the area?	E, IS, IC	It is very near the National University of Laos offering secondary and university level education.	

2. Facility Hours			
What time is the clinic scheduled to open?	IS, IC	OPD clinics open at 8:00 in the morning however the emergency rooms and in-patient wards have 24 hours cover	As recommended to all RCN member agencies, the facilities are challenged to provide services at lunch time where many young people are free and want to seek services when few people are in the facilities and to consider extending services until the 5 or 6 PM. As recommended also, the RCN facilities can use flexi-time for their respective staff.
What time is the clinic scheduled to close?	IS, IC	OPD clinics close at 4:00 in the afternoon.	
Does the facility have separate hours for adolescents?	IS, IC	No, they come and join the queue with the rests of the clients.	
Is there a sign listing services and clinic working hours?	E	Yes, office hours are listed on the doors.	Signs need to be posted in strategic places like the schools to inform young people that the hospital endeavours to be youth friendly
What times are convenient for adolescents to seek services?	IS, IC	In the morning and when there are no classes.	Clients said that there is no assurance of being served if they come in the afternoon as clinics close at 4:00.
3. Facility Environment			
Does the facility provide a comfortable setting for adolescent clients?	E, IC	The facility provides a comfortable setting but for clients of all ages. There are sufficient seats at the waiting area of the OPDs.	It is recommended that a corner of the OPD be designated as waiting area for young people and that area can be arranged or decorated with posters and other materials that suit the taste of adolescents.
Does the facility have a separate space to provide services for adolescent clients?	E, IC	No, there is no separate space to provide services for young people.	
Does the facility have a separate waiting room for adolescent clients?	E, IC	No, the facility doesn't have a separate waiting room for adolescent clients	

Is there a counselling area that provided both visual and auditory privacy?	E, IC	Yes, counselling rooms are usually the treatment rooms also but are private. There is a separate counselling room for pre and post HIV testing.	
Is there an examination room that provides visual and auditory privacy?	E, IC	Yes, the examination rooms provide visual and auditory privacy.	There are more than enough rooms at the hospital to be used for specific purpose particularly serving youth.
Are both young men and young women welcomed and served, either for their own needs or as partners?	IS, IC, R	Yes, in fact the hospital staff encourage couples to avail of services together especially for STI cases	
4. Staff Preparedness			
Are providers trained to serve adolescent clients in RH?	IS	Not all, as mostly are trained to cater to the needs of patients of all ages.	As mentioned during the interview, there are still staff members who need to attend trainings on adolescent reproductive health, hence, it is recommended that the RCN conducts training per facility so that many personnel can participate. This training, if conducted per member agency, then the non-medical staff can also participate.
Did all staff members (e.g., receptionist) receive at least an orientation about adolescent clients? What type of orientation was this and how long was it?	IS	No, there was no orientation on youth-friendly services	It is recommended that the RCN Focal Persons organise an orientation to all staff on what the RCN is and what it aims to achieve, as well as youth-friendly service characteristics.

Do providers show respect for the adolescent client during counselling and consultations?	IS, O, IC	Yes, according to the client interviewed but there were those who were heard complaining against their doctors which are probably because of the volume of patients to be served in a day.	The clients interviewed said the service providers respect their clients regardless of age but it was heard by the assessment team that there were clients and relatives of client who were complaining about the doctors.
Are there job aids available to help service providers in their daily work (i.e., flipchart, posters that remind them of key messages, clients rights, etc.)?	IS, O	It was observed that there were job aids to help service providers but on general issues rather than specific to adolescents and their RH problems. No poster that emphasises on patient's rights.	The need for sharing of IEC materials among the RCN member agencies surfaced during the RCN regular meeting on 14 August 2008 which was positively taken by all the participants of the meeting.
5. Services Provided			
Is counselling on sexuality, safer sex, pregnancy prevention, and STI and HIV prevention provided (including dual protection)?	IS, IC, P	Yes, every department like OB-Gyne, STI, MCH and Infectious Diseases, has counselling services.	As observed, the giving of instructions to clients or giving of RH information is used interchangeably with the word counselling. It is recommended that the RCN develops a counselling guide for all its member agencies.
What contraceptive methods are offer (including EC)?	R, IS, IC, P	Contraceptive methods offered are the pills, injection, IUD and condoms. Emergency contraceptive is included. Counselling on Family Planning and contraceptive methods is done at the Post-partum clinic only under the MCH department.	There should also be counselling for Family Planning and contraceptive methods at the OB-GYNE department especially that the 2 Departments are located in buildings far from each other. There is the tendency that clients or patients from the OB-Gyne won't bother to go to the MCH for counselling due to far distance and also when it is not considered a priority of the clients because of lack of information about family planning or birth control.

Are condoms provided to both males & females?	IS, IC, O, P	Yes, but only male condoms	
Are supplies (condoms, other contraceptive methods, and drugs) sufficient to meet the need?	IS, IC	There is sufficient supply of condoms, other contraceptives are not only adolescents but also for other clients. Drugs are bought by clients at the pharmacy.	
Is there sufficient equipment for the provision of RH services for young people (small size speculum, scale, sphygmomanometer, syringe, needles, etc.)?	IS, E	Yes, there is sufficient equipment for clients of all ages.	
Is pregnancy testing offered?	R, IS, IC, P	Yes, but the client has to buy the supply from the pharmacy in the hospital or outside.	
Is STI testing available? What type is available?	R, IS, IC, P	Yes, the laboratory for all sorts of STI tests is equipped although syndromic approach to treatment is also used.	
Do young people request RH services other than the ones offered? Which ones?	IS, IC	As far as the staff interviewed is concerned, there were no request from adolescents for other services.	
Are referrals made for services not provided at the clinic (e.g., sexual abuse)? Please give examples	R, IS, IC, P	Yes. Cases like cervical cancers and breast cancers are referred to Mahosot and HIV positive cases are referred to Setthathirat hospitals.	As suggested to the RCN, a form for referral will be developed for all members to use. The form will include a procedure for the follow-up and tracking of clients. This will also include instruction on how to sustain confidentiality of referred clients.
Is there a formal referral system, including tracking and follow-up, in place?	IS, IC, P	There is a referral form and call the hospital or send the patients with the referral slip but no follow-up and tracking of patients.	

6. Peer Education/Counselling Program			
Is a peer education/counselling program available? If so, please describe.	IS, IC, O	No	The staff said that it may not be suitable for them.
How many peer educators/counsellors are working with the facility?	IS	No	
How many hours a week do they each spend at the facility?	IS	No	
Is there a system for supervising and monitoring counsellors? If so, what kind of system?	IS, P	No	
7. Educational Activities			
Are educational materials available on-site (A/V, computers, printed material)? Which ones?	IS, IC, E	No printed materials on site were observed, only poster on the wall. There is an TV set at the waiting room but no educational video programs are shown.	It is suggested that the hospital management consider showing educational materials on RH in OPDs or waiting rooms.
Are there educational posters displayed?	IS, IC, E	Yes. The posters are on varied issues mostly on family planning and avian flu	Consider requesting relevant posters from other RCN-member agencies.
Are there posters or brochures that describe the clients' rights?	S, IC, E	No	It is recommended that RCN-wide poster or brochures on clients' rights be developed and produced for use of all the members.

Are there print materials available for clients to take? Describe materials and comment.	IS, IC, E	No	
In what languages are IEC materials available?	IS, IC, E	NA	
Are group (or rap) discussions held Please describe.	IS, IC, O	Yes, there are group health discussions among mothers and the providers at the MCH OPD.	It is recommended that the RCN Committee of the hospital discuss possibility of conducting discussions with young clients and possible ways for the hospital to increase access of young people to ASRH information.
Are there ways clients can access information or counselling off-site (telephone hotline, website, materials sent by mail)? Please describe.	IS, IC, E	No	
8. Youth Involvement			
What ways can adolescents suggest/recommend changes to make services more comfortable and responsive?	IS, IC, E, P	There are no ways that adolescent neither the general clientele are able to suggest and recommend changes in the hospital.	It is suggested that suggestion boxes can be put up to encourage clients to give their views on how to improve the services. It is suggested to all RCN members that exit service interviews with clients and the RCN develops a simple interview guide and mechanism how to do this interview.
Are adolescents currently involved in decision-making about how programs are delivered? How?	IS, IC, P	No	
How could adolescents be more effectively involved in decision-making at the facility?	IS, IC	NA	

What other roles can adolescents play in clinic operations or guidance?	IS, IC	NA	It is suggested that the hospital RCN leaders consider involvement of young people or advocates for young people at the facility level RCN Committee.
9. Supportive Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	IS, P	No	It is recommended that the RCN Focal Persons put into writing whatever the process or procedure they currently practice in serving clients specifically young people including protection of client confidentiality.
Do written procedures exist for protecting client confidentiality? Please describe.	IS, P	No but accepted as a rule.	
Are records stored so that confidentiality is assured?	IS, E, P	Patient's records are not seen by outsiders but can be scrutinised by anybody in the health facility including medical students, post-graduate interns and auxiliary team.	It is believed that the medical staff will be able to provide confidentiality of clients as this is part of their code of ethics. Include in the written procedure how and where records are kept so that these will be followed by all staff whether they are new or have been with the facility for a long time already. This has to be put into writing otherwise this is easily taken for granted or overlooked.
Is there any contraceptive method that adolescents cannot receive? Which ones?	IS, IC, P	No, there is no contraceptive method that adolescent cannot receive.	

<p>Is parental or spousal consent required? Which type and under what circumstances?</p>	<p>IS, IC, P</p>	<p>For VCT, client's consent is enough but some surgical procedures at the hospital may need consents from parents or spouses, like CS and other surgical procedures.</p>	<p>It is suggested that the young clients participates in making the decision to involve spouses or partners in the treatment</p>
<p>Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?</p>	<p>IS, IC, P</p>	<p>No</p>	<p>There may be no policies restricting any age group to avail of services however this can be practiced. Although it was not investigated by the assessment team, it was observed in the analysis of clients served that younger clients tend not to seek RH services from hospitals.</p>
<p>Are adolescent clients served without regard to their marital status?</p>	<p>IS, IC, P</p>	<p>At the OB-Gyne and MCH departments, patients are served without regard to their marital status.</p>	<p>There may be no contraceptive methods that adolescents cannot receive however, discrimination by virtue of marital status is still practiced by some service providers. Therefore, it is recommended that review of government policies be done during staff meetings.</p>
<p>Are pelvic exams routinely required? For what reasons? Can they be delayed?</p>	<p>IS, IC, P</p>	<p>Yes, pelvic examination is routinely required.</p>	<p>It is known that pelvic examination is invasive and oftentimes scares the young female clients especially those who come to the facility for the first time hence may pose a barrier for continuing access of services at the same facility. It is therefore suggested that this examination be done sparingly and adequate and appropriate medications can be prescribed instead.</p>
<p>Do policies or procedures exist that pose barriers to youth friendly services?</p>	<p>IS, IC, P</p>	<p>No there are no policies that pose barriers to youth-friendly services</p>	<p>RCN needs to formulate a written policy detailing full extent of services for adolescents allowable under Lao law. This will require review of all the RH</p>

10. Administrative Procedures			
Is the registration process private so that other waiting clients cannot overhear the conversation?	IS, IC, E, P	No, registration is not private as it is done at the OPD where many people are waiting for their turn to see a physician.	It is suggested that there will be staff who will cover the lunch time period and designate this time as time for young people. As suggested earlier, the staff can practice flexi-time scheme.
Can adolescent clients be seen without an appointment?	IS, IC, P	No. Registration is done at the window and can possibly be heard by others.	Referred clients from other RCN members don't necessarily go through the OPD queue but goes directly to the physician to whom the referral is addressed
If appointments are required, can they be expedited for adolescent clients?	IS, IC, P	Yes.	It is suggested that there will be staff who will cover the lunch time period and designate this time as time for young people. As suggested earlier, the staff can practice flexi-time scheme.
How long would an adolescent client wait, on average, to see a provider?	IS, IC	No, they have to join the queue. The client interviewed waited for 2 and a half hours as there were many patients who came before her.	
What is the average time allowed for client/provider interaction?	IS, IC, O, P	The client interviewed said that she was seen for 15 minutes and the staff said that it depends on the complaints of the clients. It will take time if the patient needs examination and some observation	

11. Publicity /Recruitment			
Does publicity about the clinic identify services offered and stress confidentiality?	IS, IC	No, there is no publicity about the facility, stressing on confidentiality	It is suggested that the RCN develops a common publicity or directory material for all members with an emphasis on confidentiality
Are there staff or volunteers who do outreach activities? If so, what type?	IS, IC, O	Yes. There is a mobile medical clinic supported by a Korean organisation. The outreach is done every month to remote villages.	
12. Fees			
How much are adolescents charged for specific methods and services?	IS, IC, P	Ultra sound – 20,000 kip Normal delivery – 150,000 kip CS- 1M + kip Pills-500 per packet Depo injection 1,500 kip Condoms 12 small packs – 500 kip IUD – 2,000 kip	
Are these fees affordable by adolescents in the catchment's area?	IS, IC	Both clients and staff say the costs are affordable.	

Assessment of Youth-Friendliness

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedures

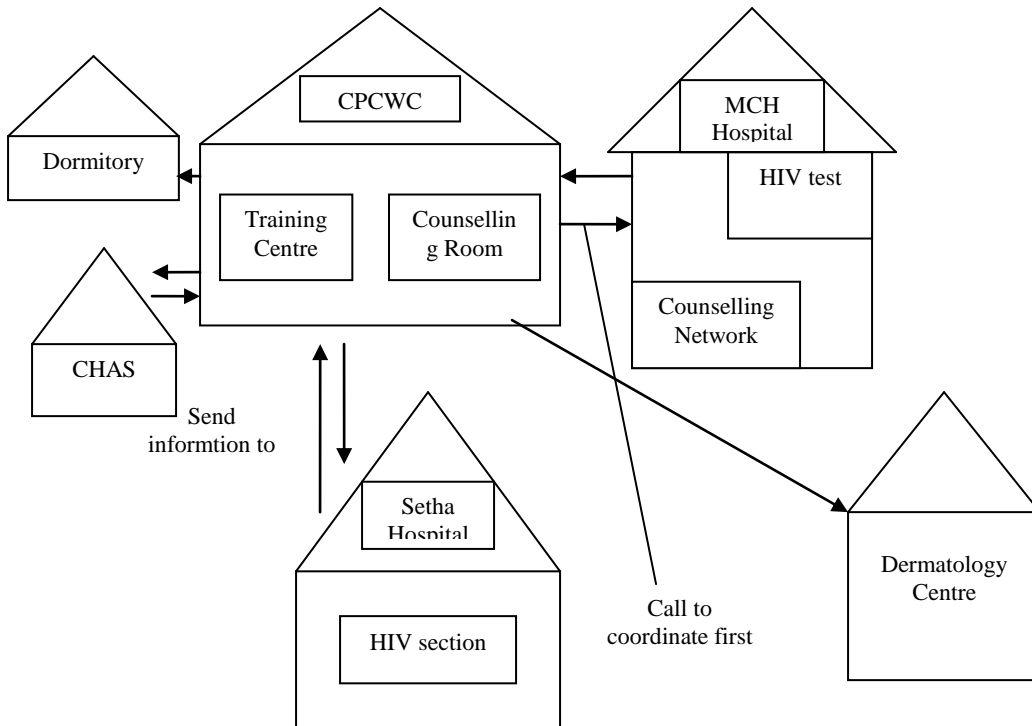
Lao Women Union- Counselling and Protection Centre for Women and Children (CCPWC)

The counselling and protection of women and children is one of the programmes of the Lao Women's Union of the Lao PDR sanctioned by the law on Development and Protection of Women and Children. The Counselling and Protection Centre for Women and Children was established with the central role of providing assistance on psychological, legal, health counselling for women and child-victims of physical, sexual and other forms of violence. Aside from counselling, the Centre provides assistance for temporary shelter and subsistence for victims, facilitate legal actions against abusers, short term skills training, referral of cases for further medical management to appropriate institutions and rehabilitation before sending the women and children back to their homes and communities.

Part of the advocacy against child and woman abuse is the dissemination of the law protecting women and children's rights in every way possible. The Centre management is extending its network on counselling and protection of women and children to 5 more provinces and then to all the provinces of Laos.

The Centre structure is composed of 3 departments namely, the legal department, training and income generation department and administrative department which is responsible for planning and finance. The Centre gets their funds from the government, Asia Foundation and UNICEF but there is no budget for reproductive health.

Flow of Clients



As the diagram on the flow of clients show, they do a great deal of referrals to other RCN member agencies and institutions like the Mother and Child Hospital, Dermatology Centre, CHAS and Sethathirat Hospital. For physical injuries, the Centre staff applies first aid treatment before transporting clients to appropriate referral facility. For clients who need to protection from abusers while litigation of abusers is undergoing and when the staff evaluates that sending back the clients to their homes and communities is not safe, the clients are accommodated in dormitories of the Centre where the clients are involved in the household chores of the dormitory like cooking food, cleaning and gardening. Upon arrival of the clients to the facility, all the staff will welcome them, talk to them and try to develop rapport with the clients then each client has the choice of who among the staff members she wants to be with for counselling.

The following questions are related to supervision, which is an important factor for improving the quality of services.

1. How often does the supervisor visit/supervise the clinic staff?

Supervision is done every time there are clients for counselling. The supervisor who is at the same time the head of the Centre holds office at the centre and sometimes does the counselling herself.

2. Is there a forum for on-going feedback from staff? If so, provide a brief description.

There is a meeting of all the staff every week or as the need arises in occasions when there are clients who are brought to the centre for counselling and protection. In the week each staff is able to share their concerns, what they did for the past week and suggestions for the improvement of services.

3. Is there a system to check progress? If so, provide a brief description.

Observation is used to determine problems with the clients and the interventions that they give to them. All the staff who are directly involved in giving services to the clients observe the progress and discuss what further interventions are needed and how they will respond to address the observed problems. There are times when the Centre invites experts in the fields of medicine, psychiatry and law to help solve issues related to cases that they handle.

4. What are the primary issues managers/supervisors addresses in relation to serving youth? Which issues require the most supervisory time?

The primary issues that the supervisor or the head of the Centre address in relation to serving youth are: a) how young victims will be prevented from stigmatisation and to raise their self-image, b) communication with other sectors i.e. police, doctors and lawyers that confidentiality is assured. c) how to combat negative effects of young people's curiosity d) how to deal with the contradictions between traditional and modernisation and parents' influence on the changes of young peoples' values, e) extent of rehabilitation that will ensure young people from repeated incidences of abuse and violence. The staffs need to keep learning from their experiences as well as through training and more cooperation for an integrated and comprehensive approach to serving their clients.

Venn diagram on Personnel Involved in Counselling



As shown in the venn diagram on personnel involved in direct service provision, there are 5 staff members who are designated counsellors although the head of centre is sometimes involved in direct service provision especially when a client need reproductive health counselling service. The medical officer is also involved in service provision when clients need on site medical management. 4 staff members had training on youth-friendly counselling.

Schedule of Available Services

Hours (e.g., 12-5 pm) for each day of the week that the following services are available to adolescent clients.

Services Offered	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Counselling							
Contraception/Dual Protection							
HIV/AIDS							
Nutrition							
Sexual Abuse/Violence	8:30 to 11:30 and 2-4PM	8:30 to 11:30 and 2-4PM	8:30 to 11:30 and 2-4PM	8:30 to 11:30 and 2-4PM	8:30 to 11:30 and 2-4PM	No service	NO Service
Other RH Issues							
Testing							
STI							
VCT/HIV test only (pls. note)							
Pregnancy							
Treatment							
STI (note if syndromic or etiologic)							
Postabortion Care							
Sexual Abuse or Violence							
Other Services							
Contraception							
Antenatal Care							
Postnatal Care							
Delivery							
Other Services							
Sexual Abuse rehabilitation	14 hours	14 hours	14 hours	14 hours	14 hours	14 hours	14 hours

Client volume for the facility cannot be determined in this report for lack of data from the staff.

Assessment of Youth-Friendliness

Methods used to gather information:

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
1. Location			
How far is the facility from public transportation?	E, IS, IC	The facility is about 25 kilometres away from the city centre. There are no public transport vehicles going to that area.	<p>There is an advantage and a disadvantage of having the location in such distance. The advantage is that victims of abuse are not easily reached by abusers but also very far for poor clients who may not even have the money for transport cost to go to the facility.</p> <p>It is suggested that if possible, a mechanism be set up for clients to be assisted in going to the Facility through the LWU central office in Vientiane.</p>
How far is the facility from places where adolescents spend their free time?	E, IS, IC	It is also far from places where adolescents spend their free time.	
How far is the facility from schools in the area?	E, IS, IC	It is also far from schools.	
2. Facility Hours			
What time is the clinic scheduled to open?	IS, IC	The facility opens at 8:30 in the morning and has a lunch break 11:30, resumes work at 2:00 PM	Even if the working hours are not that long, there are staff members who oversee the clients at night who stay at the facility and can welcome the clients who arrive before or beyond the working hours
What time is the clinic scheduled to close?	IS, IC	The facility closes at 4:00 in the afternoon.	
Does the facility have separate hours for adolescents?	IS, IC	There are no separate hours for adolescents.	There is no need for separate hours for young people because there are few clients who come within the day's working hours.
Is there a sign listing services and clinic working hours?	E	There is no sign listing services and clinic hours in strategic places.	In addition to the suggestion earlier under the topic on location, there should be a information posted in strategic places about how they can access the place through the assistance of the LWU

	Method	Answer	Comments/Recommendations
			central office and the sign also includes services and working hours.
What times are convenient for adolescents to seek services?	IS, IC	All of the cases sent to this Facility were brought by parents, relative or village authorities. On the issue of convenience in seeking services, this will also concern the adults bringing the young clients to the facility.	The Review Team was not able to interview clients on this information.
3. Facility Environment			
Does the facility provide a comfortable setting for adolescent clients?	E, IC	The facility provides comfortable setting for clients in general. The dormitories for accommodation are well equipped.	
Does the facility have a separate space to provide services for adolescent clients?	E, IC	There is no separate space to provide services for young people neither a separate waiting room for them.	There is no need for separate spaces and room for the said purpose because clients are few and attendance to their needs is immediately given.
Does the facility have a separate waiting room for adolescent clients?	E, IC		
Is there a counselling area that provided both visual and auditory privacy?	E, IC	Counselling room provides auditory privacy but not visual as the glass door is not covered hence people inside the counselling room can be seen.	It is suggested that the glass portion of the door be covered with a curtain or a poster. Visual privacy is much needed in the counselling room even if the facility does not do medical examination because there are situations when the counsellor needs to do a body check for injuries, haematomas, vaginal lacerations and other signs of physical abuse.
Is there an examination room that provides visual and auditory privacy?	E, IC	There is no examination room as the facility does not do clinical examination.	
Are both young men and young women welcomed and served, either for	IS, IC, R	Yes, both young men and young women are welcomed and served as long as the man is not the	

	Method	Answer	Comments/Recommendations
their own needs or as partners?		abuser.	
4. Staff Preparedness			
Are providers trained to serve adolescent clients in RH?	IS	There are those who were trained but not all particularly the ones who does the legal counselling.	It is recommended that the RCN Focal persons conduct a needs assessment of all service providers and ensure that appropriate staff be sent for trainings and workshops initiated by the RCN, UNFPA or any organisations conducting trainings on adolescent service.
Did all staff members (e.g., receptionist) receive at least an orientation about adolescent clients? What type of orientation was this and how long was it?	IS	There was an orientation on RCN and youth-friendly services for all the staff.	
Do providers show respect for the adolescent client during counselling and consultations?	IS, O, IC	Yes, the service providers show respect to the clients especially children and young people.	The Centre observes very closely the rights of the child. This is commendable and this respect that the staff show to their young clients can be enhanced by more information and training on youth-friendly services.
Are there job aids available to help service providers in their daily work (i.e., flipchart, posters that remind them of key messages, clients rights, etc.)?	IS, O	There are job aids including rights of the child but none on clients' rights	The need for sharing of IEC materials among the RCN member agencies surfaced during the RCN regular meeting on 14 August 2008 which was positively taken by all the participants of the meeting.
5. Services Provided			
Is counselling on sexuality, safer sex, pregnancy prevention, and STI and HIV prevention provided (including	IS, IC, P	Yes, the Facility provides counselling on safer sex, pregnancy prevention, STI and HIV prevention.	The counselling on these areas is secondary to sexual abuse, this is done prior to return to home and community.

	Method	Answer	Comments/Recommendations
dual protection)?			
What contraceptive methods are offer (including EC)?	R, IS, IC, P	The Facility does not provide contraceptives including emergency contraceptive, condoms and drugs.	It would be ideal that the Facility provides condoms to appropriate clients to ensure application of whatever results the clients will decide after the counselling on these areas.
Are condoms provided to both males & females?	IS, IC, O, P		
Are supplies (condoms, other contraceptive methods, and drugs) sufficient to meet the need?	IS, IC		
Is there sufficient equipment for the provision of RH services for young people (small size speculum, scale, sphygmomanometer, syringe, needles, etc.)?	IS, E	There is sufficient supply and equipment for first aid treatment that they staff does to injured clients prior to referral to appropriate facility.	
Is pregnancy testing offered?	R, IS, IC, P	This is not done.	This test is ideal for rape cases hence the Facility should provide this service.
Is STI and HIV testing available? What type is available?	R, IS, IC, P	This is not done.	VCT can be done especially for rape cases. The staff can undergo training with CHAS.
Do young people request RH services other than the ones offered? Which ones?	IS, IC	No, young people have not requested RH services, there is no mechanism also that encourages young clients to request for any service	(See recommendation in the section on Youth Involvement)
Are referrals made for services not provided at the clinic (e.g., sexual abuse)? Please give examples	R, IS, IC, P	Yes, referrals to MCH and Sethathirat Hospital are done for medical and surgical management, skin disorders to Dermatology Centre.	The facility is the only receiving facility for referrals on sexual abuse. It has been emphasised by the LWU CPCWC that referral to them the cases of sexual and other forms of abuse to women and children is important as care for victimised clients does not only include medical but also psychological and legal care.

	Method	Answer	Comments/Recommendations
Is there a formal referral system, including tracking and follow-up, in place?	IS, IC, P	There is a formal referral system as stipulated in the RCN strategic plan; however this hasn't been institutionalised yet.	It is recommended that the referral system be institutionalised as this include tracking of referred cases and follow-up of the care of the referred clients.
6. Peer Education/Counselling Program			
Is a peer education/counselling program available? If so, please describe.	IS, IC, O	There is no peer counselling and peer education programme.	The head of the Centre expressed that this is what they want to do and will develop this in the near future.
How many peer educators/counsellors are working with the facility?	IS	NA	
How many hours a week do they each spend at the facility?	IS	NA	
Is there a system for supervising and monitoring counsellors? If so, what kind of system?	IS, P	NA	
7. Educational Activities			
Are educational materials available on-site (A/V, computers, printed material)? Which ones?	IS, IC, E	There are audio visual educational materials from the MoH and the UNICEF related to children's rights and health education messages.	These programmes are shown in the dormitory where both night duty staff and clients stay.
Are there educational posters displayed?	IS, IC, E	There are no educational posters displayed	Consider requesting relevant posters from other RCN-member agencies.
Are there posters or brochures that describe the clients' rights?	S, IC, E		It is recommended that RCN-wide poster or brochures on clients' rights be developed and produced for use of all the members.

