



INFO Project
Center for Communication
Programs

Integrating Family Planning and HIV/AIDS Services for Young People: Tools for Programming

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Meeting the unmet health care needs of young people poses a continuing challenge for health systems worldwide, yet it is critical to containing the AIDS epidemic and reducing unintended pregnancies. An integrated approach to the delivery of reproductive health care expands youth access to health care by making multiple services available at the same facility, during

the same hours, and often from the same provider. Integrated services for young people address the two major risks associated with unprotected sex—that is, unintended pregnancy and sexually transmitted infections (STIs), including HIV/AIDS. In addition, some integrated programs address other issues, such as sexual abuse or maternal and child health care.

This report highlights tools that managers can use to integrate reproductive health, family planning, and HIV/AIDS services for young people. The tools described here, and the examples that illustrate their use, are drawn from USAID and other donor-funded programs. The tools are designed to help programs:

- make integrated services youth-friendly—that is, increase their ability to attract and retain young clients,
- train providers on how to offer integrated services to young people,
- develop job aids that help providers offer a wider range of services, and
- raise awareness of and gain community support for integrated services for young people.

All of the tools draw on lessons learned from program experience and research results, have been tested in the field, and are readily available. After choosing the tools that best meet their program's needs, managers can make the tools even more useful and effective by adapting them to the local setting and to program objectives.





Key Points

- **Unprotected sex, both inside and outside marriage, threatens the health of millions of young people in developing countries.** Unintended pregnancies and their complications are major causes of death and illness for young women, while both young men and young women frequently suffer from sexually transmitted infections (STIs), including HIV.
- **Integrating family planning, HIV/AIDS, and maternal and child health services can reach more young people and may do so cost effectively.** Integrated programs can deliver multiple services during a single clinic visit, which makes them attractive to youth and efficient for most health programs.
- **Making services youth-friendly can attract and retain young clients.** Young people generally prefer the convenience of integrated services. Programs can make integrated services even more attractive to young clients by offering convenient locations and hours, comfortable surroundings, sympathetic providers, privacy, and confidentiality.
- **Training can prepare managers and providers to offer multiple, integrated services tailored to young people.** Training can sensitize staff to the special needs of youth (including youth who are infected with HIV), teach them about new services, and explain how to offer counseling that identifies and addresses a range of young clients' health needs.
- **Job aids can help providers meet the extra demands of integrated services.** Job aids can supply providers with technical information on a variety of services, guide them through a comprehensive and integrated counseling process, and help them decide how to respond to a client's symptoms or health needs.
- **Promoting services in the community can prompt young people at risk to visit a facility.** Community activities can build social support for integrated services and make people aware that health facilities welcome young clients.

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Meeting Young People's Reproductive Health Needs with Integrated Family Planning and HIV Services

Increasingly, family planning and other reproductive health programs are focusing on meeting the needs of young people¹ in developing countries. This effort reflects growing recognition of the serious reproductive health risks that millions of young people face:

- Complications of pregnancy, childbirth, and abortion are the major causes of death and illness among young women aged 15 to 19 (27, 35).
- In 2006, young people aged 15 to 24 accounted for 40% of new HIV infections among adults (45). Infection rates are higher among young women than young men in areas where AIDS transmission is primarily heterosexual (44).
- The incidence of STIs other than HIV is highest in young people aged 20 to 24, followed by those aged 15 to 19 (10).
- Many young people have an unmet need for family planning (47). Studies show that, among unmarried young women aged 15 to 19 worldwide, from 32% to 94% of births were unwanted or mistimed; the same is true for up to 61% of last births to married women in that age group (40).
- Many young people infected with HIV want to have children, but they need help to minimize risks to their own health and to prevent the transmission of HIV to their babies (6, 33).

Lack of information, undeveloped life skills, and limited access to family planning, HIV/AIDS, and other types of reproductive health care contribute to high rates of pregnancy and infection among young people. Youth often know little about the risks of sex and how they can protect themselves (21, 44). They also lack the decision-making, negotiation, communication, and other life skills needed to practice safer sex behaviors, such as abstinence, delaying sex, and using condoms consistently and correctly (32, 46). Finally, they lack ready access to essential services, including the provision of condoms and other contraceptives, STI diagnosis and treatment, HIV counseling and testing, and services to prevent mother-to-child transmission (PMTCT) of HIV (4, 21).