	Method	Answer	Comments/Recommendations
Are there print materials available for clients to take? Describe materials and comment.	IS, IC, E	There are print materials that clients can take. These are information about the Centre and rights of children.	These materials were requested from other relevant agencies. It is suggested that RCN member agencies can share with each other whatever materials they have.
In what languages are IEC materials available?	IS, IC, E	Existing materials are in Lao language.	
Are group (or rap) discussions held Please describe.	IS, IC, O	Although this activity wasn't observed during the visit of the Assessment Team, the staff said that this is done together with clients to discuss about skills training needs and actual conduct of trainings on income generation, literacy and health education.	
Are there ways clients can access information or counselling off-site (telephone hotline, website, materials sent by mail)? Please describe.	IS, IC, E	Clients can access information through telephone and through mails. The latter is done through the monthly newsletter of the Lao Women's Union.	Mails come from different provinces. It is suggested that ASRH topics be given a particular emphasis in the topics for discussion in the newsletter.
8. Youth Involvement			
What ways can adolescents suggest/recommend changes to make services more comfortable and responsive?	IS, IC, E, P	The staff said that clients come for the services and are not involved in any decision making processes.	While it is true that the clients come for the services, they can also be involved in giving suggestions that will help the Facility management think of ways and means that the Centre will be youth-friendly. The clients can suggest topics and skills, i.e. life skills, HIV/AIDS, personal hygiene, etc. they need thus making the training programme of the Centre relevant and appropriate for young people.
Are adolescents currently involved in decision-making about how programs are delivered? How?	IS, IC, P		
How could	IS, IC	The Management plans	

	Method	Answer	Comments/Recommendations
adolescents be more effectively involved in decision-making at the facility?		to organise and establish the peer counselling/education programme. The PEs can be involved in activity level decision making.	
What other roles can adolescents play in clinic operations or guidance?	IS, IC	Adolescent clients can give information about the Centre. They can help promote the Centre to their peers and families who they know have cases that need to be brought to the Centre	This can be part of the peer education/counselling programme that the Centre will establish.
9. Supportive Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	IS, P	There are no written guidelines for serving adolescents.	It is recommended that the RCN Focal Persons put into writing whatever the process or procedure they currently practice in serving clients specifically young people including protection of client confidentiality.
Do written procedures exist for protecting client confidentiality? Please describe.	IS, P	There is a written procedure for clients, parents or relatives to agree and sign that serves as a consent related to the overall care and rehabilitation of clients.	
Are records stored so that confidentiality is assured?	IS, E, P	The records are kept in a locked cabinet inside the a room that can be locked for relevant people's access only.	Include in the written procedure how and where records are kept so that these will be followed by all staff whether they are new or have been with the facility for a long time already. This has to be put into writing otherwise this is easily taken for granted or overlooked.
Is there any contraceptive method that adolescents cannot receive? Which ones?	IS, IC, P	NA as the Centre does not provide contraceptives	
Is parental or spousal consent required? Which type and	IS, IC, P	Yes, parent's consent, relatives or self will sign consent. This is in	

	Method	Answer	Comments/Recommendations
under what circumstances?		relation to the overall confinement and agreement to the care for clients.	
Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?	IS, IC, P	There is no minimum age requirement for adolescents to receive services.	There are even sexually abused-children brought to the centre
Are adolescent clients served without regard to their marital status?	IS, IC, P	Adolescent clients are served without regard to their marital status	
Are pelvic exams routinely required? For what reasons? Can they be delayed?	IS, IC, P	NA	
Do policies or procedures exist that pose barriers to youth friendly services?	IS, IC, P	There are no policies that pose barriers to youth-friendly services	
10. Administrative Procedures			
Is the registration process private so that other waiting clients cannot overhear the conversation?	IS, IC, E, P	Yes, registration process is private as there are few clients and these clients don't usually come at the same time registration	
Can adolescent clients be seen without an appointment?	IS, IC, P	Yes, adolescents can be seen without appointment	
If appointments are required, can they be expedited for adolescent clients?	IS, IC, P	NA	
How long would an adolescent client wait, on average, to see a provider?	IS, IC	Clients usually are served immediately except on cases when the clients come in group and	When the Assessment Team visited the Facility, there was a group of adolescents who came from one of the southern provinces

	Method	Answer	Comments/Recommendations
		registration is done longer than the usual	of Laos. They were undocumented migrant workers to a neighbouring country and experience abuse from employers.
What is the average time allowed for client/provider interaction?	IS, IC, O, P	Staff said that there is no limit in the counselling, as there are few clients and adequate staff, they have the luxury of time	There is also a need to limit the counselling session as this may tire out the clients.
11. Publicity/ Recruitment			
Does publicity about the clinic identify services offered and stress confidentiality?	IS, IC	The staff said that the facility does not have any budget for publicity	It is suggested that the RCH develops a common publicity or directory material for all members with an emphasis on confidentiality.
Are there staff or volunteers who do outreach activities? If so, what type?	IS, IC, O	It may not be on voluntary basis but staffs go to 5 provinces (Savannaket, Oudomsay, Vientiane Province, Champasack and Vientiane Capital to do outreach activities.	In these 5 provinces they are targeting 16 districts and 36 villages as the targets for their outreach programme. They do information dissemination and training of dealing with women and children who are victims of abuse and other forms of violence
12. Fees			
How much are adolescents charged for specific methods and services?	IS, IC, P	All services are provided free	
Are these fees affordable by adolescents in the catchment's area?	IS, IC	NA	

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedure

Mahosot Hospital

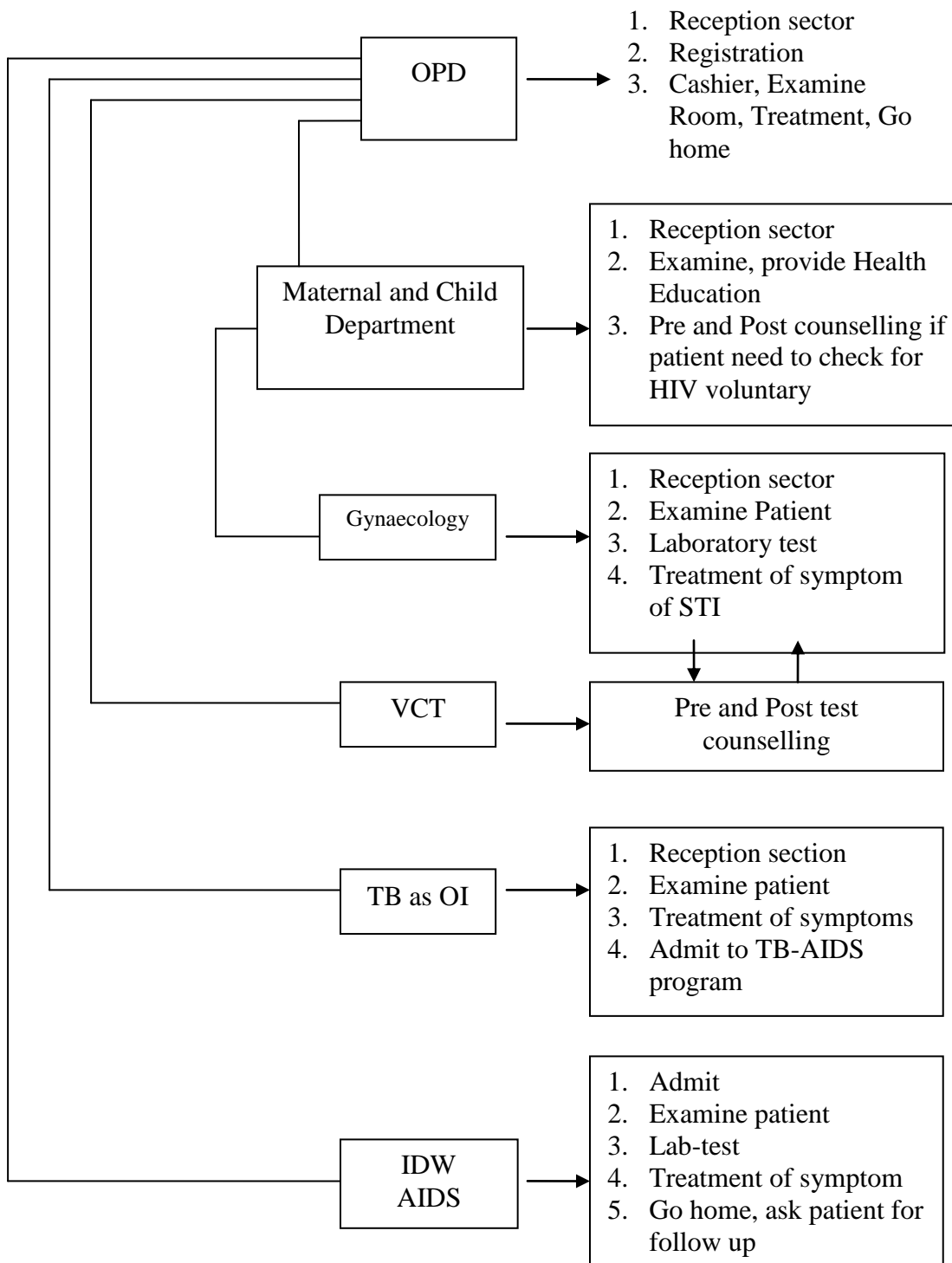
Mahosot Hospital is one of the tertiary hospitals in Vientiane Capital, Lao PDR. It is a 450-bed hospital whose mandate is to provide tertiary-level diagnosis and treatment of illnesses and disorders. It conducts science and medical researches in partnership with Wellcome Trust, an international research organisation. It caters to the teaching-learning needs of medical students and interns and provides assistance and supervision to lower level hospitals in the provinces. It is responsible in the prevention and control of infectious and communicable diseases. It houses the International Clinic which caters to the health needs of expatriate workers in the country. The hospital provides the following general services

- Counselling services:
 - Individual counselling
 - Group counselling
 - Family counselling
- Pre-post test counselling
- Family planning/Abortion
- PHA auto support Group meeting
- Home-visit/HBC Comprehensive and Continue of Care
- DI-ARV (Treatment and Care)
- STI, ARV and opportunistic infections diagnosis and treatment
- HIV testing Viral Load and CD4 count
- Pre-nuptial counselling
- Psychiatric counselling

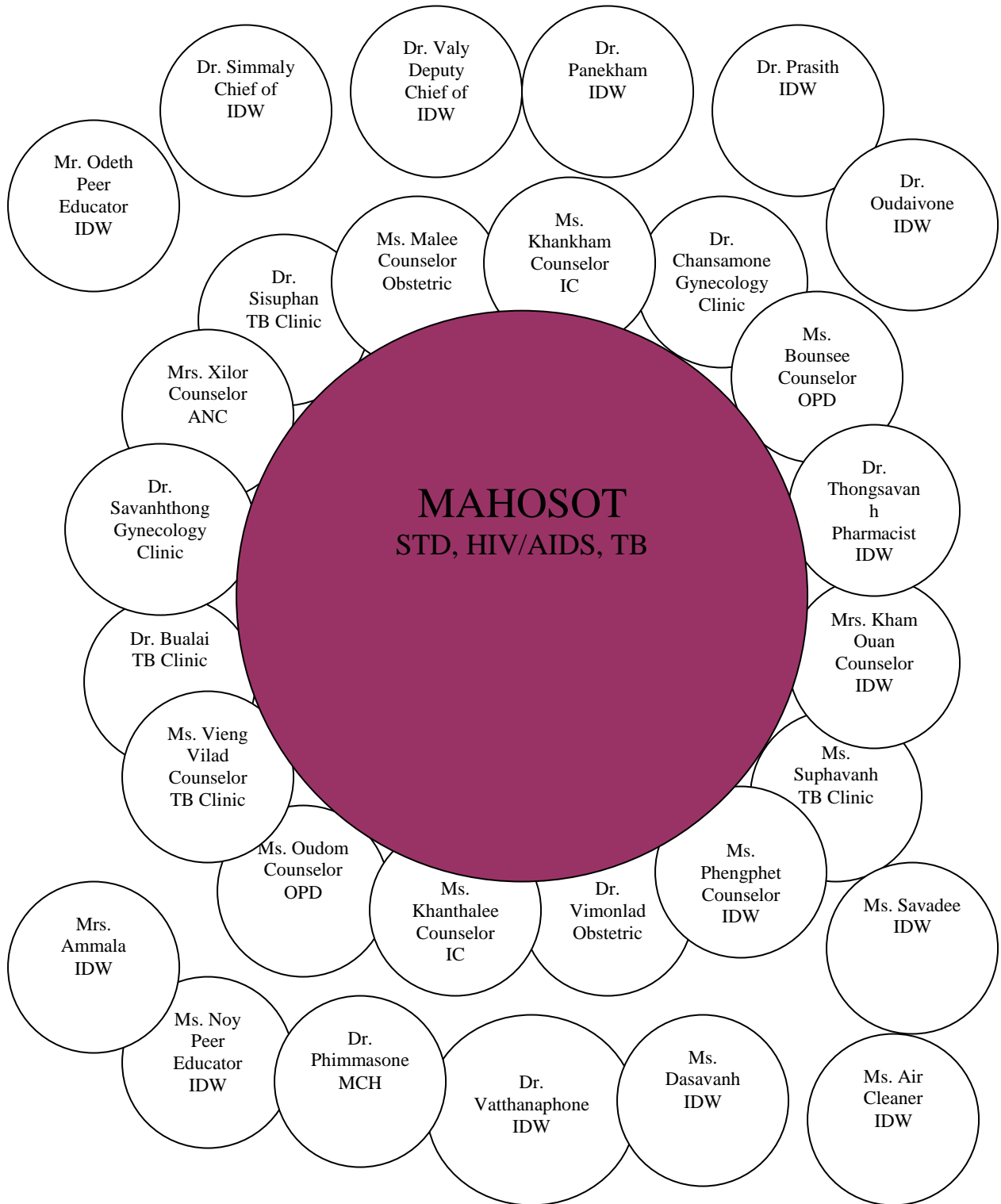
In 2007-June 2008, the hospital has referred a total of 23 young clients, 16 to Sethathirat Hospital ARV, 4 to Dermatology Centre for genital warts and 3 to Mother and Child Hospital for Caesarean Section. On the same period, the hospital has received 40 referrals of young clients for VCT.

The diagram below, shows the flow of clients who come to the hospital for the RH problems. There is only 1 OPD where the clients first approach for registration and payment of the patient book. The OPD personnel direct the client where to go according to his/her complaints. The hospital departments having interface with adolescent care are OPD, Maternal and Child Department, Gynaecology, Laboratory, TB and Infectious disease Department and In Patient Department Ward for HIV and Opportunistic Infections.

Flow of Clients



Venn Diagram of Staff Involved in Direct Provision of Services to Young People



The following questions are related to supervision, which is an important factor for improving the quality of services. The responses to the following questions are focused on the staff of the In-Patient Ward for HIV and opportunistic infections.

1. How often does the supervisor visit/supervise the clinic staff?

As the nature of supervision is referral and consultative, there is no definite time that the supervisor supervises the staff. The supervisor's office is within the unit, so there is constant consultation particularly when the counsellors or the clinic personnel have some difficulties in their work.

2. Is there a forum for on-going feedback from staff? If so, provide a brief description.

The unit staff members have meetings every month, where there is reporting and sharing of experiences and how they have handled the cases.

3. Is there a system to check progress? If so, provide a brief description.

Progress in their work and their technical skills are checked through some sort of training to enhance their skills. They do it with a role play especially in counselling. There are times when the supervisor also observe the counselling session.

4. What are the primary issues managers/supervisors addresses in relation to serving youth? Which issues require the most supervisory time?

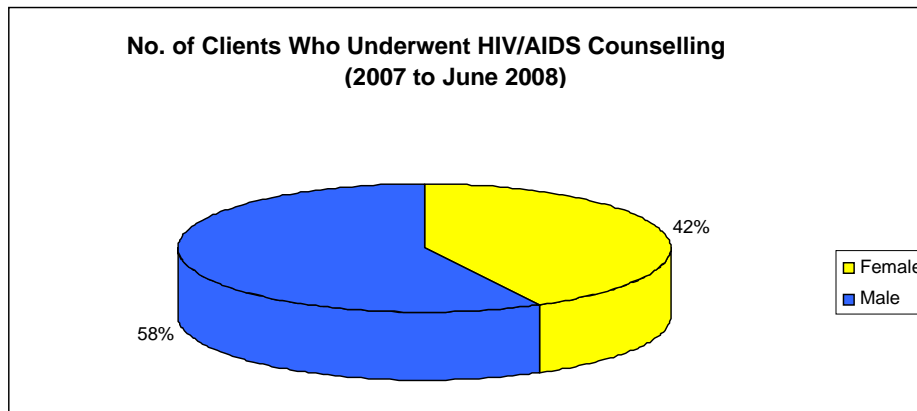
Generally, not just an issue with the youth, the primary issues that staff it urgent to be addressed is the difficulty in doing pre- test counselling for persons suspected of having HIV who are referred to them for counselling and testing. These persons, usually in-patients from the different wards are indifferent to the counselling process and less cooperative as compared to those who come for VCT.

Client Volume and Range of Services Provided

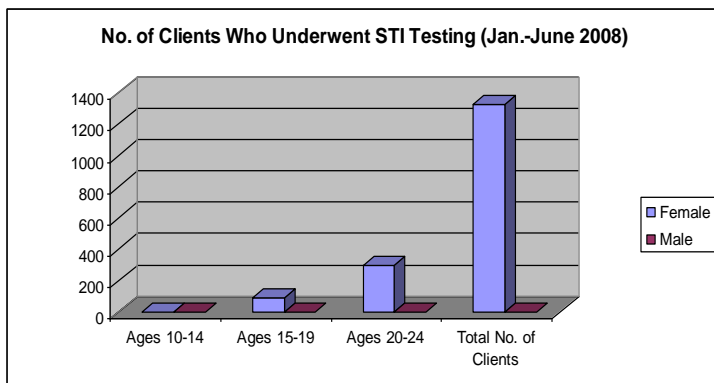
This section is for information on client volume and the range of services provided. In order to maintain and improve the quality of services, service providers should have experience in all aspects of adolescent care, including, where appropriate, counselling and the provision of contraceptive methods. Total number of all clients served in the first column and the number of young people served, broken down by age, in the second column.

Services Provided	Total No. of Clients Served		No. of Young Clients Served					
	F	M	10-14		15-19		20-24	
			F	M	F	M	F	M
<i>Counselling</i>								
Contraception/Dual Protection								
HIV/AIDS	561	768						

Nutrition								
Sexual Abuse/Violence								
Other RH Issues								
Testing								
STI	1,327	0	0	0	89	0	301	0
VCT/HIV test only (pls. note)	46	57						
Pregnancy								
Treatment								
STI (note if syndromic or etiologic)								
Postabortion Care								
Sexual Abuse or Violence								
Other Services								
Contraception								
Antenatal Care								
Postnatal Care								
Delivery								



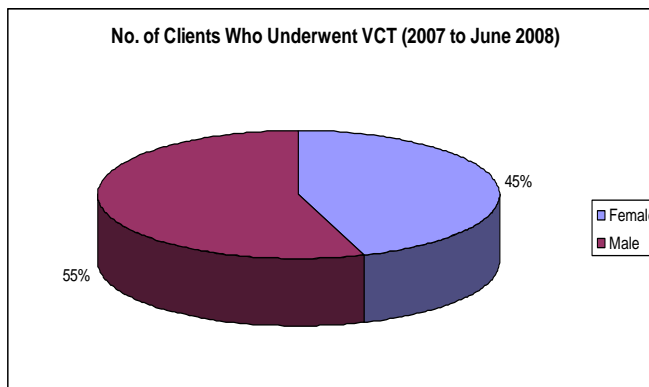
Due to lack of disaggregated data according to age, only the number of clients who underwent HIV/AIDS counselling according to sex is shown above. The total number of clients counselled is 1,329, males are 768 which is 58% and 561 females or 42 %.



The clients who underwent STI testing are patients from the gynaecology ward hence all clients were women. Out of 1,327 total number of clients tested, 29% were young people where 77% were 20-24 years of age while 23% are 15-19 years old STI

The total number of clients who underwent VCT is 103, 55% or 57 are males and 45% or 46 are females. Disaggregated data according to sex and age is not available.

Due to difficulty in retrieving data on adolescent clients, it is recommended that the staff use the RCN data base computer programme.



Schedule of Available Services

Hours (e.g., 12-5 pm) for each day of the week that the following services are available to adolescent clients.

Services Offered	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Counselling							
Contraception/Dual Protection	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
HIV/AIDS	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
Nutrition	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
Sexual Abuse/Violence							
Other RH Issues	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
Testing							
STI	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Emergency	Emergency
VCT/HIV test only (pls. note)	8:00 to 11:00	8:00 to 11:00	8:00 to 11:00	8:00 to 11:00	8:00 to 11:00	Off	Off
Pregnancy	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
Treatment							
STI (note if syndromic or etiologic)	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Emergency	Emergency
Postabortion Care	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours
Sexual Abuse or Violence	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours
Other Services							
Contraception	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
Antenatal Care	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off

Postnatal Care	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
Delivery	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours
Other Services							
Substance Abuse Rehab							

Assessment of Youth-Friendliness

Methods used to gather information:

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
1. Location			
How far is the facility from public transportation?	E, IS, IC	The facility is near public transport and within the city centre.	
How far is the facility from places where adolescents spend their free time?	E, IS, IC	The facility is near places that young people use to spend their free time; it is near the shops and the park along the Mekong river.	
How far is the facility from schools in the area?	E, IS, IC	Not far as it is within the city centre.	
2. Facility Hours			
What time is the clinic scheduled to open?	IS, IC	All services are provided starting at 8:00 AM and a lunch break of 1 hour.	As recommended to all RCN member agencies, the facilities are challenged to provide services at lunch time where many young people are free and want to seek services when few people are in the facilities and to consider extending services until the 5 or 6 PM.
What time is the clinic scheduled to close?	IS, IC	Services for VCT ends at 11:00 and 16:00 for OPD where counselling, treatment and outpatient services are conducted.	
Does the facility have separate hours for adolescents?	IS, IC	No separate hours for adolescents however the staff said that referred patients including young	

	Method	Answer	Comments/Recommendations
		people are seen immediately as they don't go through the normal registration process.	their respective staff.
Is there a sign listing services and clinic working hours?	E	There is a sign for working hours which can be seen in each unit of the hospital.	Signs need to be posted in strategic places like the schools to inform young people that the hospital endeavours to be youth friendly
What times are convenient for adolescents to seek services?	IS, IC	Convenient time is during off class hours however some young people are enrolled in night classes so they find services in the morning convenient. During the period of interview, the students are on school holiday.	
3. Facility Environment			
Does the facility provide a comfortable setting for adolescent clients?	E, IC	There are seats provided for patients of all ages and fans to cool the place.	It is recommended that a corner of the OPD be designated as waiting area for young people and that area can be arranged or decorated with posters and other materials that suit the taste of adolescents.
Does the facility have a separate space to provide services for adolescent clients?	E, IC	No separate space for young people.	The hospital space is limited, there may be difficulty in finding a separate space mainly for young people but this can be considered in future planning for expansion of the hospital if there is a plan to expand.
Does the facility have a separate waiting room for adolescent clients?	E, IC	No separate waiting space for young people.	
Is there a counselling area that provided both visual and auditory privacy?	E, IC	No separate counselling area that can provide both visual and auditory privacy. The counselling rooms are at the same time offices of staff, meeting room and OPD clinic or treatment room.	Again, there is a problem of space that can be addressed in future expansion projects.

	Method	Answer	Comments/Recommendations
Is there an examination room that provides visual and auditory privacy?	E, IC	Examination area can provide both visual and auditory privacy.	
Are both young men and young women welcomed and served, either for their own needs or as partners?	IS, IC, R	Yes, both young men and women are welcomed and served either for their own needs or as partners.	This can be deliberately worked out especially to engage the males to participate in the care for female clients particularly with young clients. However, clients are still the ones who can decide who she or he wants to be with when seeking care
4. Staff Preparedness			
Are providers trained to serve adolescent clients in RH?	IS	Most of the staff interviewed had training on adolescent care, HIV/AIDS, VCT and STI. Trainings were conducted during RHIYA implementation, some trainings conducted by VYC, CHAS, Mahosot hospital and in Thailand.	As mentioned during the interview, there are still staff members who need to attend trainings on adolescent reproductive health, hence, it is recommended that the RCN conducts training per facility so that many personnel can participate. This training, if conducted per member agency, then the non-medical staff can also participate.
Did all staff members (e.g., receptionist) receive at least an orientation about adolescent clients? What type of orientation was this and how long was it?	IS	As the hospital doesn't have a special programme for young people as it caters to general population, the non-medical staff don't have orientation on adolescent clients.	
Do providers show respect for the adolescent client during counselling and consultations?	IS, O, IC	Both staff and clients said that the latter are respected and served as they deserve.	
Are there job aids available to help service providers in their daily work (i.e., flipchart,	IS, O	There are posters on the walls but not so much as a job aid however they have brochures and pamphlets that they use	The posters and some printed IEC are more on general population and general information on STIs, HIV/AIDS, family planning and condom use that can serve as job

	Method	Answer	Comments/Recommendations
posters that remind them of key messages, clients rights, etc.)?		during counselling.	aids but not specifically targeting young clients. The RCN can develop more posters and printed materials on key messages for specific service to young people like counselling and treatment of adolescent RH problems.
5. Services Provided			
Is counselling on sexuality, safer sex, pregnancy prevention, and STI and HIV prevention provided (including dual protection)?	IS, IC, P	Counselling on these issues is provided by different units of the hospital. Pregnancy and family planning are done by MCH unit and the HIV/AIDS, STI and dual protection are done by the Infectious Diseases Unit.	All the topics mentioned in this portion of the questionnaire are the ones that concern young people and may need some guidance as they face the different realities of their reproductive life hence the need for a package of comprehensive counselling topics in whatever department they go for any reproductive health service that they need. It is therefore recommended that a manual or guideline for a package of counselling topics be formulated for RCN members to use in all units that deal with reproductive health.
What contraceptive methods are offer (including EC)?	R, IS, IC, P	Contraceptive methods offered are the pills, injection, IUD and condoms. Emergency contraceptive is included.	
Are condoms provided to both males & females?	IS, IC, O, P	Only male condoms are given.	
Are supplies (condoms, other contraceptive methods, and drugs) sufficient to meet the need?	IS, IC	At the infectious disease unit, the supplies are sufficient while in the MCH ward, some patients are directed to buy from the pharmacy.	Condoms that are supported by a project like the Global Fund, are sufficient, however, MCH ward should also be able to give free condoms as they are supported by the UNFPA through the Maternal and Child Health Centre. It is therefore recommended the Centre inquires about its inclusion to the Logistics Management Information System that will

	Method	Answer	Comments/Recommendations
			enable them to access condoms for family planning purpose.
Is there sufficient equipment for the provision of RH services for young people (small size speculum, scale, sphygmomanometer, syringe, needles, etc.)?	IS, E	Equipment is sufficient for provision of RH services for young people.	
Is pregnancy testing offered?	R, IS, IC, P	Yes, it is offered but the client has to buy the dipstick for the test using urine of the client.	
Is STI testing available? What type is available?	R, IS, IC, P	STI testing is available both syndromic and etiologic approaches.	
Do young people request RH services other than the ones offered? Which ones?	IS, IC	No, young people have not requested any RH services other than the ones offered.	Young people have not requested as there is no mechanism for them to be able to request or suggest for additional services.
Are referrals made for services not provided at the clinic (e.g., sexual abuse)? Please give examples	R, IS, IC, P	Yes, referrals are made to Sethathirat Hospital for ARV treatment during the time when Mahosot did not have the HIV ward yet.	
Is there a formal referral system, including tracking and follow-up, in place?	IS, IC, P	Staff explained that they receive referred from other RCN facilities however they don't refer to other facilities. Patients are advised to seek treatment in Thailand but there is no formal referral system with hospitals Thailand. It is for the patient and family to decide to go to Thailand.	As there is no formal referral system, then it follows that there is no tracking neither follow-up of cases. As suggested to the RCN, a form for referral will be developed for all members to use. The form will include a procedure for the follow-up and tracking of clients. This will also include instruction on how to sustain confidentiality of referred clients.
6. Peer			

	Method	Answer	Comments/Recommendations
Education/Counselling Program			
Is a peer education/counselling program available? If so, please describe.	IS, IC, O	For the hospital's HIV/AIDS care and support programme, there is peer education and counselling programme that include group and individual (bedside) counselling.	
How many peer educators/counsellors are working with the facility?	IS	There are 2 peer counsellors, 1 male and 1 female.	
How many hours a week do they each spend at the facility?	IS	40 hours a week	
Is there a system for supervising and monitoring counsellors? If so, what kind of system?	IS, P	The nurse sometimes supervises and monitors the peer counsellors. The supervision is more on consultative in nature where the peer counsellors consults the nurse supervisor when there are difficulties and help is needed.	A regular monitoring and supervision of peer counsellors is needed and utilise a competency-based checklist that the supervisor uses when monitoring the peer counsellors in order to identify needs for further training and coaching.
7. Educational Activities			
Are educational materials available on-site (A/V, computers, printed material)? Which ones?	IS, IC, E	Only printed materials posted on the walls.	In the HIV ward, there is a need for audio-visual equipment to show IEC video programmes on reproductive and other health messages. This will serve as a means for "edutainment" for in-patients. (education and entertainment)
Are there educational posters displayed?	IS, IC, E	There are educational materials available like posters, in the meeting room where sometimes counselling is done and where the PLWHAs meet monthly. The corridors of	

	Method	Answer	Comments/Recommendations
		the facility have posters on the walls covering varied topics e.g. HIV/AIDS, Family Planning, proper hand washing, STIs, etc.	
Are there posters or brochures that describe the clients' rights?	S, IC, E	There are no posters describing clients' rights	The RCN may consider printing a poster or brochure on clients' rights in general and reproductive health rights in particular for the use of all member agencies. This is one way of advocating to all network members the need to know the rights of patients and clients and to provide the means for clients to enjoy these rights.
Are there print materials available for clients to take? Describe materials and comment.	IS, IC, E	Materials that the facility gives out to clients are brochures on HIV/AIDS information, prevention and how to use a condom for HIV/AIDS prevention produced by UNDP/UNAIDS and a brochure about the RCN produced by RHIYA.	These are good materials to give out to clients. The RCN brochure needs updating particularly adding the 2 new members and the contact numbers of persons who take referrals from the other members.
In what languages are IEC materials available?	IS, IC, E	Existing IEC materials are in Lao language	
Are group (or rap) discussions held Please describe.	IS, IC, O	In-patients have group discussions together with the peer educators/ counsellors. There is also a monthly meeting of PLWHAs where they also discuss about their treatment, At the MCH unit, mothers have the chance to group themselves for discussions and health teachings about pregnancy, child care, delivery, etc.	

	Method	Answer	Comments/Recommendations
Are there ways clients can access information or counselling off-site (telephone hotline, website, materials sent by mail)? Please describe.	IS, IC, E	There are no ways that clients are able to access information other than face-to-face counselling and medical consultation.	For adolescent clients, if they have questions or they need guidance, the facility staff can direct them to the hotline counselling of the Vientiane Youth Centre for Health and Development.
8. Youth Involvement			
What ways can adolescents suggest/recommend changes to make services more comfortable and responsive?	IS, IC, E, P	There is no mechanism for the young people to be able to suggest or recommend changes to make services more comfortable and responsive. The patient interviewed said that he couldn't think of anything that needed changing as the services are already good.	It is suggested that suggestion boxes can be put up to encourage clients to give their views on how to improve the services. It is suggested to all RCN members that exit service interviews with clients and the RCN develops a simple interview guide and mechanism how to do this interview.
Are adolescents currently involved in decision-making about how programs are delivered? How?	IS, IC, P	No	It is suggested that the hospital RCN leaders consider involvement of young people or advocates for young people at the facility level RCN Committee.
How could adolescents be more effectively involved in decision-making at the facility?	IS, IC	As there is no special programme for the adolescents, the staff said that it is unlikely that adolescent can be involved in the decision making at the facility.	
What other roles can adolescents play in clinic operations or guidance?	IS, IC		
9. Supportive Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	IS, P	There is no clear written guidelines for serving adolescents.	It is recommended that the RCN Focal Persons put into writing whatever the process or procedure they currently practice in serving clients specifically young people including protection of client
Do written	IS, P	There is no written	

	Method	Answer	Comments/Recommendations
procedures exist for protecting client confidentiality? Please describe.		procedure however protecting client confidentiality is practiced as what staff learned from trainings and meetings.	confidentiality.
Are records stored so that confidentiality is assured?	IS, E, P	Yes and patient's records are not seen by outsiders but can be scrutinised by anybody in the health facility including medical students, post-graduate interns and auxiliary team.	It is believed that the medical staff will be able to provide confidentiality of clients as this is part of their code of ethics. Include in the written procedure how and where records are kept so that these will be followed by all staff whether they are new or have been with the facility for a long time already. This has to be put into writing otherwise this is easily taken for granted or overlooked.
Is there any contraceptive method that adolescents cannot receive? Which ones?	IS, IC, P	No, there is no contraceptive method that adolescents cannot receive	There may be no contraceptive methods that adolescents cannot receive however, discrimination by virtue of marital status is still practiced by some service providers. Therefore, it is recommended that review of government policies be done during staff meetings.
Is parental or spousal consent required? Which type and under what circumstances?	IS, IC, P	For VCT, client's consent is enough but some surgical procedures at the hospital may need consents from parents or spouses, like CS and other surgical procedures.	It is suggested that the young clients participates in making the decision to involve spouses or partners in the treatment
Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?	IS, IC, P	No	There may be no policies restricting any age group to avail of services however this can be practiced. Although there was no in-depth investigation by the assessment team, it was observed in the analysis of clients served that

	Method	Answer	Comments/Recommendations
			younger clients tend not to seek RH services from hospitals.
Are adolescent clients served without regard to their marital status?	IS, IC, P	Yes, clients are served without regard to their marital status.	
Are pelvic exams routinely required? For what reasons? Can they be delayed?	IS, IC, P	Pelvic exams are not routinely required; it is only done when necessary for further examination, diagnosis and treatment.	It is known that pelvic examination is invasive and oftentimes scares the young female clients especially those who come to the facility for the first time hence may pose a barrier for continuing access of services at the same facility. It is therefore suggested that this examination be done sparingly and adequate and appropriate medications can be prescribed instead.
Do policies or procedures exist that pose barriers to youth friendly services?	IS, IC, P	There are no policies that pose barriers to youth-friendly services.	RCN needs to formulate a written policy detailing full extent of services for adolescents allowable under Lao law. This will require review of all the RH
10. Administrative Procedures			
Is the registration process private so that other waiting clients cannot overhear the conversation?	IS, IC, E, P	Registration at the OPD where the clients get a book or a patient card is not so private as they can be seen by others and the process may be heard also by other waiting clients.	It is suggested that there will be staff who will cover the lunch time period and designate this time as time for young people. As suggested earlier, the staff can practice flexi-time scheme.
Can adolescent clients be seen without an appointment?	IS, IC, P	Yes, adolescents can be seen without appointment.	Referred clients from other RCN members don't necessarily go through the OPD queue but goes directly to the physician to whom the referral is addressed
If appointments are required, can they be expedited for adolescent clients?	IS, IC, P	NA	
How long would an	IS, IC	This depend on the	

	Method	Answer	Comments/Recommendations
adolescent client wait, on average, to see a provider?		number of patients, as adolescents don't have a special treatment, he or she goes with the rest of the clients in the queue but according to staff, it's no more than an hour especially if the client is referred from other RCN member facilities.	
What is the average time allowed for client/provider interaction?	IS, IC, O, P	According to both staff and client, 15 to 30 minutes is the average time allowed for client-provider interaction.	It is suggested that more time be given to client-provider interaction especially if counselling is needed after the treatment or after a laboratory result is received by the client
11. Publicity/ Recruitment			
Does publicity about the clinic identify services offered and stress confidentiality?	IS, IC	There are no publicity. Staff said that they don't have budget for publicity.	It is suggested that the RCN develops a common publicity or directory material for all members with an emphasis on confidentiality
Are there staff or volunteers who do outreach activities? If so, what type?	IS, IC, O	No outreach activities	It is suggested that the Facility conducts outreach activities as these are fundamental to expanding the coverage of services at the same time recruiting more clients to avail of the services through information dissemination.
12. Fees			
How much are adolescents charged for specific methods and services?	IS, IC, P	VCT, medicines and rooms are free for HIV positive in-patients as this is supported by Global Fund and an INGO supports the patients with 25,000 kip/day or food and payment for laboratory tests. For other in-patients, they have to pay for medicines, rooms a 15,000 kip for a ward and	

	Method	Answer	Comments/Recommendations
		80,000 to 100,000 kip for private rooms with AC	
Are these fees affordable by adolescents in the catchment's area?	IS, IC	May not be affordable for students however there is a social insurance that testified by the village authorities that the client is poor that will entitle the client for food while hospitalised but still have to pay for medicines.	

Maternal and Child Health Hospital

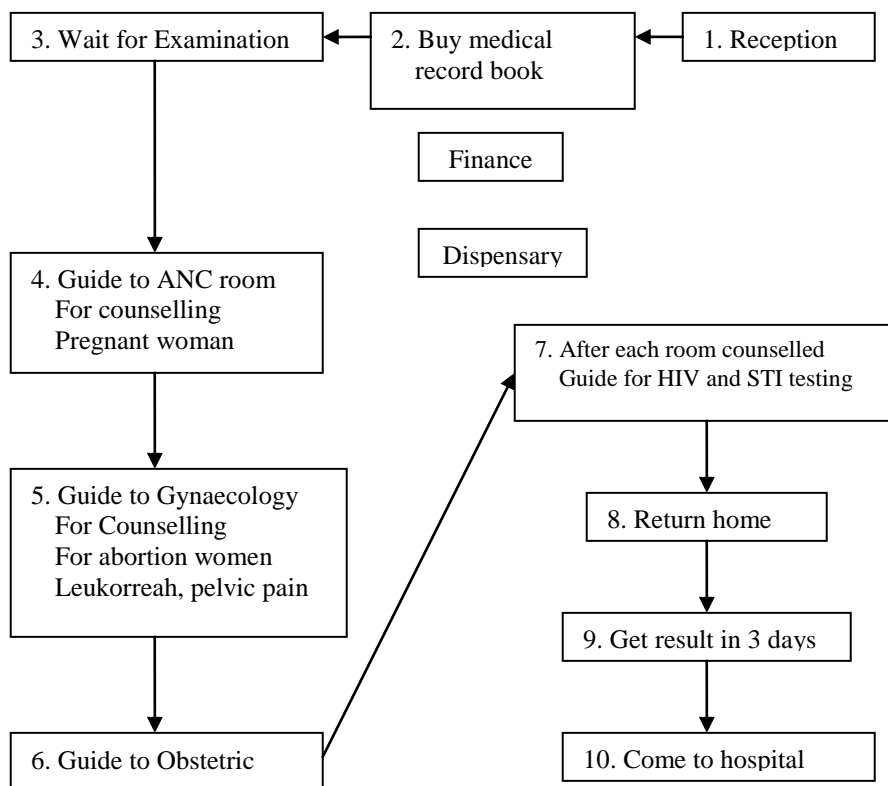
Maternal and Child Hospital, a 70-bed facility, is one of the government hospitals located in Vientiane City that focuses care for pregnant women throughout the prenatal, perinatal and post natal stages of pregnancy and delivery and care for the newborns. Services offered are: counselling, diagnosis and treatment of maternal cases and newborns. The hospital implements a Prevention of Mother to Child Transmission of HIV and STIs in partnership with AIDS Info Docu Foundation in Switzerland. A pilot project on PMCT/STI has been successfully undertaken after its two year implementation in 2005 to 2007. It showed some significant results from the prevalence of pregnant women to 0.66% and gynaecology group at 0.78%. The second phase of the project has been adjusted to adhere to the National PMCT guidelines as well as integrated to the Global fund activities to allow and extend more activities that would include ectopic pregnancy cases and the migrant workers' group.

The final evaluation session of the first phase of the project was conducted by the Aids Info Docu Board Foundation last September 2007 at Mother and Child Hospital, Vientiane. The continuation of the Lao Swiss PMCT Project as Phase II that will be undertaken from 2008 to 2009 was approved and supported by the Board Foundation in Vientiane during the evaluation term. An official authorization of the said project was likewise supported by the Cabinet of Ministry of Health and with a strong commitment on technical advisory from Centre for STI, HIV/AIDS. With this development, the decision to extend the project has open several opportunities and continuation of its activities at the Mother and Child Hospital.

The objectives of the project is to prevent the transmission of HIV from Mother to Child by using rapid test, later confirmation in early detect the serology HIV among pregnant women when they are attending to ANC (Ante-Natal Care unit) at the Mother an Child Health Hospital in Vientiane Capital, Lao P.D.R. Specifically, it aims to

- a) detect the serology status of HIV testing among the pregnant women group attending to antenatal care unit;
- b) detect the serology HIV testing among women group attending gynecology consultation;
- c) provide IEC on STI/HIV prevention to pregnant women who attended ANC and others to gynecology;
- d) conduct advocacy activities and upgrade knowledge and skill of MCH hospital staffs concerning to the STI, HIV/AIDS screening, counseling, advocacy and plan for safe delivery.

Flow of Clients



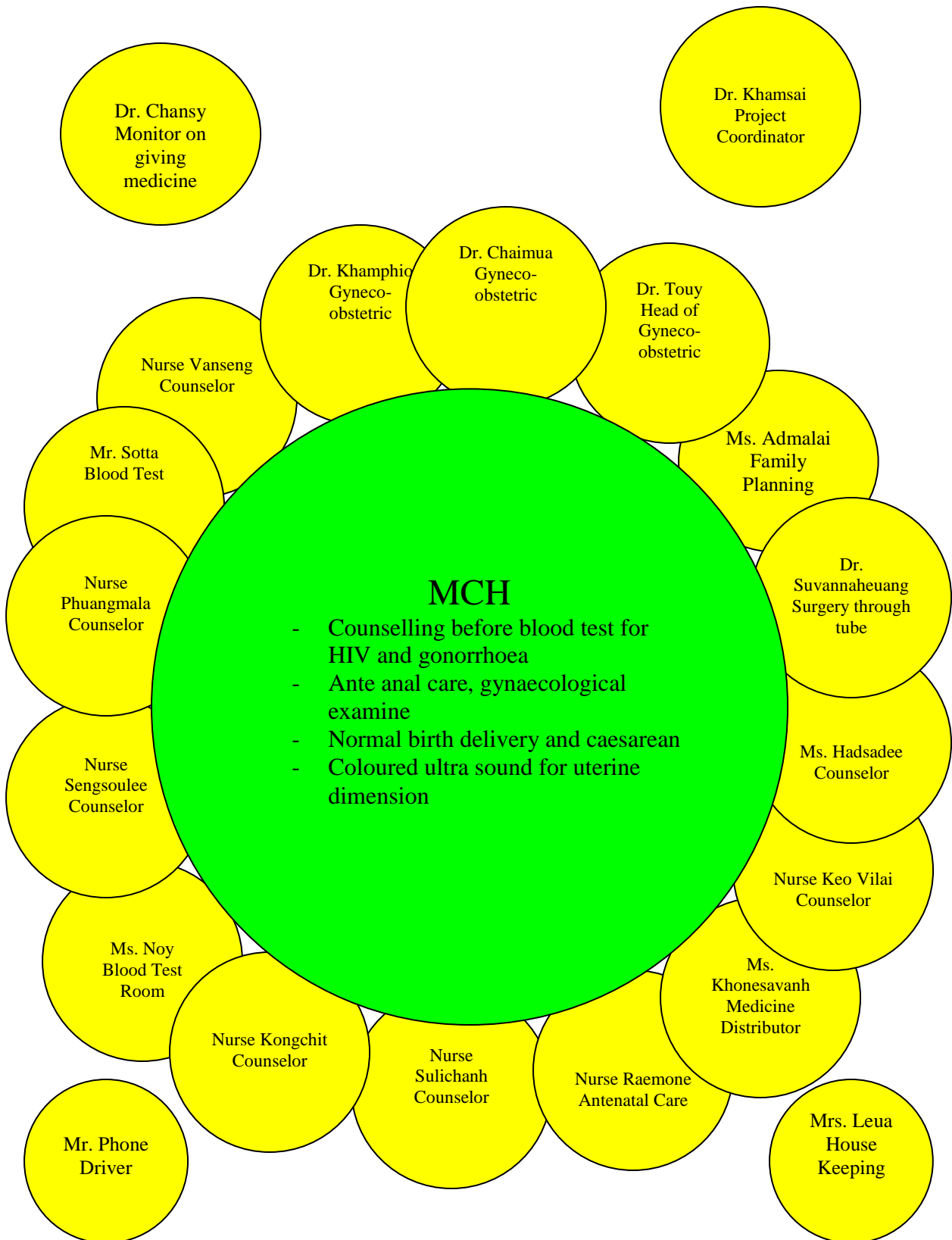
As mentioned earlier, clients who come to the facility for any service are encouraged to submit for HIV and STI, particularly syphilis testing but have the option not to undergo the tests. In 2007, only 4% of the total cases did not submit for the tests. For pregnant women who are in their below 30 weeks gestation will undergo pre-test counselling and will be required to watch a video program on HIV and pregnancy, brochures will be given to her, if the client agrees to undergo the tests, she signs a consent and proceed to the laboratory and will come back to the hospital after 3 days for the result and post counselling session.

For pregnant clients with symptoms of STI, they also undergo pre-counselling and consent signing before the tests for HIV, syphilis and gram stain tests are done. For positive cases, the clients are given free medicines supported by CHAS and for medicines that are not in the package of medicines from CHAS, the patients buy the medicines from pharmacies outside the hospital.

For menstrual regulation cases, those are on a daily average of 2-5 cases, clients undergo counselling and sign consent for the HIV/Syphilis tests and after the tests, counselling again is done before any procedure is done.

A new group of clientele the hospital has are the migrant workers, under the programme implemented in collaboration with the Ministry of Labour and Social Welfare organised by IOM. VCT is conducted with this group of clients.

Venn diagram on Personnel Involved in Direct Service Provision



The Venn diagram shows the staff involved in direct provision of services not only to adolescent but to all clients regardless of age. Client volume according to age is not established for lack of data, however, it was learned that there is a high number of young people who seek services in the hospital hence the need for an orientation and training of all staff on youth-friendly services and understanding the characteristics of adolescents and their sexual and reproductive health needs.

The following questions are related to supervision, which is an important factor for improving the quality of services.

1. How often does the supervisor visit/supervise the clinic staff?

The Supervisor is just within the hospital unit hence he is able to monitor how services are rendered and will be able to take necessary measures to solve whatever problems there are in the facility.

2. Is there a forum for on-going feedback from staff? If so, provide a brief description.

There is a monthly meeting with the staff and the managers of the hospital. This is a venue for the staff to get information and for the supervisors to get feedback from the staff. Discussions on pressing issues and possible solutions are tackled during this meeting.

3. Is there a system to check progress? If so, provide a brief description.

As the hospital is under a Lao-Swiss Cooperation Project supporting the protection of mother to child transmission of HIV, the staff are given incentives for their performance which is assessed according to the number of job-related procedures that the staff do, e.g. counselling, delivery, abortion, treatment, etc. With this system in place, the staff members record all the procedures they have performed and at the end of the month their records are counter-checked with the hospital records.

4. What are the primary issues managers/supervisors addresses in relation to serving youth? Which issues require the most supervisory time?

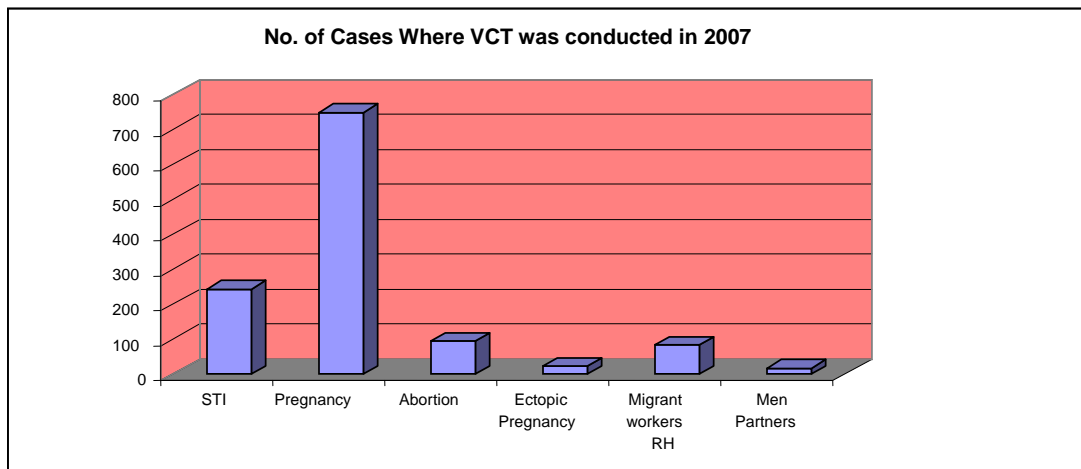
Adolescent service is relatively new to the staff as the hospital caters to all clients of different age groups. Much as they want to have the ideal set-up for counselling services, the hospital lacks space for the required rooms that will assure privacy to clients. The RCN Focal Persons are truing their best to convince their Director to incorporate youth-friendliness in their services.

Client Volume and Range of Services Provided

This section is for information on client volume and the range of services provided. In order to maintain and improve the quality of services, service providers should have experience in all aspects of adolescent care, including, where appropriate, counselling and the provision of contraceptive methods. Total number of all clients served in the first column and the number of young people served, broken down by age, in the second column.

Services Provided	Total No. of Clients Served	No. of Young Clients Served					
		10-14		15-19		20-24	
		F	M	F	M	F	M
Counselling							
Contraception/Dual Protection							
HIV/AIDS							
Nutrition							
Sexual Abuse/Violence							
STI							
Pregnancy	750						
Other RH Issues/Abortion	93						
Testing							
STI	244						
VCT/HIV							
Migrant Workers	83						
Men Partners	17						
Ectopic Pregnancy	22						
Pregnancy							
Treatment							
STI (note if syndromic or etiologic)							
Postabortion Care							
Sexual Abuse or Violence							
Other Services							
Contraception							
Antenatal Care							
Postnatal Care							
Delivery							

The staff of the facility was not able to provide the Assessment Team with disaggregated data on ages of clients. It is therefore recommended that the RCN Focal Persons use the RCN database programme in order to come up with the information needed to determine extent of services rendered to adolescent clients.



The graph above shows the cases where VCT was conducted, as part of the programme of the hospital to screen clients from STI and HIV in order to prevent mother to child transmission of infections. Of the 1,209 total no. of cases, VCT among pregnant women is 62%, STIs 20%, in abortion cases 8%, ectopic pregnancy 1.8%, VCT among migrant workers 7% and among men partners 1.42%.

Schedule of Available Services

Hours (e.g., 12-5 pm) for each day of the week that the following services are available to adolescent clients.

Services Offered	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Counselling							
Contraception/Dual Protection	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	Off	Off
HIV/AIDS	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	Off	Off
Nutrition							
Sexual Abuse/Violence							
Other RH Issues	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	Off	Off
Testing							
STI							
VCT/HIV test only (pls. note)	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	Off	Off
Pregnancy	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	Off	Off
Treatment							
STI (note if syndromic or etiologic)	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	Off	Off
Postabortion Care	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours
Sexual Abuse or	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours

Violence							
Other Services							
Contraception	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	Off	Off
Antenatal Care	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	Off	Off
Postnatal Care	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	8:00 to 12:00	Off	Off
Delivery	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours

The staff who was interviewed expressed that young clients particularly from the FHI-VHD Drop In Centres prefer to come to the MCH at lunch time as they wake up late in the morning and wants to be in the hospital when there are few clients left therefore it is recommended that MCH should extend services to lunch and in the afternoon for young people. Currently, counselling and other OPD services are provided only in the morning as the laboratory for some reasons accepts specimens in the morning only.

The clients interviewed came from far districts of Vientiane province and when asked why they came a long way to the hospital, they have expressed that services at the MCH is good and they are assured of safe delivery.

Assessment of Youth-Friendliness

Methods used to gather information:

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
1. Location			
How far is the facility from public transportation?	E, IS, IC	The facility is within the city centre and very accessible using public transport.	
How far is the facility from places where adolescents spend their free time?	E, IS, IC	The facility is near places that young people use to spend their free time, it is near the shops and park along the Mekong river.	

	Method	Answer	Comments/Recommendations
How far is the facility from schools in the area?	E, IS, IC	Not far as it is within the city centre.	
2. Facility Hours			
What time is the clinic scheduled to open?	IS, IC	All the OPD services open at 8:00 in the morning	As recommended to all RCN member agencies, the facilities are challenged to provide services at lunch time where many young people are free and want to seek services when few people are in the facilities and to consider extending services until the 5 or 6 PM.
What time is the clinic scheduled to close?	IS, IC	12 Noon for those services requiring laboratory services like HIV test, test for syphilis and grams staining for pregnant women, ectopic pregnancies, abortion and those who come for STI check , as part of the requirement of the PMCT	
Does the facility have separate hours for adolescents?	IS, IC	No separate hours for adolescents	
Is there a sign listing services and clinic working hours?	E	Yes, there is a sign listing services and clinic working hours	
What times are convenient for adolescents to seek services?	IS, IC	Lunch time and after school hours and during school holidays or after working hours for young people who are employed..	The staff during the RCN meeting expressed concern that they are not able to cater to the needs of adolescents who come during lunch time and after school or working hours. It is therefore recommended that facility staff take turns in taking their lunch break or implement flexitime in order to cover at least 2 additional working hours in the afternoon.
3. Facility Environment			
Does the facility provide a comfortable setting for adolescent clients?	E, IC	Yes, there are seats to use while waiting for the services being sought.	
Does the facility	E, IC	No	

	Method	Answer	Comments/Recommendations
have a separate space to provide services for adolescent clients?			
Does the facility have a separate waiting room for adolescent clients?	E, IC	There is no separate waiting room for adolescent clients.	<p>It is recommended that a space of the OPD be designated as waiting area for young people and that area can be arranged or decorated with posters and other materials that suit the taste of adolescents.</p> <p>The hospital space is limited, there may be difficulty in finding a separate space mainly for young people but this can be considered in future planning for expansion of the hospital if there is a plan to expand.</p>
Is there a counselling area that provided both visual and auditory privacy?	E, IC	The counselling area does not provide both visual and auditory privacy as this is an office also.	
Is there an examination room that provides visual and auditory privacy?	E, IC	Yes, visual privacy is provided but may not guarantee auditory privacy as the room is separated by a curtain only.	
Are both young men and young women welcomed and served, either for their own needs or as partners?	IS, IC, R	Yes, both young men and women are welcomed and served in fact male partners are one of the target groups for the VCT.	
4. Staff Preparedness			
Are providers trained to serve adolescent clients in RH?	IS	All the staff are trained on various reproductive health services but not particularly on adolescent RH	<p>As mentioned during the interview, there are still staff members who need to attend trainings on adolescent reproductive health, hence, it is recommended that the RCN conducts training per facility so that many personnel can participate. This training, if conducted per member agency, then the non-medical staff can also participate.</p> <p>It is also recommended that the RCN Focal Persons conduct an ASRH training needs assessment among the staff in order to guide the decisions related to planning</p>
Did all staff members (e.g., receptionist) receive at least an orientation about adolescent clients? What type of orientation was this and how long was it?	IS	As the facility caters to maternal needs of all ages, adolescent clients are not the priority group of the hospital.	