Unlike teenage boys—who mostly engage in sex outside marriage—teenage girls in developing countries largely engage in sex within marriage (41). Early marriage, instead of protecting girls, may actually heighten their reproductive health risks (8, 16). Teenage girls tend to marry older men, who may have already been exposed to HIV. These young women are under pressure to have children quickly, they cannot readily negotiate condom use with their husbands, and so they have no choice but to engage in frequent unprotected sex.

Addressing young people's reproductive health needs requires and has received a broad response, including advocacy for policy changes, family life education in schools and other community settings, mass media campaigns, and social marketing of contraceptives (14). This report focuses on just one key area: the delivery of family planning, STIs, HIV/AIDS, and maternal and child health services to young clients.

The value of integrated services. Integrating family planning, STIs, HIV/AIDS, and maternal and child health programming can increase young people's access to both information and services (30, 51). First, an integrated approach may persuade more young clients to seek services, both because integrated services are more convenient and because they can camouflage services that carry a stigma, such as HIV testing. Second, an integrated approach offers clients more comprehensive care because providers can address the full range of young clients' reproductive health needs, no matter what problem prompts their visit. For example, providers may screen young family planning clients for STIs and refer them for treatment. They may counsel youth requesting an HIV test on how to avoid pregnancy. Or they may advise

¹ This report uses the terms "young people" and "youth" interchangeably to refer to a broad age range from 10 to 24, although many programs for young people direct their services to a narrower age group.

Service Delivery Models for Integrated Services

Programs have taken many different approaches to offer integrated family planning, STI, and HIV services to young people. Here are some examples.

Adult clinics: In Colombia PROFAMILIA (Asociación Pro-Bienestar de la Familia Colombiana) began basing youth-friendly services inside adult clinics after dedicated youth facilities proved costly and difficult to sustain (7). PROFAMILIA now offers youth-friendly services in 35 cities and towns across Colombia. Where young clients are numerous, managers set aside space and assign personnel exclusively for young people. Elsewhere, young people share clinic spaces and providers with adult clients. Regardless of the service model, all staff members are trained on young people's special reproductive health and family planning needs.

Youth corners: In Zimbabwe the Family Planning Service Expansion and Technical Support Project (SEATS) collaborated with the Gweru City Council to establish youth corners at adult clinics. These spaces were located away from the busiest parts of the clinic to give young people a private place to talk with peer educators and to read informational materials. Peer educators could refer young people who wanted clinical services to nurses who were specially trained in youth-friendly services (24).

Social franchising: In Madagascar a franchised network of over 120 private, youth-oriented clinics offer young people family planning and STI services, and in some cases HIV/AIDS counseling and testing. TOP Réseau franchise members share a brand name and business strategy. Flexible hours, discreet locations, inviting surroundings, and subsidized fees help make the clinics youth-friendly, while special training, job aids, onsite supervision, and regular monitoring ensure good quality of care (23, 28).

Workplace clinics: In Bangladesh adolescent girls make up most of the workforce at many garment and fish-processing factories. Teams of providers from the Marie Stopes Clinic Society offer family planning, antenatal care, and the treatment of STIs and gynecological problems along with health education at over 140 of these factories; employers subsidize the cost of services (34).

Outreach services for disadvantaged, displaced, and marginalized young people: The Uganda Youth Development Link (UYDEL) offers services such as family planning, STI treatment, and HIV counseling and testing to street children and adolescent prostitutes at conveniently located drop-in centers and mobile outposts. Teams of health providers make weekly visits to the outposts, which are placed at clubs, restaurants, and other places where youth congregate (25, 43).

Youth-friendly retail outlets: Cities across Mexico are replicating the youth-friendly pharmacies pioneered in Guanajuato, Mexico by the Centro Latinoamericano para Salud y Mujer (CELSAM). The project trained pharmacy staff on adolescent reproductive health, stocked the pharmacies with posters and informational materials, and promoted the youth-friendly outlets in schools, cafes, bars, discotheques, a telephone hotline, and a Web site (49).