	Method	Answer	Comments/Recommendations
			for trainings.
Do providers show respect for the adolescent client during counselling and consultations?	IS, O, IC	The clients who were interviewed said that they are respected and the staffs are friendly, skilful and knowledgeable.	The clients interviewed came from a far district of Vientiane province and she said that she likes the services at the hospital.
Are there job aids available to help service providers in their daily work (i.e., flipchart, posters that remind them of key messages, clients rights, etc.)?	IS, O	Yes, there are posters and flipchart that are used during counselling and these serve as visual aid also for clients.	Clients' rights are written in a board at the OPD however there is also a need to write them in IEC materials that clients can take home. The RCN can develop more posters and printed materials on key messages for specific service to young people like counselling and treatment of adolescent RH problems.
5. Services Provided			
Is counselling on sexuality, safer sex, pregnancy prevention, and STI and HIV prevention provided (including dual protection)?	IS, IC, P	The programme on Prevention of Mother to Child Transmission of STI and HIV that the facility implements require counselling to all clients particularly for HIV and STI testing	As counselling and testing procedures are mandatory to all clients, care and respect to the rights for privacy and confidentiality be emphasised. There is a need to emphasise the voluntary aspect of the process.
What contraceptive methods are offer (including EC)?	R, IS, IC, P	Pills, IUD, contraceptive injection and condoms are offered but condoms sometimes run out of supply. EC are offered but clients have to buy their own stock.	
Are condoms provided to both males & females?	IS, IC, O, P	Male condoms only.	Negotiate with the MCHC for inclusion to the LMIS of the national condom distribution programme for condom supply. As MCHC may consider giving condoms for contraception purposes only, it has to be justified that this commodity will be used for dual protection.
Are supplies (condoms, other contraceptive	IS, IC	Contraceptives except condoms are sufficient as these are provided by	The RCN Focal Person tried to request condoms from MCHC but was told that condoms from

	Method	Answer	Comments/Recommendations
methods, and drugs) sufficient to meet the need?		MCHC.	MCHC are only used for contraception not for prevention of HIV and STIs. This needs to be clarified as the UNFPA NPO said that there has been an agreement already from MCHC that they provide condoms for RCN member agencies.
Is there sufficient equipment for the provision of RH services for young people (small size speculum, scale, sphygmomanometer, syringe, needles, etc.)?	IS, E	Yes, there is sufficient equipment appropriate for the provision of RH services for adolescents	
Is pregnancy testing offered?	R, IS, IC, P	Yes, but the clients have to buy their own dipsticks for the test using urine.	
Is STI testing available? What type is available?	R, IS, IC, P	Both syndromic and etiologic approaches are used for STI testing. Tests for syphilis and gram staining are part of the PMCT procedures.	
Do young people request RH services other than the ones offered? Which ones?	IS, IC		
Are referrals made for services not provided at the clinic (e.g., sexual abuse)? Please give examples	R, IS, IC, P	Yes, referral is done to Sethathirat Hospital for ARV for pregnant women found to be HIV positive and one month after delivery, the client is referred to the same hospital for long-term treatment..	As suggested to the RCN, a form for referral will be developed for all members to use. The form will include a procedure for the follow-up and tracking of clients. This will also include instruction on how to sustain confidentiality of referred clients.
Is there a formal referral system, including tracking	IS, IC, P	No	There is a referral procedure in the Strategic Plan document however this has not been institutionalised

	Method	Answer	Comments/Recommendations
and follow-up, in place?			by the RCN members. What the staff do is just to call the focal person of the receiving facility informing them of the cases but no follow-up is done.
6. Peer Education/Counselling Program			
Is a peer education/counselling program available? If so, please describe.	IS, IC, O	No peer counselling	It is recommended that the RCN Focal Persons pursue the plan of working with Vientiane Youth Centre for a Peer Counselling/Education programme
How many peer educators/counsellors are working with the facility?	IS	NA	
How many hours a week do they each spend at the facility?	IS	NA	
Is there a system for supervising and monitoring counsellors? If so, what kind of system?	IS, P	NA	
7. Educational Activities			
Are educational materials available on-site (A/V, computers, printed material)? Which ones?	IS, IC, E	Yes, there are educational materials and equipment available on site. A video show is part of the process group counselling that is done for clients who come for services at the facility for the first time. Each of the clients is given a brochure on the services of the MCH hospital on the prevention of Mother to Child transmission of HIV and STIs.	
Are there	IS, IC, E	Yes, there are sufficient	

	Method	Answer	Comments/Recommendations
educational posters displayed?		educational posters displayed in the facility.	
Are there posters or brochures that describe the clients' rights?	S, IC, E	No brochures and posters describing client rights are displayed however; there is board at the OPD that states about confidentiality of patients and their rights.	It is suggested that clients' rights be included in brochures and other IEC materials that will be produced in the future.
Are there print materials available for clients to take? Describe materials and comment.	IS, IC, E	The printed material that is given out to clients is all about the HIV/AIDS and how it can be transmitted from the mother to child during pregnancy and delivery. It also tells about the services of the facility to prevent this transmission.	This is a good material that clients can take and show to others.
In what languages are IEC materials available?	IS, IC, E	All IEC materials are in Lao language.	
Are group (or rap) discussions held Please describe.	IS, IC, O	There is a group discussion or the staff calls it group counselling. This leads to the preparation of the clients for the routine procedures to be done and preparing the client for individual counselling and signing of consent forms for all the tests that the client will undergo.	Group counselling in preparation for HIV and STI testing is different from group discussions, it is recommended that latter be conducted to discuss with the clients issues and suggestions to improve adolescent RH services which is also useful to increase awareness of clients of their own reproductive health needs and rights.
Are there ways clients can access information or counselling off-site (telephone hotline, website, materials sent by mail)? Please describe.	IS, IC, E	There are no ways that young people can access information or counselling other than face-to-face meeting.	The facility needs to explore on other forms of increasing access of young clients to SRH information.

	Method	Answer	Comments/Recommendations
8. Youth Involvement			
What ways can adolescents suggest/recommend changes to make services more comfortable and responsive?	IS, IC, E, P	There are suggestion boxes in strategic places in the hospital which are opened every week to check for suggestions and comments from the patients and other people who may be relatives of patients	It is suggested that suggestion boxes be moved to places where these can be seen and for the facility to put pieces of paper and a pencil or pen for clients to use. It is also necessary to tell clients about the possibility for them to write their feedback through the suggestion box.
Are adolescents currently involved in decision-making about how programs are delivered? How?	IS, IC, P	Adolescents are not involved in decision making about how programs are delivered.	It is suggested that Mother and Child Hospital considers involvement of young people or advocates for young people at the facility level RCN Committee.
How could adolescents be more effectively involved in decision-making at the facility?	IS, IC	There is no mechanism for young people to be involved.	
What other roles can adolescents play in clinic operations or guidance?	IS, IC	The adolescents can be peer educators or counsellors in coordination with VYC.	It is suggested that MCH pursues partnership with Vientiane Youth Centre.
9. Supportive Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	IS, P	No guidelines for serving adolescents exist.	It is recommended that the RCN Focal Persons put into writing whatever the process or procedure they currently practice in serving clients specifically young people including protection of client confidentiality.
Do written procedures exist for protecting client confidentiality? Please describe.	IS, P	There is no written procedure for protecting client confidentiality however there is a procedure that they practice.	
Are records stored so that confidentiality is assured?	IS, E, P	Yes, patients' identity is coded and data are stored in the computer using special software that	Include in the written procedure how and where records are kept so that these will be followed by all staff whether they are new or have

	Method	Answer	Comments/Recommendations
		allows direct reporting of cases to their partners in Switzerland.	been with the facility for a long time already. This has to be put into writing otherwise this is easily taken for granted or overlooked.
Is there any contraceptive method that adolescents cannot receive? Which ones?	IS, IC, P	No, there is no contraceptive method that adolescent cannot receive.	
Is parental or spousal consent required? Which type and under what circumstances?	IS, IC, P	Personal consent is the minimum requirement but if the client comes with their partners, then consent of both is sought.	Consent of parents or spouse is also required when client undergoes surgical procedures.
Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?	IS, IC, P	No minimum age.	Although there was no in-depth investigation by the assessment team, it was observed in the analysis of clients served that younger clients tend not to seek RH services from hospitals.
Are adolescent clients served without regard to their marital status?	IS, IC, P	Yes, all clients are welcomed regardless of their marital status.	RCN needs to formulate a written policy detailing full extent of services for adolescents allowable under Lao law. This will require review of all the RH
Are pelvic exams routinely required? For what reasons? Can they be delayed?	IS, IC, P	Yes, it is routinely done to screen for STIs. Some patients refuse to the said examination and they are respected to their decision.	
Do policies or procedures exist that pose barriers to youth friendly services?	IS, IC, P	No	
10. Administrative Procedures			
Is the registration process private so that other waiting clients cannot overhear the conversation?	IS, IC, E, P	For lack of space, the registration process is done in the OPD where conversations between clients and provider can be heard.	

	Method	Answer	Comments/Recommendations
Can adolescent clients be seen without an appointment?	IS, IC, P	Yes, walk-in clients can be served	
If appointments are required, can they be expedited for adolescent clients?	IS, IC, P	NA	Referred clients from other RCN members don't necessarily go through the OPD queue but goes directly to the physician to whom the referral is addressed
How long would an adolescent client wait, on average, to see a provider?	IS, IC	Clients and staff said that the length of time to wait for services depend on the number of cases to be seen but most often, the clients waits in a average of 30 minutes.	
What is the average time allowed for client/provider interaction?	IS, IC, O, P	15 to 20 minutes on average	Definitely, 10-20 minutes is not enough for a counselling session, hence it is suggested that clients be screened as who needs counselling or just post treatment instructions and more time should be given to the counselling session.
11. Publicity/Recruitment			
Does publicity about the clinic identify services offered and stress confidentiality?	IS, IC	Yes, publicity about the clinic stresses on confidentiality	
Are there staff or volunteers who do outreach activities? If so, what type?	IS, IC, O	Yes, the RCN Focal Person said the twice a year their staff go to the provinces to do services. They are also involved in International Project Operation Smile that goes to Laos twice a year to do reconstructive surgery to children with cleft palate	
12. Fees			
How much are	IS, IC, P	Patient Booklet costs	It is commendable that costs of

	Method	Answer	Comments/Recommendations
adolescents charged for specific methods and services?		5,000 kip and another 5,000 is charged for the services. All the rests of the services are free except for the room accommodation when patient is confined.	services are listed and posted in the OPD for clients to know.
Are these fees affordable by adolescents in the catchment's area?	IS, IC	Clients say that payments they give are affordable	Some medicines can be costly but generally, staff and clients said that medicines are affordable.

Population Services International- Peuan Mai Centre

PSI is a non-profit organization based in Washington, D.C. that harnesses the vitality of the private sector to address the health problems of low-income and vulnerable populations in more than 60 developing countries. With programs in malaria, reproductive health, child survival and HIV, PSI promotes products, services and healthy behaviour that enable low-income and vulnerable people to lead healthier lives. Products and services are sold at subsidized prices rather than given away in order to motivate commercial sector involvement.

The program focus of PSI Laos is HIV/AIDS, malaria, reproductive health. Its target is nationwide, with a focus on urban and border areas for HIV/AIDS prevention and STI treatment and rural areas for malaria prevention. The target population are HIV/STIs: Most at-risk populations, including female sex workers (FSW) and their clients, mobile populations and men who have sex with men (MSM). Malaria: Women and children under five in malaria-endemic regions.

PSI is the leading non-profit social marketing organization in the world. Their products are:

1. Number One.com strawberry scented and dotted male condoms launched in 2007
2. 1-STOP pre-packaged STI treatment since 2006
3. PowerNet long-lasting insecticide treated net since 2006
4. Number One Deluxe Plus two male condoms packaged with 2 sachets of lubricant since 2006
5. Number One Deluxe male condoms since 1999

Partners in Laos include the Lao Ministry of Health, Ministry of Information and Culture, Ministry of Transportation and Post, Centre for HIV/AIDS and STIs, Provincial Committee for the Control of AIDS, Laos Mass Media, Centre for Malaria, Parasitology and Entomology, Lao Women's Union, Burnet Institute, Family Health International, Medecins Sans Frontiers, and the World Health Organization.

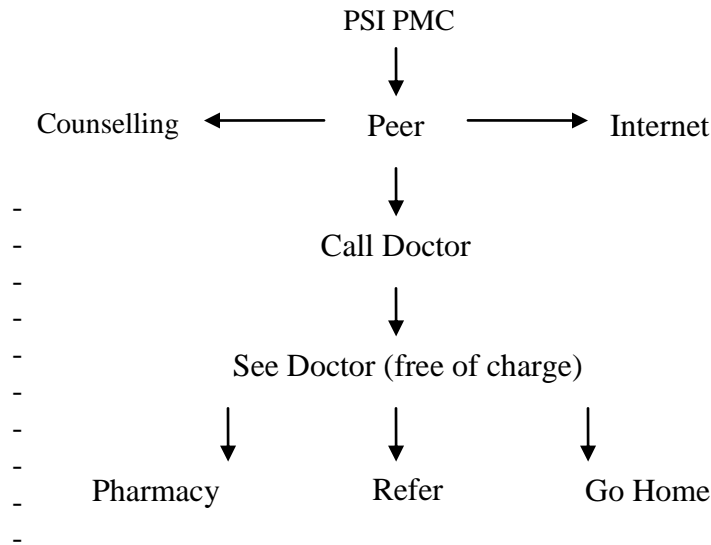
Current Donors of PSI are: The Global Fund To Fight AIDS, Tuberculosis and Malaria, The Lao Ministry of Health, The Nam Theun 2 Authority and the U.S. Agency for International Development (USAID)

PSI Lao PDR targets behaviour change communication campaigns at the following high-risk groups: FSWs, clients of FSWs, MSM and mobile populations. Using mass media and interpersonal communication, PSI/Lao disseminates critical information through Mobile Educational Entertainment Teams (MEET) which performs on buses along well-travelled routes and a mobile video unit that brings programming to key provinces. A PSI/Laos workplace peer education team visits the Nam Theun 2 hydro-electrical dam project monthly to reach construction workers and their families. Building upon the interest of participants, PSI/Lao trained 101 peer educators among the workers who live in the camps to serve as informed and empowered leaders in their community. In 2006, after close collaboration with local authorities, PSI/Lao established two male health

centres, branded *Peuan Mai* (“*New Friends*”), where at-risk males and their partners can access quality sexual health services, including STI treatment with the ISTOP kit. Additionally, PSI operates *Peuan Mai* peer outreach programs in three provinces. Since opening in 2006, *Peuan Mai* programs have reached more than 5,000 at-risk MSM.

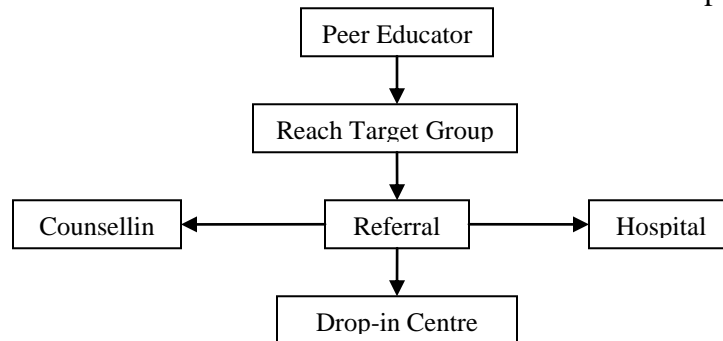
Flow of Clients

PSI-Male Health Centre (Peuan Mai Centre)



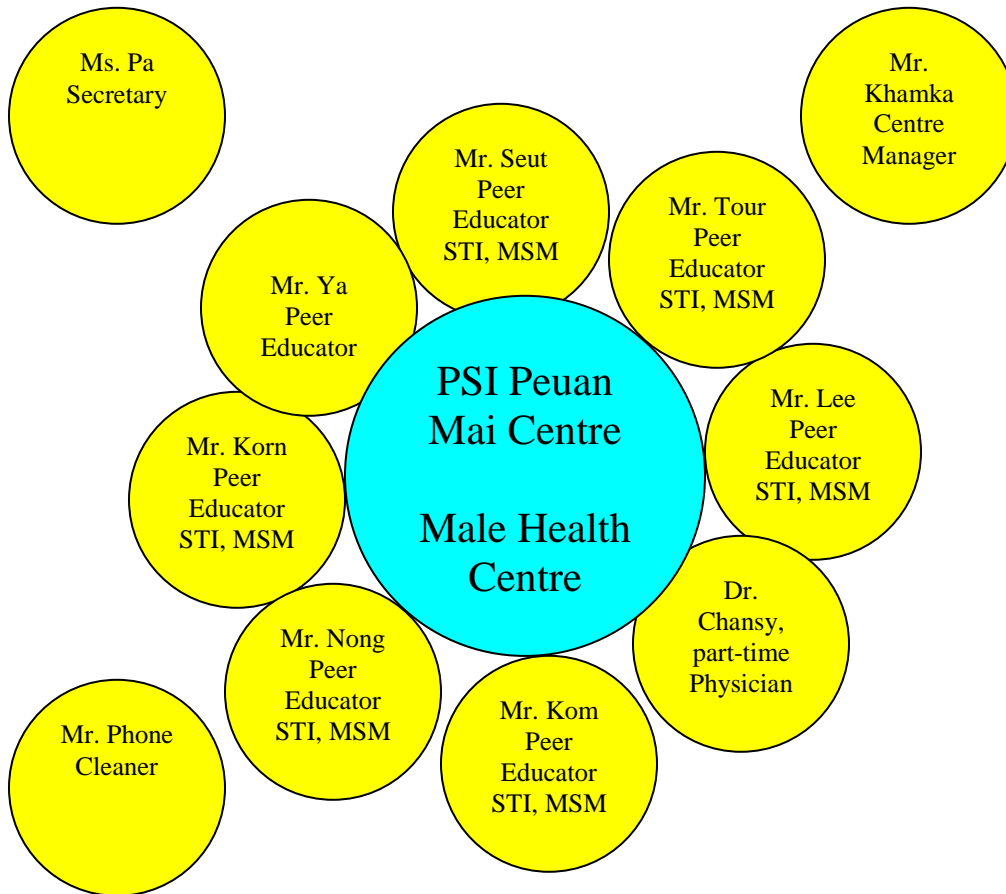
When clients with STI complaints arrive at the centre, he registers at the desk then goes to the doctor where history taking is done, physical exam, diagnosis and counselling are done. As the doctor employed at the Centre is not full time, clients are sometimes referred to other RCN member institutions and other clients are asked to make appointment to see the doctor the following days.

Another project of PSI is the peer education programme with female sex workers. They don't operate a drop-in centre for this risk group but they reach out to them at the entertainment establishments and hotels where they conduct peer education activities like sharing information on HIV/AIDS, STI and condom use for dual protection. The diagram below is the flow of clients under the PSI Female Sex workers programme:



These programmes are supported by USAID and Global Fund.

Venn Diagram of Staff Involved in Direct Provision of Services to Young People



This Venn diagram shows the persons involved in direct provision of information and services at the Peuan Mai Centre only.

The following questions are related to supervision, which is an important factor for improving the quality of services.

1. How often does the supervisor visit/supervise the clinic staff?

The Supervisor who is based at the PSI office goes to the Centre occasionally when there are big activities there. The Peer Education Coordinator visits the Supervisor when help is needed. There is no regular supervision visit however the Peer Education Coordinator attends regularly the peer education activities which is one way of supervising the Peer Educators.

2. Is there a forum for on-going feedback from staff? If so, provide a brief description.

There is a weekly meeting about progress of activities in the Centre and in the field. The Peer Educators and Outreach Coordinator have the chance to share their experiences and plans for the week.

3. Is there a system to check progress? If so, provide a brief description.

Progress is checked only through reports that the Manager of the DIC sends to the Communications Manager who is In charge of the DIC, at the same the Supervisor.

4. What are the primary issues managers/supervisors addresses in relation to serving youth? Which issues require the most supervisory time?

The primary issues that the manager has in relation to serving the target young people are: how to attract and persuade them to go to DIC, how to make the DIC know and how to disseminate information about HIV/STIs among MSM and condom use

Schedule of Available Services

Hours (e.g., 12-5 pm) for each day of the week that the following services are available to adolescent clients.

Services Offered	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Counselling							
Contraception/Dual Protection							
HIV/AIDS	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	Off
Nutrition							
Sexual Abuse/Violence							
Other RH Issues	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	Off
Testing							
STI (referral)	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	9:00-18:00	Off
VCT/HIV test only (pls. note)							
Pregnancy							
Treatment							
STI (note if syndromic or etiologic)	On Call	On Call	On Call	On Call	16:00 - 18:00	16:00 - 18:00	Off
Postabortion Care							
Sexual Abuse or Violence							
Other Services							
Contraception							
Antenatal Care							
Postnatal Care							
Delivery							

It is commendable that the Facility opens on Saturdays when young people are free from school.

Assessment of Youth-Friendliness

Methods used to gather information:

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
1. Location			
How far is the facility from public transportation?	E, IS, IC	Client said the DIC is accessible to those with motorbikes but the staff said that some would-be clients cannot come for lack of transport.	
How far is the facility from places where adolescents spend their free time?	E, IS, IC	The DIC is targeting 5 districts so the distance from where the adolescents spend their free time varies.	
How far is the facility from schools in the area?	E, IS, IC	50 meters from a private secondary school.	
2. Facility Hours			
What time is the clinic scheduled to open?	IS, IC	9:00 in the morning including Saturdays	It is commendable that the Facility opens on Saturdays as most adolescents who are already working and students are free
What time is the clinic scheduled to close?	IS, IC	6:00 in the afternoon including Saturdays	
Does the facility have separate hours for adolescents?	IS, IC	The main target clientele of the DIC is adolescents however other ages are also served.	
Is there a sign listing services and clinic working hours?	E	There is no sign listing all the services and clinic hours.	Signs should be posted in strategic areas such as schools, markets and other public places.
What times are	IS, IC	2:00 to 6:00 in the	

	Method	Answer	Comments/Recommendations
convenient for adolescents to seek services?		afternoon for those who go to school in the morning, evenings and during school holidays.	
3. Facility Environment			
Does the facility provide a comfortable setting for adolescent clients?	E, IC	Yes according to the clients and as observed.	
Does the facility have a separate space to provide services for adolescent clients?	E, IC	There is a separate room to provide services to clients.	
Does the facility have a separate waiting room for adolescent clients?	E, IC	The Facility has a waiting which is comfortable and there are 2 computers with internet connections where the clients can use while in the Facility. There are also other rooms for dancing and watching TV or video films.	The Facility has adequate space indoor or outdoor for activities that the young people may think of doing.
Is there a counselling area that provided both visual and auditory privacy?	E, IC	The counselling room which is also the examination room provide both visual and auditory privacy.	Both the counselling and examination room is ideal for young people although the doctor is not always there in case there are clients who want see a doctor immediately.
Is there an examination room that provides visual and auditory privacy?	E, IC		
Are both young men and young women welcomed and served, either for their own needs or as partners?	IS, IC, R	Although the Facility is a Male Health Centre, female friends of the clients are also welcomed to the Facility.	Partners of both sexes are welcomed in the Facility. It is even of greater advantage if MSMs can bring along their male partners to participate in the programme activities. Adolescent males who not MSM are also welcomed in the facility .
4. Staff Preparedness			

	Method	Answer	Comments/Recommendations
Are providers trained to serve adolescent clients in RH?	IS	The Doctor, Peer Educators and Outreach Coordinator and DIC manager were trained to serve adolescent clients.	On the job trainings can be done with the Peer Educators/Counsellors. It is suggested that the Centre Manager conducts a training needs assessment of all peer educators in order to plan appropriate trainings for each of the peer educators.
Did all staff members (e.g., receptionist) receive at least an orientation about adolescent clients? What type of orientation was this and how long was it?	IS	Trainings were mainly organised by PSI.	
Do providers show respect for the adolescent client during counselling and consultations?	IS, O, IC	As claimed by the client, the providers respect them and they don't ask questions about who they are and why they are there.	This is so because all of the staff except the Centre Manager and the doctor are peers.
Are there job aids available to help service providers in their daily work (i.e., flipchart, posters that remind them of key messages, clients rights, etc.)?	IS, O	Poster and leaflets are mostly on STIs and HIV/AIDS.	The need for sharing of IEC materials among the RCN member agencies surfaced during the RCN regular meeting on 14 August 2008 which was positively taken by all the participants of the meeting.
5. Services Provided			
Is counselling on sexuality, safer sex, pregnancy prevention, and STI and HIV prevention provided (including dual protection)?	IS, IC, P	Counselling is mainly on STI, Condom use safer sex and HIV/AIDS.	
What contraceptive methods are offer (including EC)?	R, IS, IC, P	NA	
Are condoms provided to both males & females?	IS, IC, O, P	Condoms are provided. One client said he has already asked for about 80-90 packs of condoms	PSI can also share condoms to other RCN member agencies whose supplies of the commodity is insufficient.