Multipurpose youth centers: Youth centers offer recreational and vocational activities, such as games, movies, and computer training, along with information, counseling, and services on pregnancy prevention and the prevention and diagnosis of STIs, including HIV. Program evaluations in Latin America and sub-Saharan Africa, however, have cast doubt on their sustainability and cost-effectiveness. Most young people use youth centers for recreation rather than services, those using services tend to be older, and recreational activities raise costs (14, 15).



The Marie Stopes Clinic Society (MSCS) in Bangladesh established its first small clinic in 1988 to provide family planning services to urban women. It now offers a broad array of services to a variety of clients in diverse locations, including local factories.

HIV-infected youth who want children on how to reduce the associated health risks, for example, by using the Standard Days Method to minimize the risk of HIV transmission when they try to get pregnant (by limiting unprotected intercourse) and by seeking PMTCT services after they become pregnant.

An integrated approach also benefits reproductive health organizations (17, 30, 39). It has the potential to increase the cost-effectiveness of service delivery by making greater use of existing infrastructure and personnel and by delivering more services per visit. It may also strengthen managers' and providers' skills by giving them the opportunity to learn from other reproductive health disciplines and by helping them more fully understand young people's needs.

An integrated approach may not be appropriate in all situations. For example, integrating HIV counseling and testing into family planning services may be a waste of resources in countries where HIV is concentrated in certain high-risk groups, such as injecting drug users or prostitutes. Linking family planning and HIV/AIDS programs with a robust referral system may be a more efficient way to meet the full range of young clients' reproductive health needs in such a setting.

Developing Youth-Friendly Services

Youth-friendly services attract and retain young clients by offering comfortable surroundings, sympathetic providers, privacy and confidentiality, a convenient location and hours, and other appealing features (38). A youth-friendly approach can encourage young people to visit a clinic, pharmacy, or other facility for needs related to family planning, STIs (including HIV/AIDS), and maternal and child health (9, 14, 46).

Integrated services are an important element of the youth-friendly approach because they let young people avoid the inconvenience and embarrassment of visiting multiple health facilities. They also allow young people to avoid the stigma of visiting a stand-alone HIV testing site or family planning clinic (30).

Making services youth-friendly requires attention to a facility's physical environment, policies and procedures, and staff attitudes and behaviors. To attract young people, programs often train providers and pharmacy workers; refurbish waiting areas, examination rooms, and store displays; extend hours; reduce fees; and expand the range of services and supplies offered (36).

Most of the tools in this section are designed to help program managers assess the youth-friendliness of integrated services at their facilities, regardless of whether the primary clientele consists of adults or young people. Managers can use these tools for needs assessments, problem-solving, the development of training programs, monitoring and evaluation, and program certification.

When choosing and modifying an assessment tool, managers should consider:

- the purpose of the assessment,
- how quickly results are needed,
- what resources are available, and
- who will be conducting the assessment.

Assessment and planning tools. Program managers can use the first five tools described in this section to measure the youth-friendliness of integrated services and identify areas that need improvement. All of the assessment tools cover:

- the convenience and affordability of services,
- the facility environment,
- privacy and confidentiality,
- staff competence and attitudes,



- the range of services offered, and
- systems to assure youth participation.

Some also examine community activities and broader management issues.

Most of the assessment tools collect information from staff members and young clients. Some also examine clinic records and policies, observe consultations with young people, and/or question community members. Most rely on a staff team at each facility to conduct the assessment, thus encouraging staff members to become involved in and support the provision of youth-friendly services.

The last resource in this section is a planning tool. It offers practical guidance on how to design pharmacy services to attract and serve young people better. Managers can use it to design, implement, monitor, and evaluate youth-friendly services at retail pharmacies.

EngenderHealth. COPE® self-assessment guides for youth reproductive health services. In: Youth-friendly services: A manual for service providers. New York, EngenderHealth, 2002. 167–211 p.

COPE® (client-oriented, provider-efficient services) is a proven approach to quality improvement at the facility level. Staff members from every level and department—including managers, service providers, educators, receptionists, and guards—work in teams to complete a series of self-assessment guides, identify and analyze problems, and develop solutions. This set of COPE guides was developed in Russia to assess services for young people and has since been used in Mongolia and South Africa. The guides examine a range of integrated services, including family planning, maternal care, and screening, diagnosis, testing, and treatment for gynecological disorders and STIs, including HIV. Because the guides address the overall quality of care as well as the youth-friendliness of services, they encompass a broader set of indicators than the other assessment tools reviewed here and may take more time to complete. (Note: Full instructions for conducting COPE exercises can be found in: *COPE® Handbook: A Process for Improving Quality in Health Services, Revised Edition*. New York: EngenderHealth, 2003. Available at: <http://www.engenderhealth.org/res/offc/qi/cope/handbook/index.html>)

Available at: <http://www.engenderhealth.org/res/offc/qi/yfs/index.html>

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Tel: 212-561-8000. Fax: 212-561-8067. E-mail: info@engenderhealth.org.

Senderowitz, J., Solter, C., and Hainsworth, G. Clinic assessment of youth-friendly services: A tool for assessing and improving reproductive health services for youth. Watertown, MA, Pathfinder International, 2002.

This tool can be used by assessment teams, project managers, trainers, and supervisors to establish a baseline, to develop plans for training and improving

South Africa: Certifying Youth-Friendly Clinics

In South Africa, the National Adolescent-Friendly Clinic Initiative uses a certification system to improve the quality of health services for young people at public clinics. The Department of Health and the loveLife program—a national HIV prevention program for youth—have set national standards for every aspect of youth services, including clinic policies, the range of services offered, staff training, and the assessment and care of clients. Participating clinics form a Quality Improvement Team to assess existing youth services and direct needed improvements over a one- or two-year period. When the clinic is ready, an external assessment team visits the site to determine how well it complies with the national standards.

By December 2004, 235 clinics were participating in the certification program. An external assessment showed that they were performing significantly better than control sites. The 72 clinics visited by assessment teams met 85% of the national standards on average, far exceeding the average baseline score of 29%. Among 32 clinics in the program for at least three years, use of services by young people has grown substantially, especially for HIV testing and STI services. Contraception continues to be the most frequently requested service.

Source: loveLife 2004



This community information pamphlet tells young people about the services available at youth-friendly public clinics in South Africa. The National Adolescent Friendly Clinic Initiative (NAFCI) uses an accreditation system to improve and maintain the quality of youth services.

the quality of services, and to assess progress in instituting youth-friendly integrated services. It is based on a systematic review of projects and research findings on youth-friendly services and has been tested in sub-Saharan Africa. The tool employs a wide range of indicators and data sources to assess family planning, STI, HIV/AIDS, maternal and child health, sexual abuse, and nutrition services. For an example of how this tool has been used, see the box on Tanzania, p. 8. (Further explanation of how to use the tool can be found in: Senderowitz, J., Hainsworth, G., and Solter, C. *A rapid assessment of youth friendly reproductive health services*. Technical Guidance Series No. 4. Watertown, MA, Pathfinder International, 2003. Available at: http://www.pathfind.org/ite/DocServer/YFS_TG_Final_web_version.pdf?docID=762. POPLINE® Document Delivery Service: order number 305825)

Available at: <http://www.pathfind.org/site/DocServer/mergedYFStool.pdf?docID=521>

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Hainsworth, G., Senderowitz, J., and Ladha, S. *Certification tool for youth-friendly services*. Watertown, MA, Pathfinder International, 2004.

This certification tool was designed to complement Pathfinder's clinic assessment tool (see previous resource, *Clinic assessment of youth-friendly services: A tool for assessing and improving reproductive health services for youth*) and uses the same 25 indicators to set standards for acceptable youth-friendly services. Two indicators are particularly relevant to integrated services: emphasizing dual protection and providing a minimum package of services, including contraception, pregnancy care, post-abortion care, and the diagnosis and treatment of STIs, including HIV. The tool sets a clear benchmark for facilities to work towards, assesses progress towards that benchmark, and identifies which facilities can be trusted as youth-friendly. External assessment teams are responsible for completing the checklist based on interviews and observations. (For an example of how reproductive health programs directed to young people have applied a certification approach, see the box on South Africa, p. 7.)

Available at: http://www.pathfind.org/site/DocServer/YES_certification_tool_mb.pdf?docID=4401
For print copies: Technical Services, Pathfinder International, 9 Galen Street, Suite 217, Watertown, MA 02472, USA. Tel: 617-924-7200. Fax: 617-924-3833.