	Method	Answer	Comments/Recommendations
		from the DIC.	
Are supplies (condoms, other contraceptive methods, and drugs) sufficient to meet the need?	IS, IC	Condoms are sufficient.	
Is there sufficient equipment for the provision of RH services for young people (small size speculum, scale, sphygmomanometer, syringe, needles, etc.)?	IS, E	The staff said that STI treatment and examination are not done due to lack of equipment, when asked about what equipment is needed, he also wasn't able to mention it.	There is a need to upgrade the clinic to make it more functional. The Facility Manager said that examination is not done due to lack of equipment.
Is pregnancy testing offered?	R, IS, IC, P	NA	
Is STI testing available? What type is available?	R, IS, IC, P	No testing is done in the Centre.	Rapid HIV testing can be done at the Centre as this does not need sophisticated equipment and ordinary staff can be trained to perform it. It is therefore recommended that the Centre offers VCT.
Do young people request RH services other than the ones offered? Which ones?	IS, IC	Since the services cover only the medical consultation and counselling on STIs, the staff and clients request for comprehensive treatment of STI so that they will no longer go to other health facilities for treatment. Non-RH services requested were; make-up class, English language lessons as the schools don't accept them and some skills training	1Stop STI treatment kit may not be appropriate to all STIs so, it is recommended that treatment be done at the Centre.
Are referrals made for services not	R, IS, IC, P	As the DIC doesn't provide testing and	Most of the cases were referred to the Dermatology Centre

	Method	Answer	Comments/Recommendations
provided at the clinic (e.g., sexual abuse)? Please give examples		treatment, the doctor refers cases to health facilities of clients' choice.	
Is there a formal referral system, including tracking and follow-up, in place?	IS, IC, P	No referral system yet, the staff said the Centre doesn't use a form for referral.	Suggested that the RCN standardises the form to use for referral that will also contain information related to follow-up and tracking of referred clients.
6. Peer Education /Counselling Program			
Is a peer education/counselling program available? If so, please describe.	IS, IC, O	Peer Education and Counselling are the main activities of the DIC. The Peer counsellors go to entertainment places to meet peers and activities are either conducted in the these places or at the Centre.	The Centre has a very good peer education and peer counselling programme.
How many peer educators/counsellors are working with the facility?	IS	There are 8 Peer Educators/Counsellors.	
How many hours a week do they each spend at the facility?	IS	Numbers of hours they spend in the Facility vary because they also do outreach.	The peer educators work fulltime with the Centre however most of the peer activities are done as an outreach.
Is there a system for supervising and monitoring counsellors? If so, what kind of system?	IS, P	Yes, the PE and Outreach Coordinators go with the Peer Counsellors to the areas.	It is recommended that a competency-based checklist be formulated and used to monitor and supervise peer educators. This is to ensure quality programme where peer educators give out correct messages. The checklist will be used as basis on planning for refresher skills training and coaching peer educators.
7. Educational Activities			
Are educational materials available	IS, IC, E	There are computers with internet connection,	The internet access is one of the main attractions of the Centre;

	Method	Answer	Comments/Recommendations
on-site (A/V, computers, printed material)? Which ones?		brochures, leaflets, video materials on HIV/AIDS and STIs available for the clients to learn from.	there should be a rule or policy for the use of the internet in terms of sharing in the use of it. There are limited units, so few clients can actually monopolise the use of it.
Are there educational posters displayed?	IS, IC, E	Yes, on STIs, HIV/AIDS and MSM. There are also books and magazines that they can borrow	
Are there posters or brochures that describe the clients' rights?	S, IC, E	No posters on clients' rights	PSI and its partner agency may consider developing and printing educational materials that show the rights of the clients, in particular the rights of the MSM and sex workers.
Are there print materials available for clients to take? Describe materials and comment.	IS, IC, E	Yes, brochures, leaflets about MSM, condoms, HIV/AIDS and STIs	
In what languages are IEC materials available?	IS, IC, E	All materials are in Lao language	
Are group (or rap) discussions held? Please describe.	IS, IC, O	Yes, 2x a month, the Peer Educators lead discussions on STIs and condoms.	The clients need to be involved in deciding what topics are to be discussed so that they will be interested and the activity will truly address their needs and problems.
Are there ways clients can access information or counselling off-site (telephone hotline, website, materials sent by mail)? Please describe.	IS, IC, E	Telephone but not hotline and the staff usually ask the caller to come to the Centre, website of PSI.	Is it suggested that PSI explore more innovative and practical ways of increasing access of this vulnerable groups (MSM and Female Sex Workers) to information and services.
8. Youth Involvement			
What ways can adolescents suggest/recommend changes to make	IS, IC, E, P	The DIC Manager said that there is a suggestion box for clients to drop their comments and	The adolescents are represented by the peer educators who have the mechanism to give suggestions and recommendations through

	Method	Answer	Comments/Recommendations
services more comfortable and responsive?		suggestions but is located in his room.	their monthly meetings.
Are adolescents currently involved in decision-making about how programs are delivered? How?	IS, IC, P	Not on administrative matters but on how they want to discuss during peer education and the activities they want to conduct. The Peer Education Coordinator then pass these on to the Supervisor for consideration.	Clients are not involved in meetings or in any other venues for decision making. Consider inclusion of adolescents either peer educator or client in the facility level RCN committee.
How could adolescents be more effectively involved in decision-making at the facility?	IS, IC	Not at the moment.	
What other roles can adolescents play in clinic operations or guidance?	IS, IC	Tell friends about the facility and invite them to come.	
9. Supportive Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	IS, P	Staff said he hasn't seen one.	It is recommended that the RCN Focal Persons put into writing whatever the process or procedure they currently practice in serving clients specifically young people including protection of client confidentiality.
Do written procedures exist for protecting client confidentiality? Please describe.	IS, P	No written but it is verbalised that nobody can disclose any information about clients to anybody	
Are records stored so that confidentiality is assured?	IS, E, P	The registry logbook is just on top of the table where anybody interested can open and see it. For other records, these are kept in the cabinet which is not locked.	Include in the written procedure how and where records are kept so that these will be followed by all staff whether they are new or have been with the facility for a long time already. This has to be put into writing otherwise this is easily taken for granted and overlooked.

	Method	Answer	Comments/Recommendations
Are there any contraceptive method that adolescents cannot receive? Which ones?	IS, IC, P	NA	
Is parental or spousal consent required? Which type and under what circumstances?	IS, IC, P	NA	
Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?	IS, IC, P	No	
Are adolescent clients served without regard to their marital status?	IS, IC, P	Yes, adolescent clients are served without regard to their marital status.	
Are pelvic exams routinely required? For what reasons? Can they be delayed?	IS, IC, P	NA	
Do policies or procedures exist that pose barriers to youth friendly services?	IS, IC, P	There are no policies or procedure that poses barriers to youth-friendly services.	It has been recommended that the RCN will formulate a list of services to young people allowable by Lao law in order to guide actions and decisions of service providers.
10. Administrative Procedures			
Is the registration process private so that other waiting clients cannot overhear the conversation?	IS, IC, E, P	The DIC Manager said that privacy is not needed at the registration process only during the examination with the doctor. The client have the option to write his name in the registry book	

	Method	Answer	Comments/Recommendations
		or not.	
Can adolescent clients be seen without an appointment?	IS, IC, P	To avail of the doctor's services, the clients need an appointment mainly because the doctor has to come to the Centre to render service.	As mentioned earlier, the Centre needs a full time doctor
If appointments are required, can they be expedited for adolescent clients?	IS, IC, P	In normal cases, the client has to come during the schedule of the doctor at the Centre but for emergency cases, the doctor has to come anytime of the day.	
How long would an adolescent client wait, on average, to see a provider?	IS, IC	15 minutes or depending on the availability of the doctor	
What is the average time allowed for client/provider interaction?	IS, IC, O, P	15-30 minutes or depending on the case. With the peer educators, the average time is more than 30 minutes.	
11. Publicity /Recruitment			
Does publicity about the clinic identify services offered and stress confidentiality?	IS, IC	The Centre distribute leaflets and brochures but does not emphasise confidentiality	It is suggested that the RCN develops a common publicity or directory material for all members with an emphasis on confidentiality
Are there staff or volunteers who do outreach activities? If so, what type?	IS, IC, O	Yes, the Peer Educators do outreach also under the supervision of the Outreach Coordinator.	
12. Fees			
How much are adolescents charged for specific methods and services?	IS, IC, P	Totally free	
Are these fees affordable by adolescents in the catchment's area?	IS, IC	NA	

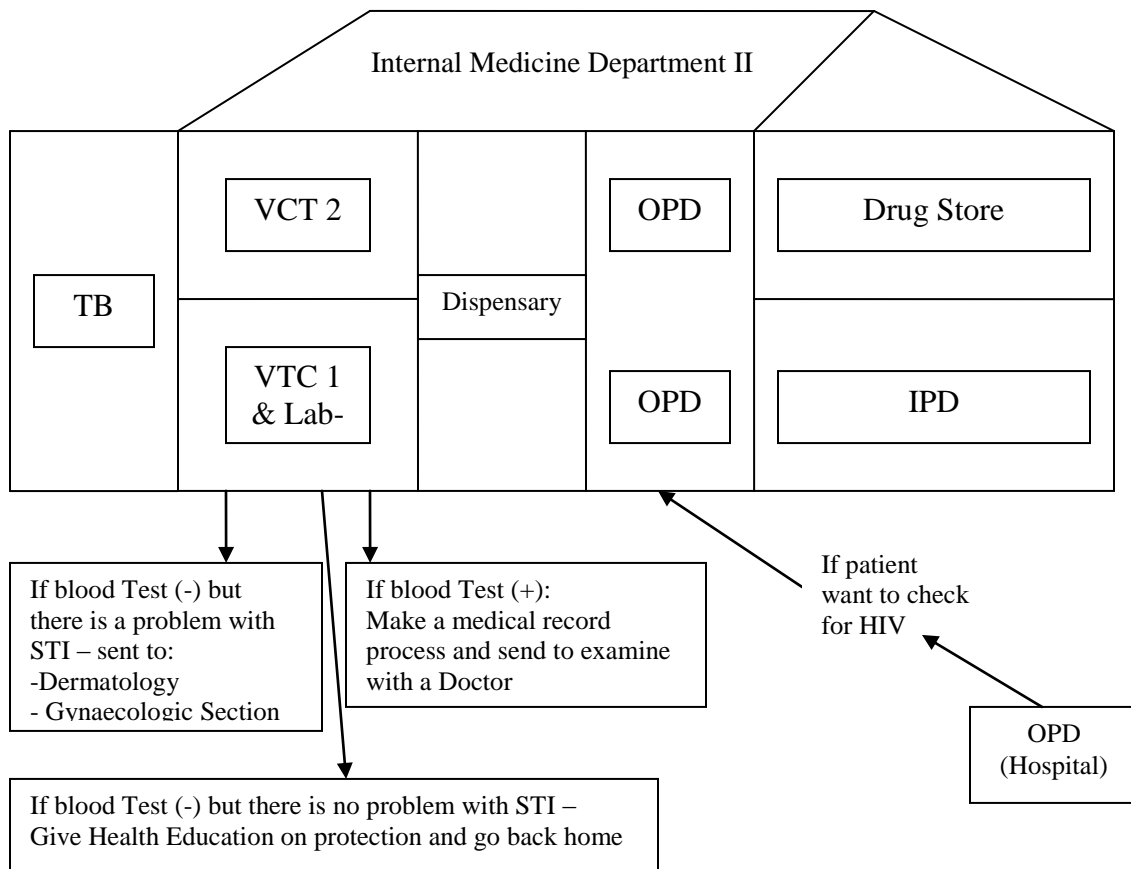
Sethathirath Hospital

Sethathirath Hospital is one of the national tertiary hospitals located in Vientiane Capital. It is one of the major hospitals where medical students are exposed for their clinical practice. This hospital is the first in the capital that offers treatment, care and support for PLWH with opportunistic infections. It serves as one of the referral facilities for many health institutions in Vientiane and the whole of Laos for counselling and testing for HIV and where PLWH who are on home-based care get their ARV drugs.

The main responsibilities of the HIV/AIDS and TB Unit of the hospital are:

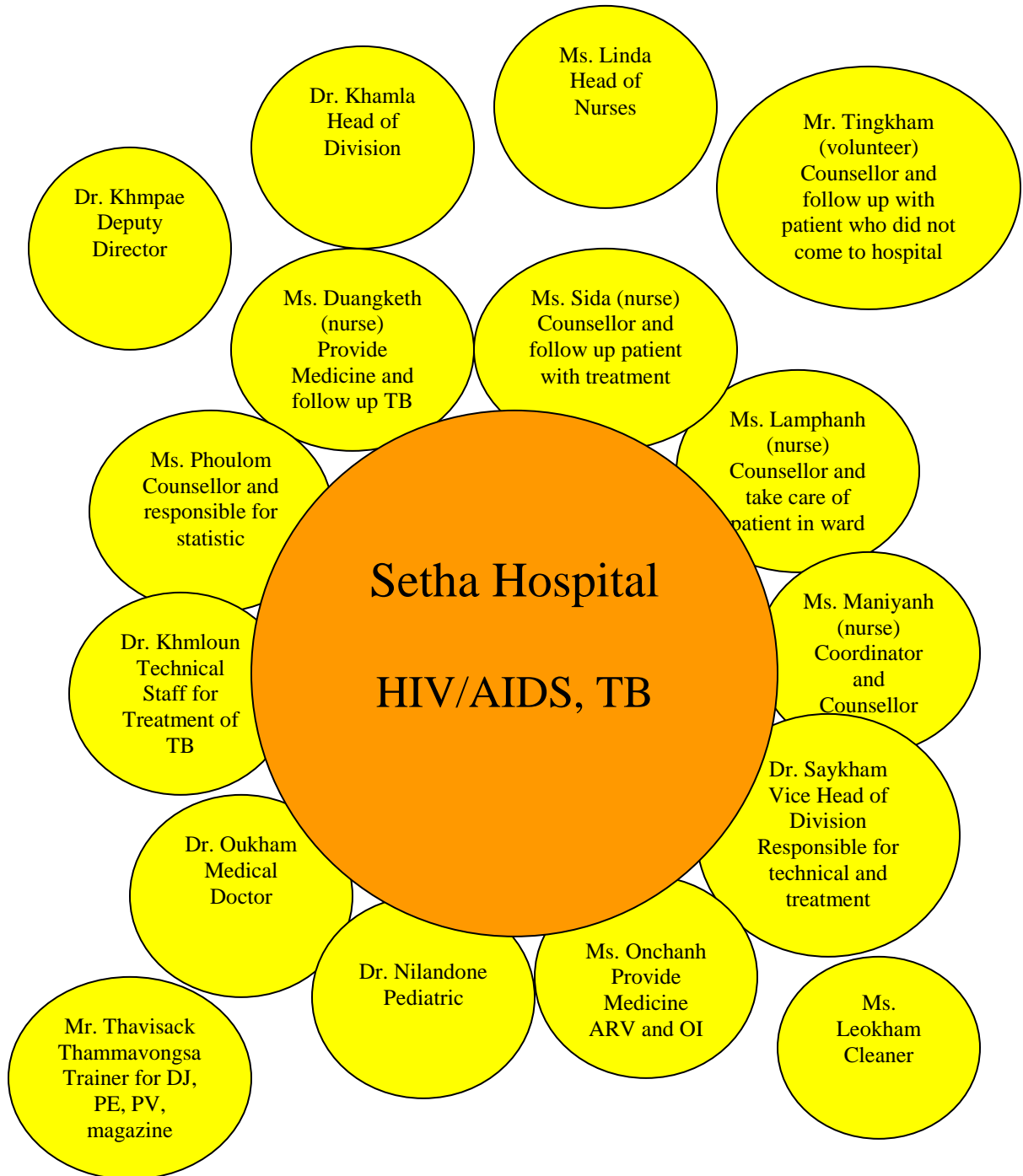
1. Pre and post test counselling, voluntary blood test for HIV
2. Pre and post test counselling for taking antivirus medicine
3. Rapid test for HIV
4. Provide counselling and health education to family
5. Following up patients on treatment by group counselling or individual counselling
6. Provide knowledge on ARV and side effects
7. Provide knowledge on nutrition for patient with HIV(+) and prevention of malnutrition

Flow of Clients



Most of the clients at the HIV/AIDS TB are referred patients from the different health institutions in Vientiane and other provinces and these clients are immediately taken care of while walk-in clients have to go through the OPD of the hospital and are referred to the HIV/AIDS Unit

Venn diagram on Personnel Involved in Direct Service Provision



The following questions are related to supervision, which is an important factor for improving the quality of services.

1. How often does the supervisor visit/supervise the clinic staff?

There is no formal agreement as to how often the supervisor does monitoring and supervision visit as the Supervisor is based in the Unit. She observes counsellors do VCT at the OPD and how staff gives instructions and information related to ARV treatment.

2. Is there a forum for on-going feedback from staff? If so, provide a brief description.

The staffs in the HIV/AIDS TB unit conduct monthly meetings when feedback from each of the service providers are shared, discussed and difficulties are addressed.

3. Is there a system to check progress? If so, provide a brief description.

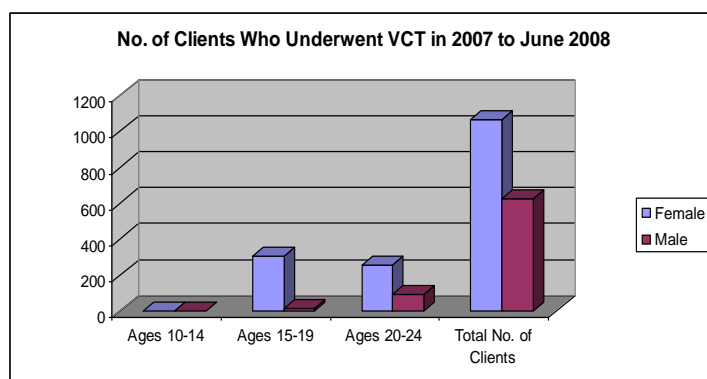
There is a weekly meeting of staffs to discuss the treatment given to patients. There is a checklist for each staff to fill in in relation to what needs to be done in the ward and in the unit. There is also a quarterly meetings with Savannaket and Luang Namtha staff on the progress of VCT, treatment and the overall care and support for PLWHA.

4. What are the primary issues managers/supervisors addresses in relation to serving youth? Which issues require the most supervisory time?

Primary issues being discussed together that need the attention of the Unit Head are confidentiality and how this is imposed and maintained in the process of addressing the medical and social needs of the clients, questions on how to made services satisfactory where clients don't wait for too long, clean unit and effective treatment; and how the poorest people who may need the services of the hospital are reached out.

Client Volume and Range of Services Provided

The only service that was reported by the RCN Focal Person from Sethathirat Hospital is the VCT (voluntary counselling and testing). In the year 2007 to June 2008, a total number of clients who underwent VCT is 1,694 and 63% of which are women and 37% are men. Of the total number of clients who had VCT, 675 or 40% are young people.



Of the total number of young people who underwent VCT, 0.59% are in the age of 10-14 years, 48% are in the ages of 15-19 years while the clients of 20-24 years of age are 52% of the total number of young clients. 63% of the total number of clients is females.

Schedule of Available Services

Hours (e.g., 12-5 pm) for each day of the week that the following services are available to adolescent clients.

Services Offered	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Counselling							
Contraception/Dual Protection	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
HIV/AIDS	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
Nutrition	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
Sexual Abuse/Violence							
Other RH Issues	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
Testing							
STI	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Emergency only	Emergency only
VCT/HIV test only (pls. note)	8:00 to 11:00	8:00 to 11:00	8:00 to 11:00	8:00 to 11:00	8:00 to 11:00	Off	Off
Pregnancy	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
Treatment							
STI (note if syndromic or etiologic)	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Emergency only	Emergency only
Postabortion Care	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours
Sexual Abuse or Violence	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours
Other Services							
Contraception	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
Antenatal Care	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
Postnatal Care	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	Off	Off
Delivery	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours
Other Services							
Substance Abuse Rehab							

Assessment of Youth-Friendliness

Methods used to gather information:

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
1. Location			
How far is the facility from public transportation?	E, IS, IC	The facility is near public transport, accessible, maybe far from the city centre but caters to the communities where the facility is located.	
How far is the facility from places where adolescents spend their free time?	E, IS, IC	The facility is far from places where young people spend their free time	
How far is the facility from schools in the area?	E, IS, IC	The facility is far from schools.	
2. Facility Hours			
What time is the clinic scheduled to open?	IS, IC	Like any other government institution, the clinic services of the HIV/AIDS, TB Unit is 8:00 in the morning	As recommended to all RCN member agencies, the facilities are challenged to provide services at lunch time where many young people are free and want to seek services when few people are in the facilities and to consider extending services until the 5 or 6 PM.
What time is the clinic scheduled to close?	IS, IC	Clinic services close at 4:00 in the afternoon although the AIDS and TB in-patient department give services 24 hours.	
Does the facility have separate hours for adolescents?	IS, IC	The facility does not have separate hours for young clients.	As recommended also, the RCN facilities can use flexi-time for their respective staff.
Is there a sign listing services and clinic working hours?	E	Yes, there is a sign listing services and clinic working hours.	Signs need to be posted in strategic places like the schools to inform young people that the hospital endeavours to be youth friendly
What times are convenient for adolescents to seek services?	IS, IC	Convenient time is during off class hours however some young people are enrolled in night classes so they find services in the morning convenient. During the period of interview, the	

	Method	Answer	Comments/Recommendations
		students are on school holiday.	
3. Facility Environment			
Does the facility provide a comfortable setting for adolescent clients?	E, IC	There are seats provided for patients of all ages and waiting place is outside the building and may not be comfortable when it rains.	The rooms are not enough for the need of the facility for provision of privacy. It needs a separate room for consultation that can also be OPD at the same time.
Does the facility have a separate space to provide services for adolescent clients?	E, IC	There is no separate space for young people.	The hospital space is limited, there may be difficulty in finding a separate space mainly for young people but this can be considered in future planning for expansion of the hospital if there is a plan to expand. The head of the unit has plans of constructing an extension building.
Does the facility have a separate waiting room for adolescent clients?	E, IC	There is no separate waiting room for adolescent clients waiting place is outside the building and may not be comfortable when it rains.	
Is there a counselling area that provided both visual and auditory privacy?	E, IC	The counselling area does not provide both visual and auditory privacy as the areas is also an office.	Again, there is a problem of space that can be addressed in future expansion projects.
Is there an examination room that provides visual and auditory privacy?	E, IC	Yes, the examination room provides both auditory and visual privacy	
Are both young men and young women welcomed and served, either for their own needs or as partners?	IS, IC, R	Yes, both young men and young women are welcomed and served, either for their own needs or as partners.	This can be deliberately worked out especially to engage the males to participate in the care for female clients particularly with young clients. However, clients are still the ones who can decide who she or he wants to be with when seeking care
4. Staff Preparedness			
Are providers trained to serve adolescent clients in	IS	All the staffs are trained to do her/his own responsibility as a	As mentioned during the interview, there are still staff members who need to attend

	Method	Answer	Comments/Recommendations
RH?		general health provider; however there are only few who have undergone training on youth-friendly services.	trainings on adolescent reproductive health, hence, it is recommended that the RCN conducts training per facility so that many personnel can participate. This training, if conducted per member agency, then the non-medical staff can also participate.
Did all staff members (e.g., receptionist) receive at least an orientation about adolescent clients? What type of orientation was this and how long was it?	IS	No, support staff did not have orientation about the nature, characteristics and needs of adolescent clients.	It is also recommended that the RCN Focal Persons organise an orientation to all staff on what the RCN is and what it aims to achieve, as well as youth-friendly service characteristics.
Do providers show respect for the adolescent client during counselling and consultations?	IS, O, IC	Both staff and clients said that the latter are respected and served as they deserve.	
Are there job aids available to help service providers in their daily work (i.e., flipchart, posters that reminds them of key messages, clients rights, etc.)?	IS, O	There are posters on the walls but not so much as a job aid however they have brochures and pamphlets that they use during counselling. No poster that remind staff of key messages during counselling neither do they have posters with clients' rights.	The posters and some printed IEC are more on general population and general information on STIs, HIV/AIDS, family planning and condom use that can serve as job aids but not specifically targeting young clients. The RCN can develop more posters and printed materials on key messages for specific service to young people like counselling and treatment of adolescent RH problems.
5. Services Provided			
Is counselling on sexuality, safer sex, pregnancy prevention, and STI and HIV prevention provided (including dual protection)?	IS, IC, P	Yes, counselling is done on safer sex, pregnancy prevention, STI and HIV	All the topics mentioned in this portion of the questionnaire are the ones that concern young people and may need some guidance as they face the different realities of their reproductive life hence the need for a package of comprehensive counselling topics in whatever department they go for any reproductive health service

	Method	Answer	Comments/Recommendations
			that they need. It is therefore recommended that a manual or guideline for a package of counselling topics be formulated for RCN members to use in all units that deal with reproductive health.
What contraceptive methods are offered? (Including EC)?	R, IS, IC, P	Contraceptive methods offered are the pills, injection, IUD and condoms. Emergency contraceptive is included	This is done at the Maternal and Child Department of the hospital.
Are condoms provided to both males & females?	IS, IC, O, P	Condoms are provided to males only as there is no available female condoms	Condoms for HIV prevention are offered at the HIV/AIDS TB unit.
Are supplies (condoms, other contraceptive methods, and drugs) sufficient to meet the need?	IS, IC	There is sufficient supply of condom as it is supported by GFATM	
Is there sufficient equipment for the provision of RH services for young people (small size speculum, scale, sphygmomanometer, syringe, needles, etc.)?	IS, E	There is sufficient equipment at the gynaecology, maternal and child and obstetric units of the hospital for the provision of RH services as well as in the AIDS/TB unit.	
Is pregnancy testing offered?	R, IS, IC, P	Yes, pregnancy testing is offered although the clients have to buy their own supply of dipstick.	
Is STI testing available? What type is available?	R, IS, IC, P	STI testing and treatment is available using syndromic and etiologic method.	
Do young people request RH services other than the ones offered? Which ones?	IS, IC	No, so far young people have not asked services other than those already offered.	There is no mechanism where young people are allowed to make requests for RH services, if there is a mechanism known to young people then they might make

	Method	Answer	Comments/Recommendations
			requests
Are referrals made for services not provided at the clinic (e.g., sexual abuse)? Please give examples	R, IS, IC, P	There are referrals made for services not provided like skin disorders and male STIs were referred to Dermatology Centre.	As suggested to the RCN, a form for referral will be developed for all members to use. The form will include a procedure for the follow-up and tracking of clients. This will also include instruction on how to sustain confidentiality of referred clients.
Is there a formal referral system, including tracking and follow-up, in place?	IS, IC, P	There is a formal referral system as stipulated in the RCN strategic plan; however this hasn't been institutionalised yet.	It is recommended that the referral system be operationalised as this includes tracking of referred cases and follow-up of the care of the referred clients.
6. Peer Education/Counselling Program			
Is a peer education/counselling program available? If so, please describe.	IS, IC, O	The HIV/AIDS TB programme has peer education/counselling activities.	
How many peer educators/counsellors are working with the facility?	IS	There are 2 males and 3 female peer educators, they do peer counselling at the facility with HIV/AIDS patients	This is an effective method of increasing awareness and self-acceptance of patients, however it also needs a good monitoring and supervision mechanism from supervisors
How many hours a week do they each spend at the facility?	IS	8 hours per day, 40 hours a week	
Is there a system for supervising and monitoring counsellors? If so, what kind of system?	IS, P	There is monitoring and supervision of PEs but not established as a system.	It is recommended that a competency-based checklist be formulated and used to monitor and supervise peer educators. This is to ensure quality programme where peer educators give out correct messages. The checklist will be used as basis on planning for refresher skills training and coaching peer educators.
7. Educational Activities			
Are educational	IS, IC, E	Yes, there are	

	Method	Answer	Comments/Recommendations
materials available on-site (A/V, computers, printed material)? Which ones?		educational materials available on-site, these are IEC on HIV/AIDS, ARV, mother to child transmission of HIV and how to prevent it, etc.	
Are there educational posters displayed?	IS, IC, E	There educational posters displayed in the unit.	Consider requesting relevant posters from other RCN-member agencies. It is recommended that RCN-wide poster or brochures on clients' rights be developed and produced for use of all the members.
Are there posters or brochures that describe the clients' rights?	S, IC, E	There are no posters or brochures that describe clients' rights.	
Are there print materials available for clients to take? Describe materials and comment.	IS, IC, E	Yes, there are print materials available for clients to take. These are on ARV compliance, PMCT and HIV/AIDS	
In what languages are IEC materials available?	IS, IC, E	Materials are all in Lao language.	
Are group (or rap) discussions held Please describe.	IS, IC, O	Group discussions are held with peer educators/counsellors. They have an organisation called Happy Hearts, composed of PLWHA.	Discussion within the group involves treatment, the members' health needs, need for more information about the infection, their hopes and fears.
Are there ways clients can access information or counselling off-site (telephone hotline, website, materials sent by mail)? Please describe.	IS, IC, E	There is no way clients can access information other than the face-to-face counselling/education through consultation and peer education.	It is recommended that the unit or the hospital give other innovative ways of increasing access of young people to information a thought.
8. Youth Involvement			
What ways can	IS, IC,	There are no mechanisms	It is suggested that suggestion

	Method	Answer	Comments/Recommendations
adolescents suggest/recommend changes to make services more comfortable and responsive?	E, P	where young people can suggest or recommend changes to make services more comfortable and responsive. There is no suggestion box at the unit, only at the main hospital building.	boxes can be put up to encourage clients to give their views on how to improve the services. It is suggested to all RCN members that exit service interviews with clients, furthermore, the RCN develops a simple interview guide and mechanism how to do this interview.
Are adolescents currently involved in decision-making about how programs are delivered? How?	IS, IC, P	No, adolescents are not currently involved in decision-making about how programmes are delivered.	
How could adolescents be more effectively involved in decision-making at the facility?	IS, IC	There were no suggestions given by the staff and clients. It is an acceptance that clients are not supposed to be involved in any decision making processes at the facility.	It is suggested that the hospital RCN leaders consider involvement of young people or advocates for young people at the facility level RCN Committee.
What other roles can adolescents play in clinic operations or guidance?	IS, IC	They can help in dissemination of information about the facility and about the prevention of HIV and STI	
9. Supportive Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	IS, P	There is no clear written guidelines for serving adolescents, but the staff said that they practise what they know is appropriate for serving adolescents.	It is recommended that the RCN Focal Persons put into writing whatever the process or procedure they currently practice in serving clients specifically young people including protection of client confidentiality.
Do written procedures exist for protecting client confidentiality? Please describe.	IS, P	There is no written procedure to protect client confidentiality, they just practice what they learned particularly from VCT training	
Are records stored so that confidentiality is	IS, E, P	Yes, records are stored in a way that confidentiality	It is believed that the medical staff will be able to provide

	Method	Answer	Comments/Recommendations
assured?		is assured.	confidentiality of clients as this is part of their code of ethics. Include in the written procedure how and where records are kept so that these will be followed by all staff whether they are new or have been with the facility for a long time already. This has to be put into writing otherwise this is easily taken for granted or overlooked.
Is there any contraceptive method that adolescents cannot receive? Which ones?	IS, IC, P	The unit is dealing with condom use only for dual protection. The staff said that she doesn't think there is a policy that inhibits young people to use any contraceptive of their choice.	
Is parental or spousal consent required? Which type and under what circumstances?	IS, IC, P	No parental and spousal consent required at the HIV/AIDS, TB unit, but in other hospital departments, consents are required for surgical and other invasive procedures	
Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?	IS, IC, P	There is no minimum age requirement for adolescent to receive services.	Although there was no in-depth investigation by the assessment team, it was observed in the analysis of clients served that younger clients tend not to seek RH services from hospitals.
Are adolescent clients served without regard to their marital status?	IS, IC, P	Yes, adolescent clients are served without regard to their marital status.	
Are pelvic exams routinely required? For what reasons? Can they be delayed?	IS, IC, P	Pelvic exams are routinely required for screening for STI, cancer surveillance	It is known that pelvic examination is invasive and oftentimes scares the young female clients especially those who come to the facility for the first time hence may pose a barrier for continuing access of services at

	Method	Answer	Comments/Recommendations
			the same facility. It is therefore suggested that this examination be done sparingly and adequate and appropriate medications can be prescribed instead.
Do policies or procedures exist that pose barriers to youth friendly services?	IS, IC, P	There are no procedures that exist that pose barriers to youth-friendly services.	It has been recommended that the RCN will formulate a list of services to young people allowable by Lao law in order to guide actions and decisions of service providers.
10. Administrative Procedures			
Is the registration process private so that other waiting clients cannot overhear the conversation?	IS, IC, E, P	No, the registration process private so that others waiting cannot overhear the conversation.	For lack of space, the waiting area and registration cannot be done in a separate room.
Can adolescent clients be seen without an appointment?	IS, IC, P	Yes, young people can be seen without appointment	It is suggested that there will be staff who will cover the lunch time period and designate this time as time for young people. As suggested earlier, the staff can practice flexi-time scheme. Referred clients from other RCN members don't necessarily go through the OPD queue but goes directly to the physician to whom the referral is addressed
If appointments are required, can they be expedited for adolescent clients?	IS, IC, P	NA	
How long would an adolescent client wait, on average, to see a provider?	IS, IC	Clients are immediately served if the staffs are present in the facility. When the Assessment Team visited the facility there was a long delay of services because the staff who is responsible for distributing medicine attended a meeting and other staffs were busy attending to an emergency in the ward.	Most of the clients at the facility are those clients on home-based treatment and they come to the facility to get their ARV and TB medicines. The incident may be a rare situation however, delegation of responsibility can prevent such situation.
What is the average	IS, IC,	The staff that average	

	Method	Answer	Comments/Recommendations
time allowed for client/provider interaction?	O, P	time allowed for client-provider interaction is 20-30 minutes depending on the case, may be more especially for clients who are HIV+	
11. Publicity/ Recruitment			
Does publicity about the clinic identify services offered and stress confidentiality?	IS, IC	There are publicity materials but do not emphasise confidentiality	It is suggested that the RCN develops a common publicity or directory material for all members with an emphasis on confidentiality
Are there staff or volunteers who do outreach activities? If so, what type?	IS, IC, O	Yes, the staff do outreach to follow-up clients who are in home-based treatment especially defaulters	This outreach can also be utilised to disseminate information about the facility and its services.
12. Fees			
How much are adolescents charged for specific methods and services?	IS, IC, P	10,000 kip for patient booklet and registration fee 1,000 kip for contraceptive pill 3,000 kip for injection 10,000 kip for IUD STI test ranges from 25,000 to 85,000 kip	
Are these fees affordable by adolescents in the catchment's area?	IS, IC	The staff and clients said the fees are affordable except for specific laboratory tests	

Somsanga Drug Treatment and Vocational Training

The Somsanga Methamphetamine Treatment and Vocational Training was established in 1996 at Ban Somsanga, Sysetha District, 9 kilometres from central Vientiane. There are 7 structures local on Somsanga's 17 hectare compound, which include:

- Two treatment wards
- Three rehabilitation dormitories
- One administration centre
- One vocational training building

Originally, the centre was constructed as a pre-trial detention and drug treatment facility for the city of Vientiane and operated by the police. In February 2004, the centre was renamed and reorganized into 3 sections: public health, social welfare and law enforcement. The centre is supported financially by the city of Vientiane and from the international donors including the United States, Japan, Singapore and the United Nations Office on Drugs and Crimes.

Services offered at the centre are:

- Detoxification for patients addicted to methamphetamine, opium, heroin, alcohol, cannabis and other illegal drugs.
- Rehabilitation, recovery and individual psychiatric care
- Group counselling and reintegration of patients into families and communities
- Vocational training
- Provides expertise and training for the staffs of other treatment centres throughout Laos

There are 4 steps in the treatment and rehabilitation processes, namely:

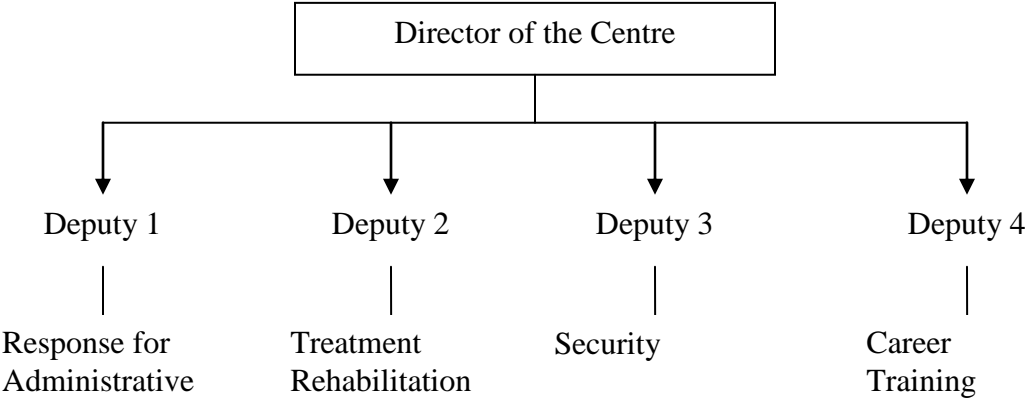
1. Detoxification (21-42 days)
 - Medication and vitamin supplements
 - Counselling for individuals, groups and families
 - Daily activities
2. Rehabilitation (months 3-6)
 - Education and structured living
 - Group counselling
 - Sports, exercise and recreation
 - Gardening, animal husbandry and handicrafts
3. Reintegration (months 6-9)
 - Vocational training
 - Education
 - Additional group counselling
 - Follow up following completion of treatment (months 9-12), including check-ups and family counselling every 15 days.
4. Group Activities
 - Morning group activity is held every morning, Monday through Friday except Thursday for 90 minutes. The meeting includes discussion of the rules for

structured living, positive lifestyle changes, maximising individual potential and developing creativity. Group activities may also include suggestions for living/working together, self-criticism, observations on weaknesses in other and proven techniques for improvement.

- Weekly group activity is held every Thursday for 90 minutes, these small group (8-12 persons) meetings are conducted in a friendly, supportive and confidential atmosphere intended to provoke an open exchange of ideas among participants.
- Recreational activities and vocational training. Sports and other recreational activities are used at the Centre to help enhance patients' sense of physical and mental well being. Vocational training is intended to provide marketable skills that will provide better life alternatives for former addicts after completing treatment.

The Centre has a budget of 750,000,000 Kip or approximately USD 88,500 from the Government. This is used for per diem for patients, administration, medicines, repairs in the Centre and running costs.

Organisational Structure



Venn Diagram of Staff Involved in Direct Provision of Services to Young People



Based on this venn diagram, there are 8 staffs who are directly involved in direct service provision. All are trained in drug counselling and only 1 was trained on adolescent services conducted by the UNFPA including HIV/AIDS. There is a need to provide all the staff training on youth-friendly services and adolescent reproductive health. The Peer

Educator is a little bit far from the circle because he only works with clients who are already about to be discharged, to counsel them on how to prevent themselves from returning to drug addiction.

The following questions are related to supervision, which is an important factor for improving the quality of services.

1. How often does the supervisor visit/supervise the clinic staff?

The Deputy Director who acts as supervisor for drug counselling does counselling himself and works full-time in the facility. Supervision is part of his routine in the ward.

2. Is there a forum for on-going feedback from staff? If so, provide a brief description.

All the staff meet quarterly to discuss their work, the difficulties they met with the clients and the solutions they implemented. They also discuss the progress of cases and plans for effective management of the cases.

3. Is there a system to check progress? If so, provide a brief description.

There is no system however they conduct the staff meetings where progress in the whole facility is discussed.

4. What are the primary issues managers/supervisors addresses in relation to serving youth? Which issues require the most supervisory time?

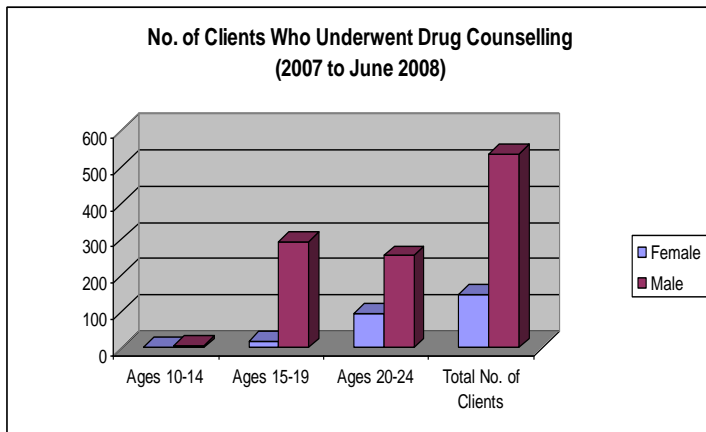
The issues that concern the staff are: a) return of the clients to drugs after they are rehabilitated, b) young clients always attempt to escape from the facility, c) how they can motivate cooperation from the clients during counselling and other activities in the facility, d) quarrelling of clients in the ward always pose a challenge in the counselling of clients

Client Volume and Range of Services Provided

This section is for information on client volume and the range of services provided. In order to maintain and improve the quality of services, service providers should have experience in all aspects of adolescent care, including, where appropriate, counselling and the provision of contraceptive methods. Total number of all clients served in the first column and the number of young people served, broken down by age, in the second column.

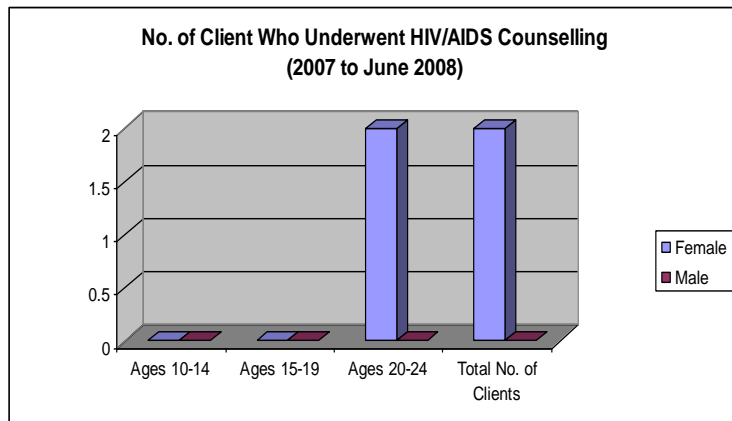
Services Provided	Total No. of Clients Served		No. of Young Clients Served					
	F	M	10-14		15-19		20-24	
			F	M	F	M	F	M
Counselling								
Contraception/Dual Protection								
HIV/AIDS	2	0	0	0	0	0	2	0
Nutrition								

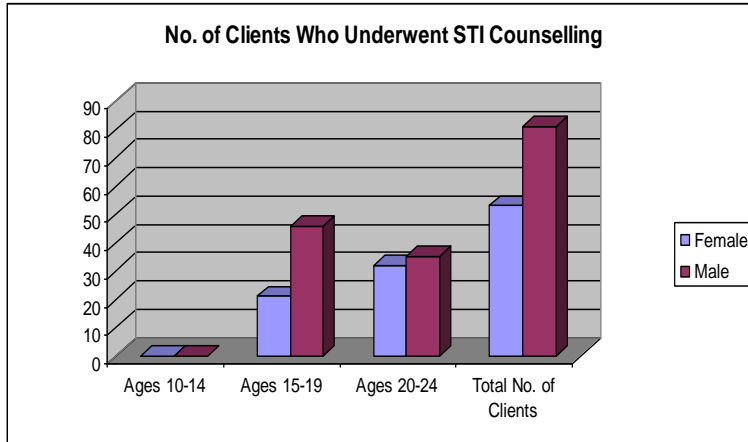
Sexual Abuse/Violence								
Other RH Issues (STI)	53	81	0	0	21	46	32	35
Drugs	142	536	2	7	18	295	97	255
Testing								
STI								
VCT/HIV test only (pls. note)								
Pregnancy								
Treatment								
STI (note if syndromic or etiologic)								
Postabortion Care								
Sexual Abuse or Violence								
Other Services								
Contraception								
Antenatal Care								
Postnatal Care								
Delivery								
Other Services								



Of the 678 total numbers of clients who underwent drug counselling, 674 or 99% are young people. 117 or 17.4% of these young clients are females and 557 or 82.6% are males. The clients having the ages of 15-19 are more than the clients in the ages of 20-24 years. Clients of 10-14 years of age are 1.33% of the total young clients.

On the specified period, there were only 2 clients who underwent HIV counselling and both are females. As the facility starts to provide VCT, this number is expected to increase. There is a need for the laboratory and counselling staff to undergo training on youth-friendly counselling.





Of the 134 total numbers of clients who underwent STI testing, 100% are young people, with 50% belonging to the 15-19 years age bracket and 50% also to 20-24 years of age. Overall, 60% are males and 40% are females. There were no clients who are 10-14 years of age.

In the period of 2007 to June 2008, a total number of 27 clients were referred to hospitals and Dermatology Centre for infections, TB, leprosy, STI, HIV and anaemia.

Schedule of Available Services

Hours (e.g., 12-5 pm) for each day of the week that the following services are available to adolescent clients.

Services Offered	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Counselling							
Contraception/Dual Protection							
HIV/AIDS							
Nutrition							
Sexual Abuse/Violence							
Other RH Issues (STI)	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00		
Drug	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00		
Testing							
STI							
VCT/HIV test only (pls. note)							
Pregnancy							
Drug Test	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00	8:00 to 16:00		
Treatment							
STI (note if syndromic or etiologic)							
Postabortion Care							

Sexual Abuse or Violence							
Detoxification	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours
Other Services							
Contraception							
Antenatal Care							
Postnatal Care							
Delivery							
Other Services							
Substance Abuse Rehab	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours

Assessment of Youth-Friendliness

Methods used to gather information:

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
1. Location			
How far is the facility from public transportation?	E, IS, IC	The facility is about 9 kms away from the city centre, and far from public transport	There is an advantage and a disadvantage in the distance of the facility. As clients always want to escape from treatment and rehabilitation, they couldn't just leave the place as the place is far from public transport, however, it is also far for possible clients and families to access the facility.
How far is the facility from places where adolescents spend their free time?	E, IS, IC	There are no places near the facility where young people spend their free time.	
How far is the facility from schools in the area?	E, IS, IC	The facility is also far from schools.	

	Method	Answer	Comments/Recommendations
2. Facility Hours			
What time is the clinic scheduled to open?	IS, IC	The centre opens at 8:00 AM	
What time is the clinic scheduled to close?	IS, IC	The centre closes at 4 PM like any other government institution.	
Does the facility have separate hours for adolescents?	IS, IC	No there are no separate hours for young people.	As seen in the client volume, the majority, almost all of the clients are young people so there is no need to have separate hours for them, they can be served immediately when they come.
Is there a sign listing services and clinic working hours?	E	Yes, there is a sign listing services and clinic hours at the gate of the facility.	Maybe the facility needs to be advertised at strategic areas in the city like schools and markets or where young people frequently hang around.
What times are convenient for adolescents to seek services?	IS, IC	Clients said that anytime within the facility working hours is for them convenient to seek services	Usually, young clients who are brought to this facility are drop outs from school or those who have no work.
3. Facility Environment			
Does the facility provide a comfortable setting for adolescent clients?	E, IC	The clients said the setting is comfortable but they said they always think of home. It was observed that the in-patient rooms may not be comfortable as these are enclosed with bars.	Comfort or discomfort may not only be physical but also psychological. As informed by the staff, the in-patients are enclosed in bars so they couldn't escape from the facility.
Does the facility have a separate space to provide services for adolescent clients?	E, IC	There is no space designated for young people only.	Almost all clients are young people so there is no need for a separate space for them.
Does the facility have a separate waiting room for adolescent clients?	E, IC		

	Method	Answer	Comments/Recommendations
Is there a counselling area that provided both visual and auditory privacy?	E, IC	Counselling and examination rooms provide both auditory and visual privacy.	Counselling is usually done in big and small groups so privacy may not really be an issue here except when the clients are having STIs or other illnesses that they need privacy in discussing their situation with the facility staff.
Is there an examination room that provides visual and auditory privacy?	E, IC		
Are both young men and young women welcomed and served, either for their own needs or as partners?	IS, IC, R	Yes, both young men and young women are welcomed and served, either for their own or as partners.	Partners or couples both seeking services from the facility is a rare case
4. Staff Preparedness			
Are providers trained to serve adolescent clients in RH?	IS	The staffs who are at the same time RCN Focal Persons said that have undergone training with RCN and UNFPA on ASRH.	It is recommended that the RCN Focal persons conduct a needs assessment of all service providers and ensure that appropriate staff be sent for trainings and workshops initiated by the RCN, UNFPA or any organisations conducting trainings on adolescent service
Did all staff members (e.g., receptionist) receive at least an orientation about adolescent clients? What type of orientation was this and how long was it?	IS	There was no orientation about adolescent clients that was conducted to all support staff members.	It is suggested that the RCN Focal Persons conduct this orientation to all the support staff. This can be done in one of the quarterly meetings of all the technical staff.
Do providers show respect for the adolescent client during counselling and consultations?	IS, O, IC	Yes, the providers show respect to the clients.	This is commendable and this respect that the staff show to their young clients can be enhanced by more information and training on youth-friendly services.
Are there job aids available to help service providers in their daily work (i.e., flipchart, posters that remind	IS, O	There were no posters or leaflets that will serve as job aids for the staff to be reminded of key counselling messages and clients' rights.	The need for sharing of IEC materials among the RCN member agencies surfaced during the RCN regular meeting on 14 August 2008 which was positively taken by all the participants of the

	Method	Answer	Comments/Recommendations
them of key messages, clients rights, etc.)?			meeting. The Centre has a manual on drug counselling but not appropriate as a job aid because it is so big and thick
5. Services Provided			
Is counselling on sexuality, safer sex, pregnancy prevention, and STI and HIV prevention provided (including dual protection)?	IS, IC, P	The Centre does counselling on HIV/AIDS, STI and substance abuse or prohibited drugs	As observed, the giving of instructions to clients or giving of RH information is used interchangeably with the word counselling. It is recommended that the RCN develops a counselling guide for all its member agencies.
What contraceptive methods are offer (including EC)?	R, IS, IC, P	There are no contraceptives that are provided to clients in the facility	
Are condoms provided to both males & females?	IS, IC, O, P	NA	
Are supplies (condoms, other contraceptive methods, and drugs) sufficient to meet the need?	IS, IC	NA	
Is there sufficient equipment for the provision of RH services for young people (small size speculum, scale, sphygmomanometer, syringe, needles, etc.)?	IS, E	Yes, there is sufficient equipment like scale, sphygmomanometer, and syringes and needles, used for the clients.	
Is pregnancy testing offered?	R, IS, IC, P	This is not done in the facility.	
Is STI testing available? What type is	R, IS, IC, P	Yes, STI testing is done in the laboratory using etiologic approach.	

	Method	Answer	Comments/Recommendations
available?			
Do young people request RH services other than the ones offered? Which ones?	IS, IC	Young people do not request any RH services other than the ones provided already.	
Are referrals made for services not provided at the clinic (e.g., sexual abuse)? Please give examples	R, IS, IC, P	Yes, referral is done for services not provided at the Centre. They used to refer to other facilities clients for VCT but now, they have just acquired this service.	HIV testing is newly instituted at the Centre hence the need for training and close supervision of counselling for pre and post testing.
Is there a formal referral system, including tracking and follow-up, in place?	IS, IC, P	There is a formal referral system as stipulated in the RCN strategic plan; however this hasn't been institutionalised yet.	It is recommended that the referral system be operationalised as this includes tracking of referred cases and follow-up of the care of the referred clients.
6. Peer Education/Counselling Program			
Is a peer education/counselling program available? If so, please describe.	IS, IC, O	Yes, there is a peer education/counselling programme although it is utilised only for clients who are about to be discharged. Peer counselling is used to help rehabilitated clients to avoid getting hooked by drugs again.	It is recommended that the facility increases their peer counsellors and expand topics for peer education and counselling programme including ASRH issues and concerns. It is also suggested that peer counsellors who are successfully rehabilitated from drug addiction or abuse, work with young clients so they will be able to establish rapport with them and will serve as their role model.
How many peer educators/counsellors are working with the facility?	IS	There is only 1 peer educator/counsellor	
How many hours a week do they each spend at the facility?	IS	8 hours per month, only when there are clients who are to be discharged from the facility and go back to their homes and communities	
Is there a system for	IS, P	Peer counsellor is	

	Method	Answer	Comments/Recommendations
supervising and monitoring counsellors? If so, what kind of system?		accompanied and coached by a facility staff counsellor	
7. Educational Activities			
Are educational materials available on-site (A/V, computers, printed material)? Which ones?	IS, IC, E	There are no educational materials available on site although there is a mobile library sponsored by Shanti Volunteer Association (SVA).	A video programme can provide both educational and entertainment to clients. The clients who are still in the treatment period are not able to access the library on their own as they are enclosed in their quarters.
Are there educational posters displayed?	IS, IC, E	There are no educational posters displayed.	Consider requesting relevant posters from other RCN-member agencies. It is recommended that RCN-wide poster or brochures on clients' rights be developed and produced for use of all the members.
Are there posters or brochures that describe the clients' rights?	S, IC, E		
Are there print materials available for clients to take? Describe materials and comment.	IS, IC, E	No materials are available to take home.	
In what languages are IEC materials available?	IS, IC, E	The books in the library that the clients who are not allowed to leave their rooms are in English, Lao and Thai languages.	The clients can borrow books from this library.
Are group (or rap) discussions held Please describe.	IS, IC, O	Clients said that in their respective rooms they conduct group discussions and evaluate their behaviour and cleanliness of their respective rooms	
Are there ways clients can access information or	IS, IC, E	Telephone communication is available for clients who	

	Method	Answer	Comments/Recommendations
counseling off-site (telephone hotline, website, materials sent by mail)? Please describe.		have been at the centre and were rehabilitated already but not for anybody who wants to know some information.	
8. Youth Involvement			
What ways can adolescents suggest/recommend changes to make services more comfortable and responsive?	IS, IC, E, P	Before discharge, the clients are asked how the services will be improved. Staff said that parents and relatives of clients give fans and other materials to improve the services.	It is suggested that the facility should agree on an appropriate and doable mechanism to gather suggestions or recommendations from clients especially from adolescents.
Are adolescents currently involved in decision-making about how programs are delivered? How?	IS, IC, P	Every Fridays and Mondays, all the clients led by the staff do some meditations and reflections then an open forum is conducted to ask suggestions to improve services.	It is suggested that the Centre considers involvement of young people or advocates for young people at the facility level RCN Committee.
How could adolescents be more effectively involved in decision-making at the facility?	IS, IC	Adolescents are not involved in decision-making about how programs are delivered nor in decision-making at the facility.	
What other roles can adolescents play in clinic operations or guidance?	IS, IC	The clients can make the ward clean, volunteer to campaign for anti-drug abuse and participate in all the activities conducted by the Centre.	
9. Supportive Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	IS, P	There are no clear written guidelines for serving adolescents but the staff they practice procedures that they learned from seminars and meetings	It is recommended that the RCN Focal Persons put into writing whatever the process or procedure they currently practice in serving clients specifically young people including protection of client
Do written	IS, P	There are no existing	

	Method	Answer	Comments/Recommendations
procedures exist for protecting client confidentiality? Please describe.		procedures for protecting client confidentiality.	confidentiality.
Are records stored so that confidentiality is assured?	IS, E, P	The records are stored at the OPD and only the staff can have access.	Include in the written procedure how and where records are kept so that these will be followed by all staff whether they are new or have been with the facility for a long time already. This has to be put into writing otherwise this is easily taken for granted or overlooked.
Are there any contraceptive method that adolescents cannot receive? Which ones?	IS, IC, P	NA	
Is parental or spousal consent required? Which type and under what circumstances?	IS, IC, P	Parents or relative usually are the ones who bring clients to the Centre. There is an agreement signed by parents on the fees, treatment procedures and sanctions whenever the client misbehaves.	
Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?	IS, IC, P	There is no age requirement for adolescents to receive services.	
Are adolescent clients served without regard to their marital status?	IS, IC, P	Yes, adolescent clients can be served without regard to marital status	
Are pelvic exams routinely required? For what reasons? Can they be	IS, IC, P	NA	

	Method	Answer	Comments/Recommendations
delayed?			
Do policies or procedures exist that pose barriers to youth friendly services?	IS, IC, P	No, there are no policies and procedures that pose barriers to youth friendly services.	
10. Administrative Procedures			
Is the registration process private so that other waiting clients cannot overhear the conversation?	IS, IC, E, P	Yes, the registration process is private	
Can adolescent clients be seen without an appointment?	IS, IC, P	Yes, all clients including adolescents can be served even without an appointment.	There are few clients at a time so clients can come anytime during the office or working hours
If appointments are required, can they be expedited for adolescent clients?	IS, IC, P	NA	
How long would an adolescent client wait, on average, to see a provider?	IS, IC	20-30 minutes	
What is the average time allowed for client/provider interaction?	IS, IC, O, P	Counselling either individual or group is not more than one hour but sometimes group counselling can exceed 1 hour.	
11. Publicity/ Recruitment			
Does publicity about the clinic identify services offered and stress confidentiality?	IS, IC	There are brochures that are distributed about the Centre, its services and working hours however there is no emphasis of confidentiality	It is suggested that the RCN develops a common publicity or directory material for all members with an emphasis on confidentiality
Are there staff or volunteers who do outreach	IS, IC, O	There are no volunteers however the Burnet Institute always request	

	Method	Answer	Comments/Recommendations
activities? If so, what type?		for a client to do outreach with them.	
12. Fees			
How much are adolescents charged for specific methods and services?	IS, IC, P	500,000 kip is charged for the whole treatment and rehabilitation processes including medicines.	
Are these fees affordable by adolescents in the catchment's area?	IS, IC	Most of the clients can afford, but maybe the poor families cannot afford the fee	The staff said that poor families can avail of the services for free if they have a letter from their chief of village certifying that family is really poor.