International Planned Parenthood Federation (IPPF). *Your comments count!* London, IPPF, 2002.

This leaflet was designed to collect feedback from young reproductive health clients, but it can be used as part of a broader assessment of youth-friendly

Tanzania: Assessing Youth-Friendly Services

In Tanzania the African Youth Alliance (AYA) project used Pathfinder's clinic assessment and certification tools (see assessment and problem-solving tools by Senderowitz et al.¹ 2002 (p. 6) and Hainsworth et al.² 2004 (p. 8)) to help improve reproductive health care for young people. The assessment identified two key problems—a limited range of services, and lack of privacy and confidentiality. The assessment was designed to help clinic staff understand the concept of youth-friendly services and the practical steps they needed to take to improve youth services.

In response, some facilities trained providers to offer a full range of integrated, comprehensive services. Other facilities established separate waiting and consultation areas for young people, sometimes erecting new walls to create private spaces. These and other actions raised average scores on the assessment instrument—from a score of 21 to 28 for offering a minimum package of services, from 9 to 26 for emphasizing dual protection, and from 12 to 20 for ensuring privacy. The improvement process also increased staff commitment to youth-friendly services, youth involvement in service provision, and clinic visits by young people.

Sources: Senderowitz 2004; AYA and Pathfinder 2005

¹ *Clinic assessment of youth-friendly services: A tool for assessing and improving reproductive health services for youth*

² *Certification tool for youth-friendly services*

integrated services. Developed by the IPPF Youth Committee, which is made up of people under age 25 from around the world who have experience with reproductive health programs, it contains a checklist that assesses how well a facility's staff, services, and organization contribute to youth-friendly services. A question on comprehensive services asks about the availability of counseling, testing, treatment and other services related to family planning, STIs, HIV, and sexual violence. Guidelines explain how staff members can use the checklist to assess services at a facility or program and provide supplemental questions on staff recruitment and development, creating effective programs, and mechanisms for continuity and sustainability.

Available at: <http://www.ippf.org/ContentController.aspx?ID=11669>

For print copies: International Planned Parenthood Federation, Regent's College, Inner Circle, Regent's Park, London NW1 4NS, UK. Tel: 44-0-20-7487-7900. Fax: 44-0-20-7487-7950.

E-mail: info@ippf.org.

Nelson, K., MacLaren, L., and Magnani, R. *Assessing and planning for youth-friendly reproductive health services. FOCUS Tool Series #2. Washington, D.C., FOCUS on Young Adults/Pathfinder, 2000.*

This tool can help programs assess a range of integrated services, including family planning, maternal care, and STIs, including HIV. Its development reflects feedback from reproductive health professionals in Cambodia and Zambia, along with a review of youth programs. A series of four workbooks includes data collection instruments, score sheets, and planning worksheets for a comprehensive assessment of youth-friendly services. Data from facility records, managers, providers, clients, and community members are used to score each of 21 indicators of youth-friendly services. The final workbook prompts managers to identify and address weaknesses in existing services.

Available at: <http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/ToolsGuides/index.htm>

POPLINE® Document Delivery Service: order number 301784 for Workbook 1, order number 301785 for Workbook 2, order number 301786 for Workbook 3, and order number 301787 for Workbook 4

Beitz, J., Srimuangboon, H., Lion-Coleman, A., Transgrud, R., Hutchings, J., and Weldin, M. *Youth-friendly pharmacy program implementation kit: Guidelines and tools for implementing a youth-friendly reproductive pharmacy program. Seattle, PATH, 2003.*

This toolkit offers complete and detailed instructions for creating a network of youth-friendly pharmacies based on the experiences of the RxGen project in Cambodia, Kenya, and Nicaragua (see box, p.10). The kit contains a curriculum for training pharmacists and other pharmacy staff, evaluation tools, and sample job aids and health education materials. The training is designed to strengthen the ability of pharmacy workers to counsel youth on reproductive health matters, advise them about such products as condoms and pregnancy tests, and refer them for clinical services, such as HIV testing. The kit is available in English and Spanish.

Available at: <http://tinyurl.com/3bsy7m>

(Also at: <http://www.path.org/publications/pub-series.php?stk=Youth-Friendly%20Pharmacy%20Program%20Implementation%20Kit>)

For print copies: PATH, 1455 NW Leary Way, Seattle, WA 98107. Tel: 206-285-3500. Fax: 206-285-6619.

E-mail: publications@path.org.

RxGen: Making Pharmacies Youth-Friendly



A pharmacy assistant in Managua, Nicaragua reads a training brochure on youth-friendly services developed by PATH and Ixchen, a local NGO. Youth like the convenience and anonymity that pharmacies offer.

For young people in need of reproductive health and family planning supplies and services, pharmacies are a quick, convenient, affordable, and anonymous outlet. The RxGen project is working to improve the quality of reproductive health and family planning information that pharmacies offer young people and to make their services youth-friendly. Pharmacists and counter staff at participating outlets attend a training workshop to raise their awareness of young people's needs, strengthen their communication skills, and increase their technical knowledge. The project marks the location of participating pharmacies with a youth-friendly logo and also stocks them with educational materials for young customers.

During its first three years, the RxGen project trained over 1,000 workers from about 530 pharmacies in Cambodia, Kenya, and Nicaragua. Mystery shoppers assessed the impact of the project on the quality of reproductive health and family planning services at the pharmacies. They found that workers at participating pharmacies were more likely to use interpersonal communication skills, respect client privacy, offer appropriate information, advice, and products, and make referrals. Both client satisfaction and the number of young people seeking reproductive health and family planning services at participating pharmacies increased.

Sources: Bond et al. 2003; Firestone 2003; Path 2006

Training Providers

Training serves three key purposes for integrated programs. First, training can prepare staff members to offer a wider range of services. For example, family planning specialists can learn about STIs, including HIV/AIDS. Similarly, AIDS experts can learn about contraceptive technology.

Second, training can introduce a holistic approach to counseling—that is, an integrated approach that explores the full range of a young client's reproductive health needs, rather than focusing on a single service. For example, providers can stress the need for dual protection against pregnancy and STIs regardless of the specific service that the client is seeking (9, 36).

Third, training can prepare staff members to work with young people under age 20. Training can help staff members understand the process of physical, emotional, and social development during adolescence and sensitize them to young people's need for reproductive health care. It can encourage staff members to adopt non-judgmental attitudes, listen without criticizing, and protect young clients' privacy. It can also teach specific strategies for working with youth so that staff members feel comfortable and confident with young clients.

To help program managers develop an effective training program to support integrated services for young people, this section describes model curricula for providers. All of the curricula include a full set of training materials, teaching aids, and participant handouts. They employ best practices in training, such as setting clear learning objectives, presenting material in an orderly fashion, and using participatory training techniques (31, 48). And they can be used for pre-service or continuing in-service training, both of which are essential to an effective training program.

Before selecting and adopting a curriculum, managers should adapt it to the local setting and the program's training needs. The following questions can help determine which staff members to train, what topics to cover, and which information and skills to focus on.

- What reproductive health issues are most important for young people in the program's service area?
- What factors deter young people from using existing family planning, HIV/AIDS, and maternal and child health services?
- What type(s) of providers will attend to young clients? How well prepared are they to work with youth?
- What services is the program equipped and ready to offer to young people? How well prepared are providers to offer these services? How well prepared are they to make referrals for services the program does not provide?
- Who will supervise the providers who attend young clients? How well prepared are they to oversee and support integrated services and services for young people?

Tailoring Reproductive Health Counseling to Young People's Diverse Needs

Young people are a diverse group, whose reproductive health needs vary with their age, gender, marital status, and whether or not they are sexually active, among other factors. For example, boys and girls entering puberty have far different concerns than sexually active teenagers who may already have contracted an STI.

To be effective, programs must recognize this diversity and tailor counseling and clinical services accordingly (26). Customizing services to the needs of individual young people becomes even more challenging when providers offer multiple, integrated services. The training curricula and job aids featured in this section can help with this task.

When counseling younger adolescents, who are unlikely to be sexually active, the focus should be on delaying sexual debut and establishing healthy patterns of behavior (46). In contrast, when counseling older, unmarried but sexually active youth, the focus should be on how to reduce the risks of infection and pregnancy—whether through abstinence, faithfulness to a single partner, or the use of condoms and other family planning methods—and on diagnosing and treating infections (10, 32).