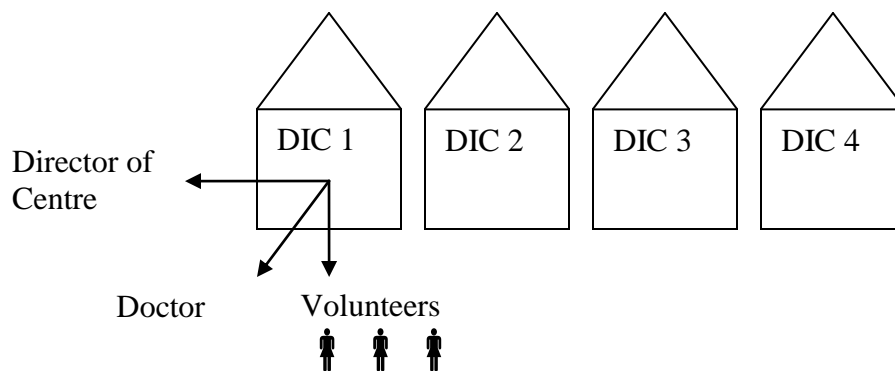
Vientiane Public Health Department

The Vientiane Public Health Department is under the Ministry of Health, it operates 9 District Hospitals within Vientiane Capital. The main responsibility of the Vientiane Health Department is to oversee the operation of the district hospitals and health centres within its catchments. Specifically, through the health facilities under its administration, it implements health promotion strategies; provides general health services and implements prevention and control of communicable and non-communicable diseases. It is also responsible in building of capacity of health personnel especially in maternal and child and reproductive health, training in STI, HIV/AIDS and VCT.

For the purpose of this assessment of youth-friendly services, Chanthaboury District Hospital was visited. Similar to other District Hospitals, Chanthaboury District Hospital has 3 areas of service, namely: out-patient department, in-patient department and emergency department. These areas provide services in gynaecology, maternal and child health where family planning, pre-natal care, labour and delivery, post-natal care, dental, immunisation, TB and VCT.

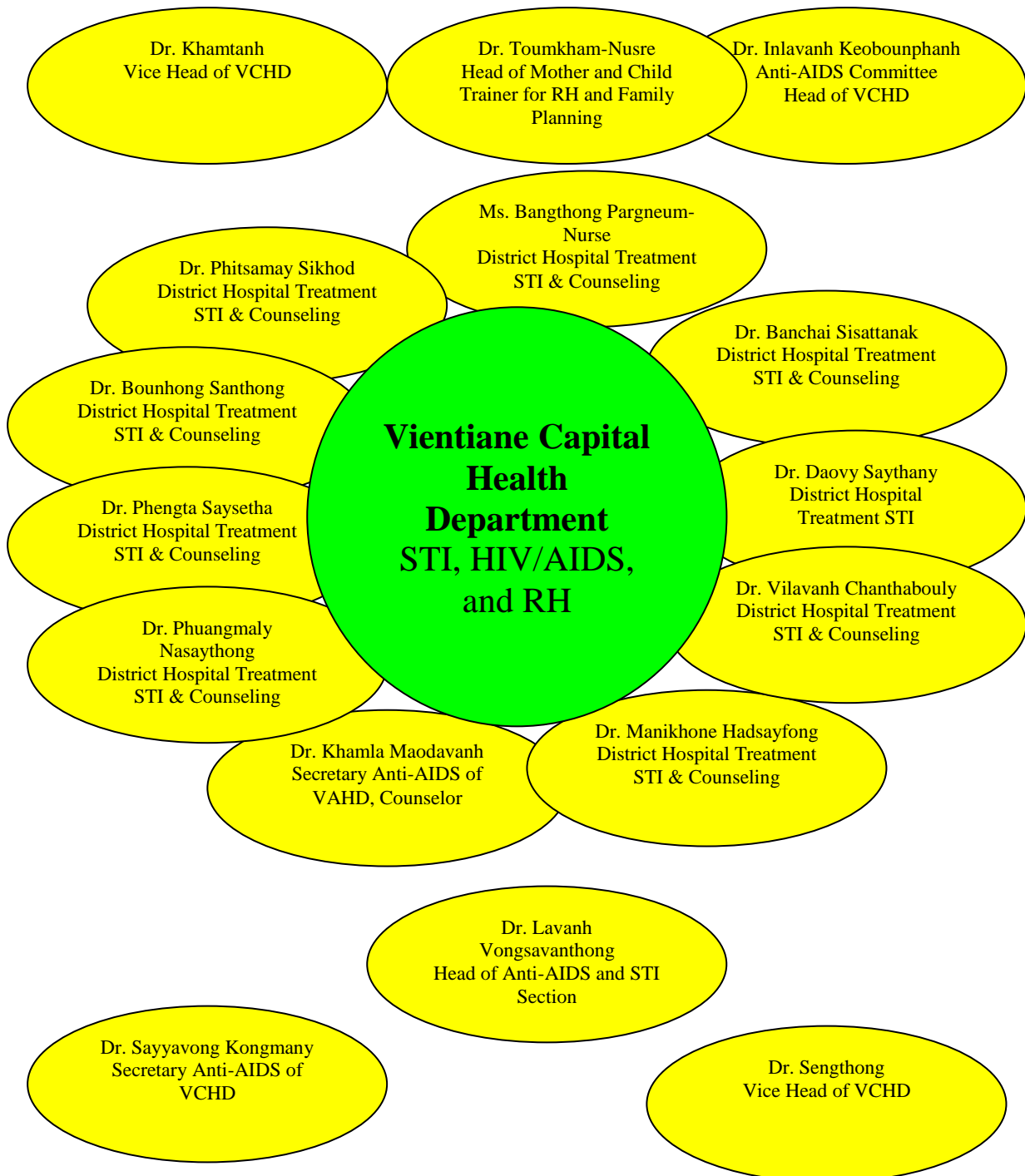
Vientiane Public Health Department, with the financial support of FHI, runs 4 Drop-In Centres for female entertainment workers and operates 5 Drop In Centres based in 5 District Hospitals in districts where there are no separate Drop In Centres. Similar DICs are also operated in Luangprabang, Savannakhet, Champasack with the same support of FHI. The Public Health Departments of the provinces provides all the technical staff and management of the Centres.

Vientiane Health Department and FHI



For the volume of clients, VHD shares information with FHI as FHI information comes from them. For the hospitals, the RCN Focal Persons was not able to retrieve data specific to young people and reproductive health complaints. It was therefore recommended that the District Hospitals designates one person each hospital to gather disaggregated data for RCN and use the database programmed for RCN members to use.

Venn diagram on Personnel Involved in Direct Service Provision



The following questions are related to supervision, which is an important factor for improving the quality of services.

1. How often does the supervisor visit/supervise the clinic staff?

The Overall Supervisor is based in the Vientiane Health Department Office and in each District, there is one designated monitor who goes to the DIC to collect data and ensure

that activities are going on well. The supervisor goes out for supervision visit 12 times a month.

2. Is there a forum for on-going feedback from staff? If so, provide a brief description.
Quarterly meetings are conducted together with all the staff in the DIC and FHI coordinator (except the doctor) to discuss the concerns and challenges encountered by the DIC staffs and how to improve their work.

3. Is there a system to check progress? If so, provide a brief description.
The system the VHD has instituted to check progress includes: a) review of records, b) talk to the doctor, c) Talk to clients. No observation on counselling activities is done as observation is not allowed according to the Supervisor from the VHD. The staff expressed that they need to improve the system and need to formulate a form or a checklist to help in the monitoring and supervision process.

4. What are the primary issues managers/supervisors addresses in relation to serving youth? Which issues require the most supervisory time?
 a) Difficulty to access entertainment establishments because of the non-cooperation of establishment owners.
 b) Clients often complain against the doctors as they tell the peer educators, some doctors are not friendly to the clients
It was recommended that the doctors should be involved in meetings and discussion related to the problems of the clients, so the concerned doctors will be aware of the complaints of clients.

Schedule of Available Services

Hours (e.g., 12-5 pm) for each day of the week that the following services are available to adolescent clients.

Services Offered	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Counselling</i>							
Contraception/Dual Protection	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00		
HIV/AIDS	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00		
Nutrition	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00		
Sexual Abuse/Violence							
STI	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00		
Pregnancy	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00		
<i>Testing</i>							
STI	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00		

VCT/HIV test only (pls. note)							
Pregnancy	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00		
Treatment							
STI (note if syndromic or etiologic)	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00		
Postabortion Care							
Sexual Abuse or Violence							
Other Services							
Contraception	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00		
Antenatal Care	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00		
Postnatal Care	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00	8-12 1:30-4:00		
Delivery	24 hours	24 hours	24 hours	24 hours	24 hours		

Assessment of Youth Friendliness

Methods used to gather information:

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
1. Location			
How far is the facility from public transportation?	E, IS, IC	The facility (Chanthaboury District Hospital) is near public transport, it is within the city centre.	The location is strategic where it is located within the city centre and very accessible by public transport.
How far is the facility from places where adolescents spend their free time?	E, IS, IC	Within 500 meter radius, there are many places where adolescents spend their free time, like entertainment bars and internet shops	

	Method	Answer	Comments/Recommendations
How far is the facility from schools in the area?	E, IS, IC	Within 300 meter radius from the facility, secondary schools are located	
2. Facility Hours			
What time is the clinic scheduled to open?	IS, IC	The facility opens at 8 AM till 12 noon. There is an hour lunch break and resumes at 1:30 PM	As recommended to all RCN member agencies, the facilities are encouraged to provide services at lunch time where many young people are free and want to seek services when few people are in the facilities and to consider extending services until the 5 or 6 PM.
What time is the clinic scheduled to close?	IS, IC	The facility closes at 4 PM	
Does the facility have separate hours for adolescents?	IS, IC	The facility does not have separate hours for adolescent	
Is there a sign listing services and clinic working hours?	E	Yes, there is a sign listing the working hours and services.	
What times are convenient for adolescents to seek services?	IS, IC	Convenient time is when there are no classes.	
3. Facility Environment			
Does the facility provide a comfortable setting for adolescent clients?	E, IC	Generally, the facility provides a comfortable setting for all clients not only the young people. There are seats provided for clients while waiting for service	
Does the facility have a separate space to provide services for adolescent clients?	E, IC	The facility doesn't have a separate space to provide services for adolescent clients nor a separate waiting room for young people.	These might be difficult to provide as the facility does not have enough space for this purpose
Does the facility have a separate waiting room for adolescent clients?	E, IC		
Is there a counselling area that provided both visual and auditory privacy?	E, IC	Counselling area provide both visual and auditory privacy	

	Method	Answer	Comments/Recommendations
Is there an examination room that provides visual and auditory privacy?	E, IC	Examination rooms also provide visual and auditory privacy	
Are both young men and young women welcomed and served, either for their own needs or as partners?	IS, IC, R	Yes, both young men and young women are welcomed and served either for their own needs or as partners. This needs to be requested.	This is a good practice and be encouraged in order to promote partnership with men in the prevention, control and treatment of STIs.
4. Staff Preparedness			
Are providers trained to serve adolescent clients in RH?	IS	There are few staffs who had training to serve adolescent clients in RH.	As mentioned during the interview, there are still staff members who need to attend trainings on adolescent reproductive health, hence, it is recommended that the RCN conducts training per facility so that many personnel can participate. This training, if conducted per member agency, then the non-medical staff can also participate.
Did all staff members (e.g., receptionist) receive at least an orientation about adolescent clients? What type of orientation was this and how long was it?	IS	No, staff members did not undergo orientation on youth-friendly services	It is recommended that the RCN Focal Persons organise an orientation to all staff on what the RCN is and what it aims to achieve, as well as youth-friendly service characteristics.
Do providers show respect for the adolescent client during counselling and consultations?	IS, O, IC	Yes, providers show respect for the young clients	
Are there job aids available to help service providers in their daily work (i.e., flipchart, posters that remind them of key messages, clients rights, etc.)?	IS, O	There are many posters, leaflets and flipcharts that are utilised as job aids but not specific to young people.	The posters and some printed IEC are more on general population and general information on STIs, HIV/AIDS, family planning and condom use that can serve as job aids but not specifically targeting young clients. The RCN can develop more posters and printed materials on key messages for specific service to young people

	Method	Answer	Comments/Recommendations
			like counselling and treatment of adolescent RH problems.
5. Services Provided			
Is counselling on sexuality, safer sex, pregnancy prevention, and STI and HIV prevention provided (including dual protection)?	IS, IC, P	Yes, counselling is done when the clients register for the clinic service and when the doctor sees them before or after the treatment.	As observed, the giving of instructions to clients or giving of RH information is used interchangeably with the word counselling. It is recommended that the RCN develops a counselling guide for all its member agencies.
What contraceptive methods are offer (including EC)?	R, IS, IC, P	Contraceptive methods offered are the pills, injection, IUD and condoms. Emergency contraceptive is included	
Are condoms provided to both males & females?	IS, IC, O, P	Condoms available are only for males.	
Are supplies (condoms, other contraceptive methods, and drugs) sufficient to meet the need?	IS, IC	Supply of condoms is sufficient as they are supplied with free condoms by an organisation called Organon.	The Vientiane Health Department and its district hospital are also recipients of condoms from the MCHC however condoms from them should be for family planning use. Dual protection from condom can be emphasised.
Is there sufficient equipment for the provision of RH services for young people (small size speculum, scale, sphygmomanometer, syringe, needles, etc.)?	IS, E	Yes, there is sufficient equipment for the provision of RH services for young people.	
Is pregnancy testing offered?	R, IS, IC, P	Yes, pregnancy testing is offered although the clients have to buy the material needed for the procedure.	
Is STI and HIV testing available? What type is available?	R, IS, IC, P	Yes, STI testing is available using the etiologic method. HIV testing is not done.	It is recommended that VHD offers HIV testing as part of their services to ensure that testing is done given the possibility that young clients do not follow referral instructions for many reasons.

	Method	Answer	Comments/Recommendations
			As agreed with CHAS, VHD service providers will undergo training on HIV testing and will also be given the supplies and materials for the procedure
Do young people request RH services other than the ones offered? Which ones?	IS, IC	No, young people don't request RH services other than the ones offered.	
Are referrals made for services not provided at the clinic (e.g., sexual abuse)? Please give examples	R, IS, IC, P	Yes, referrals are done for cases that cannot be treated at the district hospitals.	As suggested to the RCN, a form for referral will be developed for all members to use. The form will include a procedure for the follow-up and tracking of clients. This will also include instruction on how to sustain confidentiality of referred clients.
Is there a formal referral system, including tracking and follow-up, in place?	IS, IC, P	There is a formal referral system as stipulated in the RCN strategic plan; however this hasn't been institutionalised yet.	It is recommended that the referral system be operationalised as this include tracking of referred cases and follow-up of the care of the referred clients.
6. Peer Education/Counselling Program			
Is a peer education/counselling program available? If so, please describe.	IS, IC, O	No, there is no peer education/counselling program in place. The staff said that it is not appropriate for them.	
How many peer educators/counsellors are working with the facility?	IS	NA	
How many hours a week do they each spend at the facility?	IS	NA	
Is there a system for supervising and monitoring counsellors? If so, what kind of system?	IS, P	NA	
7. Educational			

	Method	Answer	Comments/Recommendations
Activities			
Are educational materials available on-site (A/V, computers, printed material)? Which ones?	IS, IC, E	Yes, there are posters on general health concerns posted in the Chanthaboury District Hospital.	
Are there educational posters displayed?	IS, IC, E	There are educational posters displayed but more on general health information nothing of ASRH	Consider requesting relevant posters from other RCN-member agencies. It is recommended that RCN-wide poster or brochures on clients' rights be developed and produced for use of all the members.
Are there posters or brochures that describe the clients' rights?	S, IC, E	No, there are no materials that describe client's rights	
Are there print materials available for clients to take? Describe materials and comment.	IS, IC, E	Yes, there are leaflets that clients can take and these are on STIs, family planning contraceptives, Emergency contraceptive pills, etc.	These materials are provided free by an organisation called Organon.
In what languages are IEC materials available?	IS, IC, E	All materials are in Lao language	
Are group (or rap) discussions held Please describe.	IS, IC, O	No group discussions are being conducted. There used to be with mothers but when the project with Organon phased out, there were no more group discussion organised	It is recommended that the group discussions that were done before be revived.
Are there ways clients can access information or counselling off-site (telephone hotline, website, materials sent by mail)? Please describe.	IS, IC, E	Aside from face-to-face consultation and counselling, there are no other ways clients can access information.	
8. Youth Involvement			
What ways can adolescents suggest/recommend	IS, IC, E, P	No, young people are not involved in any of the decision making process	It is suggested that suggestion boxes can be put up to encourage clients to give their views on how

	Method	Answer	Comments/Recommendations
changes to make services more comfortable and responsive?		in the facility.	to improve the services.
Are adolescents currently involved in decision-making about how programs are delivered? How?	IS, IC, P	NA	It is suggested to all RCN members that exit service interviews with clients and the RCN develops a simple interview guide and mechanism how to do this interview.
How could adolescents be more effectively involved in decision-making at the facility?	IS, IC	NA	
What other roles can adolescents play in clinic operations or guidance?	IS, IC	NA	It is suggested that the VHD RCN leaders consider involvement of young people or advocates for young people at the facility level RCN Committee.
9. Supportive Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	IS, P	There are no clear written guidelines for serving adolescents.	It is recommended that the RCN Focal Persons put into writing whatever the process or procedure they currently practice in serving clients specifically young people including protection of client confidentiality.
Do written procedures exist for protecting client confidentiality? Please describe.	IS, P	There is no written procedure for protecting client confidentiality.	
Are records stored so that confidentiality is assured?	IS, E, P	Records are not kept confidential as the staff said there is nothing to be kept confidential.	Include in the written procedure how and where records are kept so that these will be followed by all staff whether they are new or have been with the facility for a long time already. This has to be put into writing otherwise this is easily taken for granted or overlooked.
Is there any contraceptive method that adolescents cannot receive? Which ones?	IS, IC, P	No, there is no contraceptive method that adolescents cannot receive.	The young people need to have an informed choice, so they too need to have access to information related to contraceptives.

	Method	Answer	Comments/Recommendations
Is parental or spousal consent required? Which type and under what circumstances?	IS, IC, P	No, parental and spousal consent are not required for adolescents, except when the procedure is invasive like surgery.	
Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?	IS, IC, P	No, there is no minimum age requirement for adolescents to receive services	Although there was no in-depth investigation by the assessment team, it was observed in the analysis of clients served that younger clients tend not to seek RH services from hospitals.
Are adolescent clients served without regard to their marital status?	IS, IC, P	Yes, adolescents can be served without regard to their marital status.	
Are pelvic exams routinely required? For what reasons? Can they be delayed?	IS, IC, P	Pelvic examination is not routinely required, it depends on the case of each client.	It is known that pelvic examination is invasive and oftentimes scares the young female clients especially those who come to the facility for the first time hence may pose a barrier for continuing access of services at the same facility. It is therefore suggested that this examination be done sparingly and adequate and appropriate medications can be prescribed instead.
Do policies or procedures exist that pose barriers to youth friendly services?	IS, IC, P	As far as the staff is concerned, there are no policies or procedures that pose barriers to youth-friendly services.	RCN needs to formulate a written policy detailing full extent of services for adolescents allowable under Lao law. This will require review of all the RH
10. Administrative Procedures			
Is the registration process private so that other waiting clients cannot overhear the conversation?	IS, IC, E, P	No, the registration process is not private	It is suggested that there will be staff who will cover the lunch time period and designate this time as time for young people. As suggested earlier, the staff can practice flexi-time scheme.
Can adolescent clients be seen	IS, IC, P	Yes, adolescents can be seen without appointment	Referred clients from other RCN members don't necessarily go

	Method	Answer	Comments/Recommendations
without an appointment?		but they have to join the queue of clients	through the OPD queue but goes directly to the physician to whom the referral is addressed
If appointments are required, can they be expedited for adolescent clients?	IS, IC, P	NA	It is suggested that there will be staff who will cover the lunch time period and designate this time as time for young people. As suggested earlier, the staff can practice flexi-time scheme.
How long would an adolescent client wait, on average, to see a provider?	IS, IC	10-15 minutes, depending on the number of patients, if there are many clients, waiting can be as long as 30 mins to 1 hour.	
What is the average time allowed for client/provider interaction?	IS, IC, O, P	20 minutes on average	
11. Publicity /Recruitment			
Does publicity about the clinic identify services offered and stress confidentiality?	IS, IC	No, there is no publicity at all except for sign boards in the entrance to the facility, the sign boards don't emphasise confidentiality	It is suggested that the RCN develops a common publicity or directory material for all members with an emphasis on confidentiality
Are there staff or volunteers who do outreach activities? If so, what type?	IS, IC, O	Yes, doctors and sometimes nurses go and visit mothers who have just delivered in the facility, the purpose of which is to do post partum services	
12. Fees			
How much are adolescents charged for specific methods and services?	IS, IC, P	Give birth – 60,000 to 70,000 kip Registration book -5,000 kip Consultation -5,000 kip Contraceptive Pills- 500 kip IUD – 2,000 kip Injection- 3,000 kip Gloves -5,000 kip	
Are these fees affordable by	IS, IC	As staff and clients expressed, the fees are	

	Method	Answer	Comments/Recommendations
adolescents in the catchment's area?		affordable.	

- R = Review clinic records
- E = Examine clinic layout and environment
- IS = Interview clinic managers and staff
- IC = Interview clients
- O = Observe provider-client interaction
- P = Review clinic policies and procedure

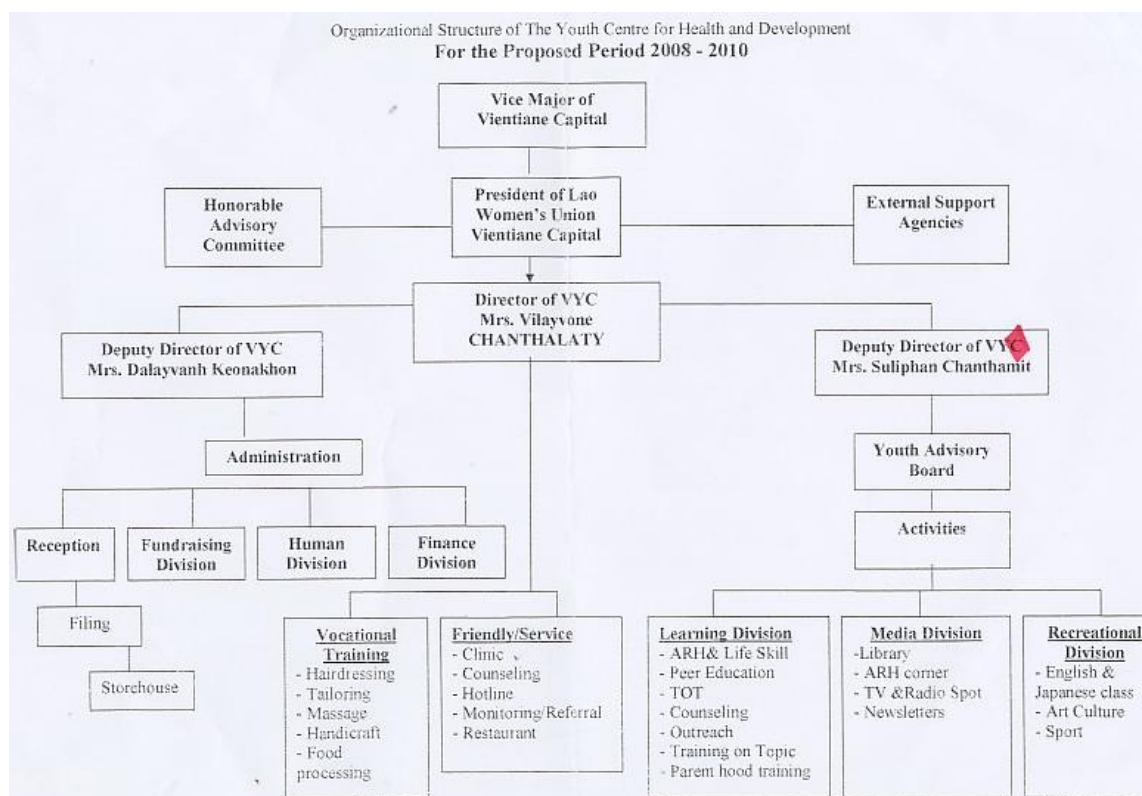
Vientiane Youth Centre for Health and Development

Vientiane Youth Centre for Health and Development is one of the programmes of the Lao Women's Union at the central level. It was founded to encourage and promote reproductive health information for youth in Vientiane capital, build the capacity of young people to change risk behaviours through counselling, diagnosis and treatment of STI and basic reproductive health problems. It operates a clinic for young women and men for consultation and treatment of common reproductive health complaints. As the Centre is limited in its scope of service, referral of clients is done to appropriate referral facilities.

As part of its programme for young people, it provides vocational training to those who are interested to learn skills in hairdressing, tailoring, massage, handicraft and food preservation. It also offers youth-friendly services like clinic services, counselling, hotline information on ASRH issues and food services. As part of behaviour change communications, the Centre conducts training for young people on ARH and life skills, training of trainers, peer education and peer counselling, community outreach and parenthood education. It utilises media to disseminate information through TV and Radio spot production, ARH corner, and library and newsletter production. The Centre also promotes talents of young people through culture and art appreciation, sports and other recreational activities.

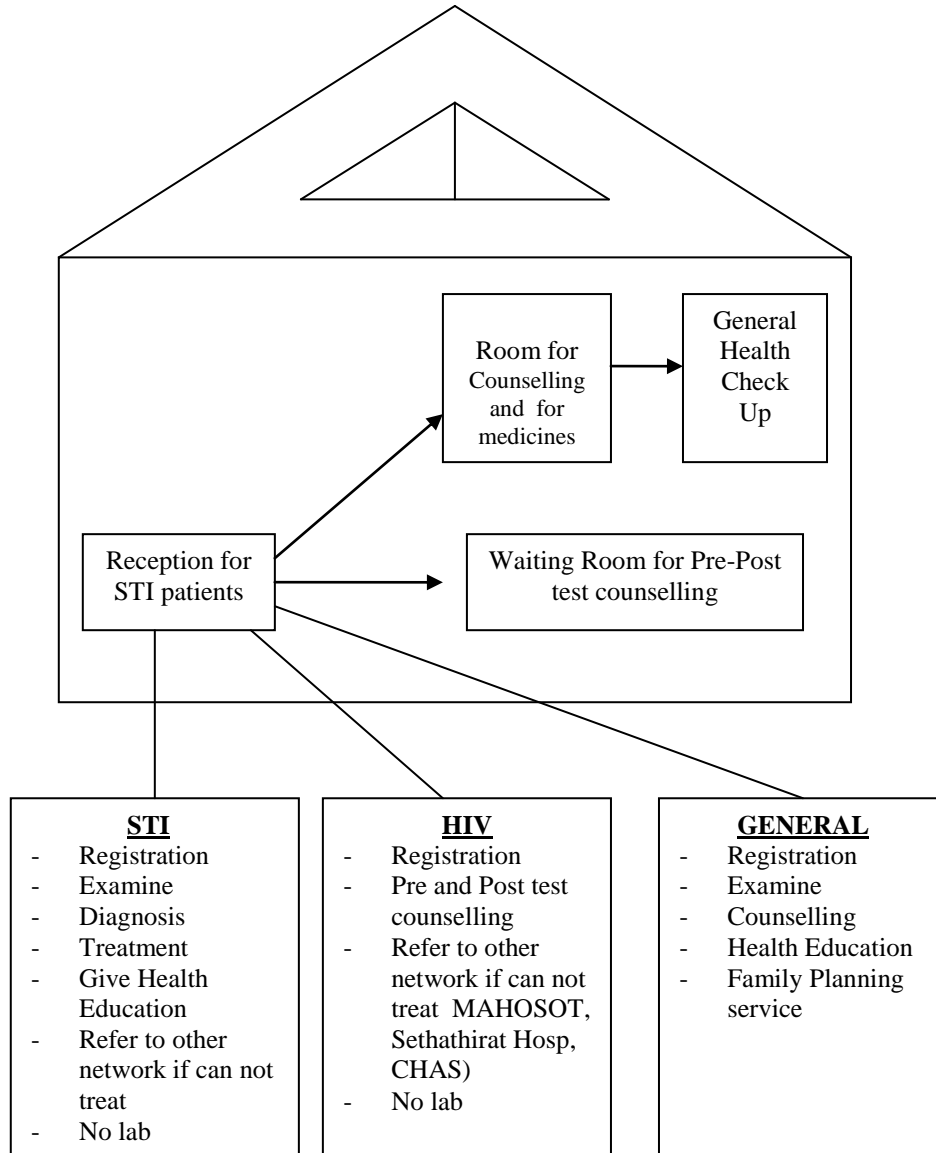
One important innovative service the centre offers is the telephone hotline for young people who want to have information on any area of adolescent reproductive health.

Organisational Structure



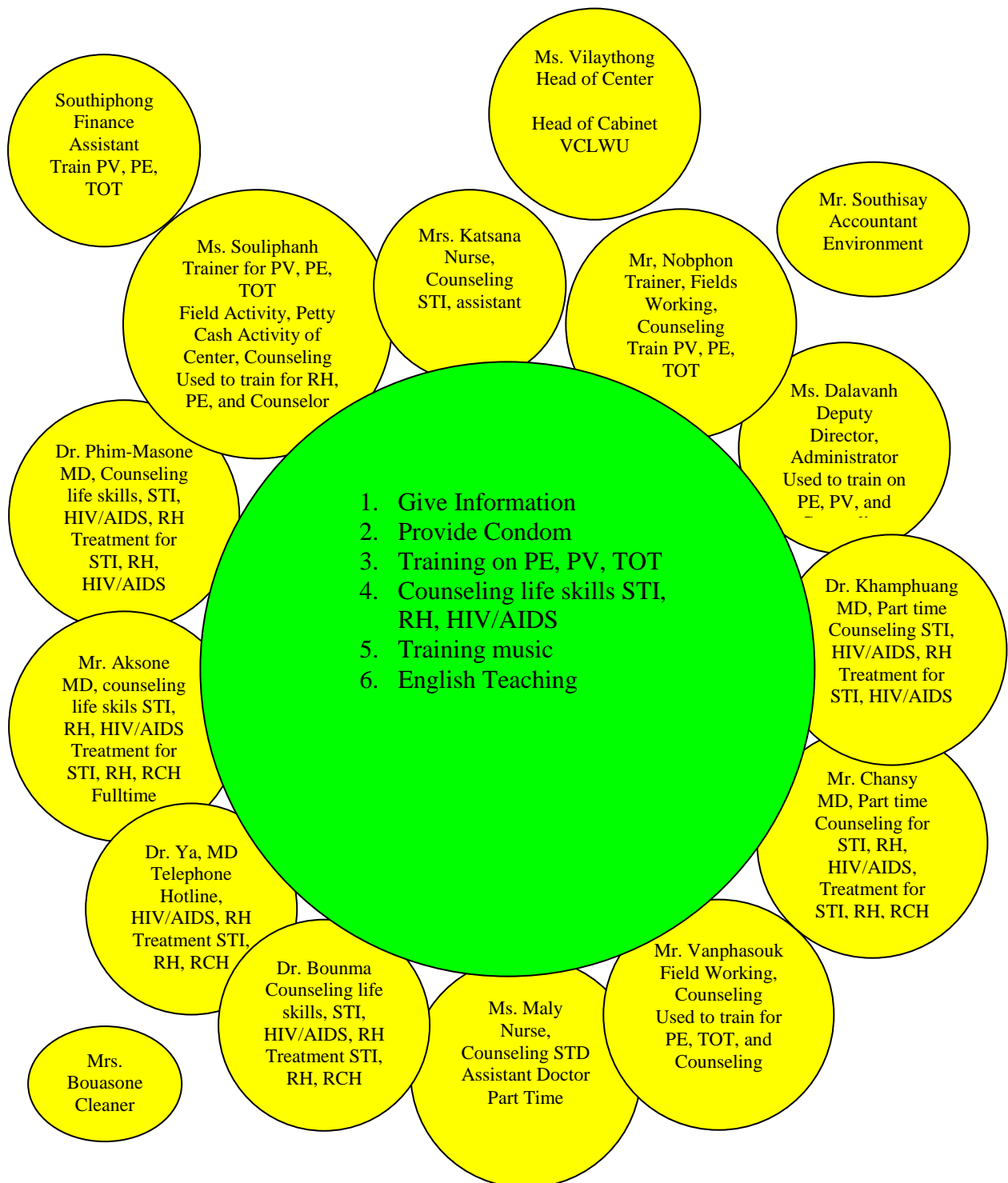
37,662,500 for the construction of one building.

Flow of Patients



The clinic is one feature of the services offered by the Vientiane Youth Centre; it is generally catering to young people with signs and symptoms of reproductive tract infections. It uses syndromic approach to treatment of STI and as the clinic does not have a laboratory, it refers clients to CHAS and Sethathirat Hospital for HIV testing and to Dermatology and hospitals for STI and skin disorders. It conducts pre-testing counselling before clients are sent for HIV testing; however, just lately, the clinic physician underwent training at the CHAS for HIV testing and for acquisition of the supplies and equipment used for the procedure.

Venn Diagram on Personnel Involved in Direct Service Provision



The following questions are related to supervision, which is an important factor for improving the quality of services.

1. How often does the supervisor visit/supervise the clinic staff?

There were two staff who were interviewed and they said that they are not supervised in their work, but if there are difficulties in the hotline counselling, the doctor of the clinic is

sought for advice. The clinic also is not supervised as the personnel are experienced and knowledgeable in youth-friendly services.

2. Is there a forum for on-going feedback from staff? If so, provide a brief description.
Every 2 weeks there is a staff meeting, presided by the Director of the centre where each staff is asked to give an overview of the work and how activities are implemented according to plans. Brainstorming for solutions is done for problems encountered in the facility or in the field with the peer education/counselling programme. The Director also asks reports from the heads of each unit and discuss pressing issues emanating from the services rendered to the target clientele.

3. Is there a system to check progress? If so, provide a brief description.
There is no system yet but the staff meeting that is held every 2 weeks is used to gather information on the progress of the work. Discussions either in group or individually are conducted to evaluate progress.

4. What are the primary issues managers/supervisors addresses in relation to serving youth? Which issues require the most supervisory time?

There are few issues, some do not necessarily relate to supervision, that the staff interviewed mentioned and these are:

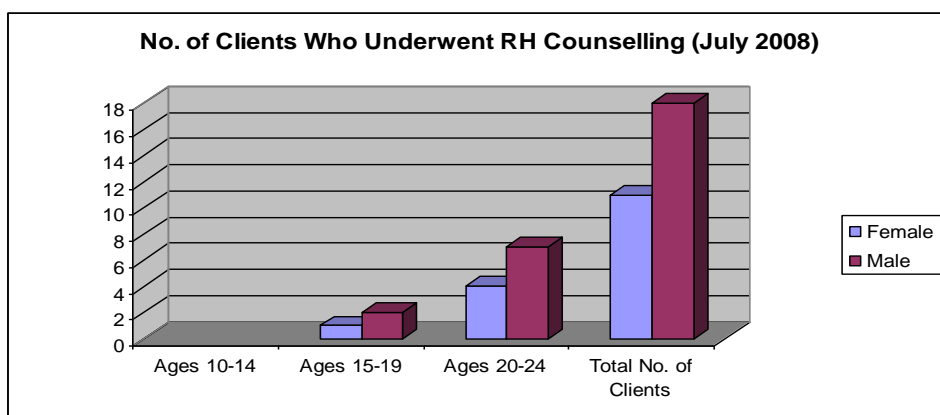
- a) there is a need of a system for supervision of peer counsellors and peer educators
- b) monitoring of stocks and supplies which are diminishing and how this can be integrated into the report
- c) There is no uniformity in filling up of client's medical form, other service providers are not open to changes.
- d) Start of a computerisation in data management

Client Volume and Range of Services Provided

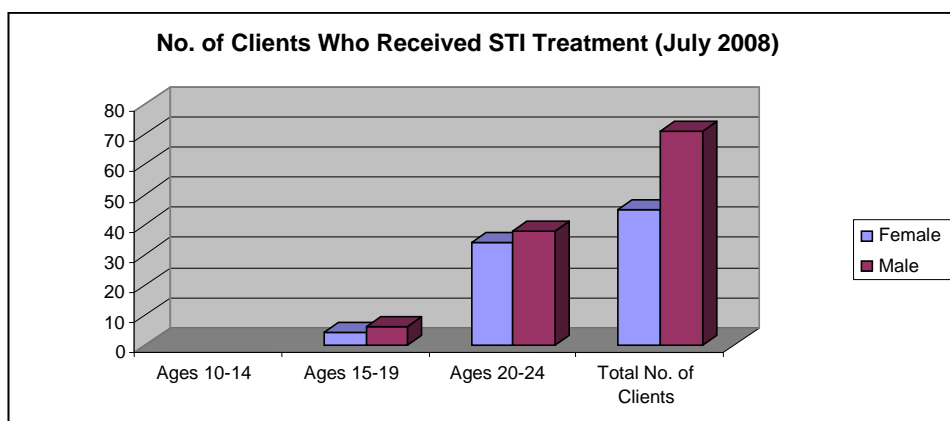
This section is for information on client volume and the range of services provided. In order to maintain and improve the quality of services, service providers should have experience in all aspects of adolescent care, including, where appropriate, counselling and the provision of contraceptive methods. Total number of all clients served in the first column and the number of young people served, broken down by age, in the second column.

Services Provided	Total No. of Clients Served		No. of Young Clients Served					
	F	M	10-14		15-19		20-24	
			F	M	F	M	F	M
Counselling	11	18			1	2	4	7
Contraception/Dual Protection								
HIV/AIDS								
Nutrition								
Sexual Abuse/Violence								
Other RH Issues								
Testing								
STI								

VCT/HIV test only (pls. note)								
Pregnancy								
Treatment								
STI (note if syndromic or etiologic)	45	71			4	6	34	38
Post abortion Care								
Sexual Abuse or Violence								
Other Services								
Contraception								
Antenatal Care								
Postnatal Care								
Delivery								
Other Services								



Of the 29 total numbers of clients who underwent RH counselling in the month of July 2008, 14 or 48% are adolescents, 21% of which are 15-19 years of age and 79% are within the age bracket of 20-24 years. Of the 14 adolescent clients, 5 or 36% are females. There was no client for the 10-14 years of age. 15 clients or 52% were above 25 year old.



Of the 116 clients who received STI treatment in the month of July 2008, 82 or 71% are adolescents, 12% of which are at the age of 15-19 years and 88% having the age of 20-24 years. Among the young clients during the same period, 46% are females. There was no client for the 10-14 years of age. 34 or 29% were clients with the age of more than 25 years.

Schedule of Available Services

Hours (e.g., 12-5 pm) for each day of the week that the following services are available to adolescent clients.

Services Offered	Mon	Tuesday	Wednesday	Thurs	Friday	Saturday	Sunday
Counselling							
Contraception/Dual Protection	No service	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	No Service
HIV/AIDS	No service	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	No Service
Nutrition							
Sexual Abuse/Violence	No service	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	No Service
Other RH Issues	No service	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	No Service
Testing							
STI							
VCT/HIV test only (pls. note)							
Pregnancy	No service	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	No Service
Treatment							
STI (note if syndromic or etiologic)	9:00-19:00 for male clients	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00-19:00 for male clients
Postabortion Care							
Sexual Abuse or Violence							
Other Services							
Contraception	No service	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	9:00 – 19:00	No service
Antenatal Care							
Postnatal Care							
Delivery							
Other Services							
Substance Abuse Rehab							

It is commendable that clinic is open on weekends and extended daily hours of work till 7PM. This is when most young people are free and prefer to go to see a physician whenever they are not feeling well.

Assessment of Youth Friendliness

Methods used to gather information:

R = Review clinic records

E = Examine clinic layout and environment

IS = Interview clinic managers and staff

IC = Interview clients

O = Observe provider-client interaction

P = Review clinic policies and procedures

	Method	Answer	Comments/Recommendations
1. Location			
How far is the facility from public transportation?	E, IS, IC	The facility is accessible by public transport.	The location is ideal, it is within the city centre
How far is the facility from places where adolescents spend their free time?	E, IS, IC	Within 500 meter-radius, there are places where young people spend their free time.	
How far is the facility from schools in the area?	E, IS, IC	There are secondary and a vocational training schools which are 100 meters away from the facility.	
2. Facility Hours			
What time is the clinic scheduled to open?	IS, IC	The facility opens at 9:00 in the morning and has a hour lunch break.	
What time is the clinic scheduled to close?	IS, IC	The facility closes at 7:00 in the evening and opens on Saturday and Sunday.	It is commendable that the facility opens in weekends also.
Does the facility have separate hours for adolescents?	IS, IC	It is already intended for young people	Although the facility is intended for adolescents, it also welcomes clients with of older ages.
Is there a sign listing services and clinic working hours?	E	There is a need to update information and signs and post them in strategic places like schools and entertainment places.	
What times are convenient for adolescents to seek services?	IS, IC	Clients said that convenient time for them is when they are off from the school.	
3. Facility Environment			
Does the facility provide a comfortable setting for adolescent clients?	E, IC	As observed, there is no waiting place for clients who come to the facility for the clinic services. They just sit in their motorbikes outside the clinic	The staff and heads of the centre are cognisant of the fact that they need a waiting place for the clients. A new building is now being planned to be constructed in the next year or so.
Does the facility have a separate space to provide	E, IC	The facility is already intended for adolescents	

	Method	Answer	Comments/Recommendations
services for adolescent clients?			
Does the facility have a separate waiting room for adolescent clients?	E, IC	There is no waiting room for the clients.	Staff said that there is already a plan to construct a bigger building for the clinic that will give the ideal rooms required for a youth-friendly service facility.
Is there a counselling area that provided both visual and auditory privacy?	E, IC	The counselling room and treatment room are one, so both activities can't be done simultaneously otherwise the place will not be able to provide auditory and visual privacy.	
Is there an examination room that provides visual and auditory privacy?	E, IC		
Are both young men and young women welcomed and served, either for their own needs or as partners?	IS, IC, R	Yes, both young men and young women are welcomed and served, either for their own needs or as partners.	The clients decide by themselves if they would like to avail of the service together as a couple.
4. Staff Preparedness			
Are providers trained to serve adolescent clients in RH?	IS	Yes, all the staff are trained to serve adolescent clients in RH	
Did all staff members (e.g., receptionist) receive at least an orientation about adolescent clients? What type of orientation was this and how long was it?	IS	As the facility is intended for young people, all the staff were given orientation and training on adolescent characteristics and needs except the newly recruited staff.	
Do providers show respect for the adolescent client during counselling and consultations?	IS, O, IC	Yes, the clients interviewed said that the staff of the facility show respect to clients.	
Are there job aids available to help service providers in their daily work (i.e., flipchart, posters that remind them of key messages, clients	IS, O	There are relevant posters to serve as job aids however there are no materials that tells of clients' rights	The need for sharing of IEC materials among the RCN member agencies surfaced during the RCN regular meeting on 14 August 2008 which was positively taken by all the participants of the meeting.

	Method	Answer	Comments/Recommendations
rights, etc.)?			
5. Services Provided			
Is counselling on sexuality, safer sex, pregnancy prevention, and STI and HIV prevention provided (including dual protection)?	IS, IC, P	Yes, counselling is done when the clients register for the clinic service and when the doctor sees them before or after the treatment.	<p>As observed, the giving of instructions to clients or giving of RH information is used interchangeably with the word counselling. It is recommended that the RCN develops a counselling guide for all its member agencies.</p> <p>All the areas mentioned in this portion of the questionnaire are the ones that concern young people and may need some guidance as they face the different realities of their reproductive life hence the need for a package of comprehensive counselling topics in whatever department they go for any reproductive health service that they need. It is therefore recommended that a manual or guideline for a package of counselling topics be formulated for RCN members to use in all units that deal with reproductive health.</p>
What contraceptive methods are offer (including EC)?	R, IS, IC, P	Condoms, pills and IUD are offered to clients including emergency contraception	
Are condoms provided to both males & females?	IS, IC, O, P	Condoms available are only for males.	
Are supplies (condoms, other contraceptive methods, and drugs) sufficient to meet the need?	IS, IC	The staff said that supply of condoms is not sufficient.	It is recommended the Centre inquires about its inclusion to the Logistics Management Information System that will enable them to access condoms for dual protection purposes.
Is there sufficient equipment for the provision of RH services for young people (small size speculum, scale, sphygmomanometer,	IS, E	Yes, there is sufficient equipment for the provision of RH services for young people.	

	Method	Answer	Comments/Recommendations
syringe, needles, etc.)?			
Is pregnancy testing offered?	R, IS, IC, P	Yes, pregnancy testing is offered although the clients have to buy the material needed for the procedure.	
Is STI testing available? What type is available?	R, IS, IC, P	No, STI testing is not used, syndromic approach to treatment is used.	
Do young people request RH services other than the ones offered? Which ones?	IS, IC	Yes, young people requested for HIV testing so that they will no longer go somewhere for the test and they also requested for comprehensive treatment of STI.	As agreed with CHAS, VYC service providers will undergo training on HIV testing and will also be given the supplies and materials for the procedure.
Are referrals made for services not provided at the clinic (e.g., sexual abuse)? Please give examples	R, IS, IC, P	Yes, referrals are done especially to the Dermatology for STI testing, to the MCH for post abortion care and pregnancies	As suggested to the RCN, a form for referral will be developed for all members to use. The form will include a procedure for the follow-up and tracking of clients. This will also include instruction on how to sustain confidentiality of referred clients.
Is there a formal referral system, including tracking and follow-up, in place?	IS, IC, P	There is a formal referral system as stipulated in the RCN strategic plan; however this hasn't been institutionalised yet.	It is recommended that the referral system be operationalised as this include tracking of referred cases and follow-up of the care of the referred clients.
6. Peer Education/Counselling Program			
Is a peer education/counselling program available? If so, please describe.	IS, IC, O	Yes, there is a peer education/counselling program in place. It is a friend-to-friend approach. There is also peer counselling through the hotline.	
How many peer educators/counsellors are working with the facility?	IS	2 hotline counsellors (1 male and 1 female) 3 PE/C youth workers	It would be ideal if hotline counselling can have a 24-hour cover or if calls can be diverted to peer counsellors mobile phone to ensure that there is always a peer

	Method	Answer	Comments/Recommendations
			educator who can answer the calls especially during off hours in the facility.
How many hours a week do they each spend at the facility?	IS	There is no fixed number of hours they work in the facility as they go to the field	
Is there a system for supervising and monitoring counsellors? If so, what kind of system?	IS, P	There is no system of supervision and monitoring, it's more of the counsellors consulting their managers and clinic physicians if they have problems in their PE activities.	It is recommended that a competency-based checklist be formulated and used to monitor and supervise peer educators. This is to ensure quality programme where peer educators give out correct messages. The checklist will be used as basis on planning for refresher skills training and coaching peer educators.
7. Educational Activities			
Are educational materials available on-site (A/V, computers, printed material)? Which ones?	IS, IC, E	Yes, there are printed, audio-visual educational materials available on-site	
Are there educational posters displayed?	IS, IC, E	Staff expressed the need to display more and new educational posters	Consider requesting relevant posters from other RCN-member agencies. It is recommended that RCN-wide poster or brochures on clients' rights be developed and produced for use of all the members.
Are there posters or brochures that describe the clients' rights?	S, IC, E	No posters that describe client's rights are available	
Are there print materials available for clients to take? Describe materials and comment.	IS, IC, E	There are printed materials like leaflets and brochures that clients can take. These are related to family planning, HIV AIDS and STIs	Brochure on RCN is also available but needs to be updated.
In what languages are IEC materials available?	IS, IC, E	All materials are in Lao language	
Are group (or rap) discussions held Please describe.	IS, IC, O	Group discussions are held in the communities during outreach to 4 districts in Vientiane	It is suggested that these group discussions be sustained in whatever way possible.

	Method	Answer	Comments/Recommendations
		capital.	
Are there ways clients can access information or counselling off-site (telephone hotline, website, materials sent by mail)? Please describe.	IS, IC, E	Yes, there is hotline service which has just been installed and 2 staffs were trained to manage. Information can also be accessed through telephone during working hours.	It would be ideal if hotline counselling can have a 24-hour cover or if calls can be diverted to peer counsellors mobile phone to ensure that there is always a peer educator who can answer the calls especially during off hours in the facility.
8. Youth Involvement			
What ways can adolescents suggest/recommend changes to make services more comfortable and responsive?	IS, IC, E, P	Adolescents can suggest or recommend changes through a suggestion box, through the peer education and training needs assessment.	Enhance the suggestion box mechanism by putting it in a place where young people can access, put a pencil or pen and pieces of paper. Young people also need to be informed that their suggestions to make services responsive are welcomed.
Are adolescents currently involved in decision-making about how programs are delivered? How?	IS, IC, P	Yes, adolescents are currently involved in decision-making about activities and how these are implemented.	Through peer education and counselling and outreach activities, the young people are involved in planning for activities and in implementation of these activities.
How could adolescents be more effectively involved in decision-making at the facility?	IS, IC	Staff said that young people need not be involved in administrative decision making.	It is suggested that the hospital RCN leaders consider involvement of young people or advocates for young people at the facility level RCN Committee.
What other roles can adolescents play in clinic operations or guidance?	IS, IC	They can give feedback, share information about the Centre and join the friend-to-friend peer education programme	It is suggested to all RCN members that exit service interviews with clients and the RCN develops a simple interview guide and mechanism how to do this interview.
9. Supportive Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	IS, P	There are no clear written guidelines for serving adolescents.	It is recommended that the RCN Focal Persons put into writing whatever the process or procedure they currently practice in serving clients specifically young people including protection of client confidentiality.
Do written procedures exist for	IS, P	No there is no written procedure for protecting	

	Method	Answer	Comments/Recommendations
protecting client confidentiality? Please describe.		client confidentiality however the staff said that they know the principle of confidentiality and they practice it	
Are records stored so that confidentiality is assured?	IS, E, P	Yes, records are kept in the secured place and names are also not recorded, they only have codes.	Include in the written procedure how and where records are kept so that these will be followed by all staff whether they are new or have been with the facility for a long time already. This has to be put into writing otherwise this is easily taken for granted or overlooked.
Is there any contraceptive method that adolescents cannot receive? Which ones?	IS, IC, P	The staff is not sure whether there is a written policy that pills are not given to unmarried young female although the clinic staff said that they give any contraceptive regardless of marital status	It has been recommended that the RCN will formulate a list of services to young people allowable by law in order to guide actions and decisions of service providers.
Is parental or spousal consent required? Which type and under what circumstances?	IS, IC, P	No, parental or spousal consent are not required, clients' consent is sufficient.	
Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?	IS, IC, P	No there is no minimum age requirements for adolescents to receive services	
Are adolescent clients served without regard to their marital status?	IS, IC, P	Yes, staff said that adolescents are served regardless of marital status	
Are pelvic exams routinely required? For what reasons? Can they be delayed?	IS, IC, P IS, IC, P	The clinic staff said that it is not done for unmarried and those who have not experience sexual intercourse hence the need to protect the virginity.	It is known that pelvic examination is invasive and oftentimes scares the young female clients especially those who come to the facility for the first time hence may pose a barrier for continuing access of services at the same facility. It is therefore suggested that this examination be done sparingly and adequate and appropriate medications can be

	Method	Answer	Comments/Recommendations
			prescribed instead. The clinic staff needs to clarify beliefs on marriage vis-à-vis sexual intercourse and virginity
Do policies or procedures exist that pose barriers to youth friendly services?		There are no policies or procedures that pose barriers to youth-friendly services	RCN needs to formulate a written policy detailing full extent of services for adolescents allowable under Lao law. This will require review of all the RH
10. Administrative Procedures			
Is the registration process private so that other waiting clients cannot overhear the conversation?	IS, IC, E, P	Yes, registration process is private	
Can adolescent clients be seen without an appointment?	IS, IC, P	Yes, adolescents can be seen without appointment	
If appointments are required, can they be expedited for adolescent clients?	IS, IC, P	NA	
How long would an adolescent client wait, on average, to see a provider?	IS, IC	It depends on the number of clients in queue for the services but normally, 30 minutes on average is the waiting time	
What is the average time allowed for client/provider interaction?	IS, IC, O, P	Both counselling and actual medical procedure take 30 minutes on average	
11. Publicity/ Recruitment			
Does publicity about the clinic identify services offered and stress confidentiality?	IS, IC	Yes, confidentiality is stressed in the publicity materials for the Centre services, particularly the hotline service	

	Method	Answer	Comments/Recommendations
Are there staff or volunteers who do outreach activities? If so, what type?	IS, IC, O	Yes, there are volunteers and staffs do outreach activities. It is friend-to-friend dissemination of ASRH information and life skills training in the communities	
12. Fees			
How much are adolescents charged for specific methods and services?	IS, IC, P	1,000 kip for new case registration Pregnancy test- 1,000 to 2,000 kip Pills – 10,000 to 15,000 kip Medicines- low price, no top up from the buying price	
Are these fees affordable by adolescents in the catchment's area?	IS, IC	Clients said the costs are affordable	