Gender roles and marital status are also important considerations. In many developing countries girls marry and begin childbearing at an early age. Reaching them with safe motherhood services, including family planning, is essential, but so is providing STI/HIV services given the continuing risk of infection from their husbands (8). Because marriage limits girls' mobility and social networks, programs may need to involve their husbands, mothers, and mothers-in-law (16, 26). In contrast, the challenge in reaching young men may be overcoming gender norms that encourage them to dismiss their need for reproductive health information and services and to reject family planning and other health clinics as girls' spaces (26).



Model curricula. The four curricula described in this section can train service providers of all kinds—including doctors, nurses, midwives, and counselors—in integrated services for young people. They can be used during either pre-service or in-service training. All of the curricula cover the core topics of adolescent development; youth reproductive health needs; youth-friendly services; interpersonal counseling and communications skills; and family planning, STI, and HIV services. The curricula vary in length from several hours to one week, and also vary in the range of subject matter, the approach to training, and whether they include job aids.

Family Health International. *Reproductive health of young adults training module.* Contraceptive Technology and Reproductive Health Series. Research Triangle Park, NC, FHI, 2003.

Unlike the other curricula mentioned here, this electronic training resource can be used for interactive self-study if computers are available. Presenters also can use the module as the basis for conventional group training. The module is

Mozambique: Training Providers

In Mozambique, the Geração Biz (“Busy Generation”) project emphasizes an integrated and comprehensive approach to meeting young people’s reproductive health needs in all of its activities. Clinical counseling stresses dual protection, contraceptive supplies, STI diagnosis and treatment, HIV prevention, and antenatal care. HIV testing and treatment and prevention of mother-to-child transmission of HIV have been added to the approach, as well. To provide integrated youth-friendly services, Geração Biz renovated and equipped 49 government health centers and hospitals in seven provinces, trained over 230 nurses and doctors, reached out to communities to explain the need, and publicized the new services widely. During the first three years after services began in 1999, youth attendance at project clinics increased by 70%.

To train nurses and doctors how to deliver youth-friendly services, Geração Biz adapted training materials produced by Pathfinder International (see Senderowitz et al. 2002, p. 6). The 10-day training covers the concept of a youth health clinic, program objectives, clinical knowledge, and communication skills for working with young people. An evaluation of Geração Biz’s clinical services in 2001 found that providers were well-informed, motivated, respectful, and friendly and that the quality of clinical and counseling services was high. The evaluation recommended adding refresher training for providers and training other personnel, including pharmacists, receptionists, and cleaners, to ensure that the entire experience at health centers is youth-friendly.



A nurse provides care at a youth-friendly clinic in Mozambique. Providers need training both to prepare them to work with young clients and also to offer a wider range of services.

Source: Kane and Colton 2005; World Bank 2003

the shortest of the curricula described here, taking 120 to 150 minutes for providers to complete online or from a CD-ROM. It covers family planning, STIs, and HIV, as well as adolescent programming for an integrated approach. The modules are available in English, French, and Spanish.

Available at: <http://www.fhi.org/en/Youth/YouthNet/rhtrainmat/Reprohealthyoungadults.htm>

For copies on CD-ROM: e-mail requests to youthnetpubs@fhi.org or contact Family Health International, YouthNet Program, 2101 Wilson Blvd, Suite 700, Arlington, VA 22201 USA.

Tel: 703-516-9779. Fax: 703-516-9781.

Levack, A. and Campos, H. *Youth-friendly services: A manual for service providers*. New York, EngenderHealth, 2002.

Initially developed for a project in Nepal, this manual has been field tested in Mongolia, Russia, and the US. In addition to the core topics that are essential to integrated counseling (adolescent development, youth reproductive health needs, youth-friendly services, interpersonal counseling and communication skills, and family planning, STI, and HIV services), the four-day workshop prompts providers to reflect on gender issues and on their own values, beliefs, and attitudes regarding young people. It includes useful job aids, such as handouts on HIV transmission risks and proper condom use. The manual contains a full set of COPE® self-assessment guides (see p. 6 for a description of the COPE process and the self-assessment guides).

Available at: <http://www.engenderhealth.org/res/offc/qi/yfs/index.html>

For print copies: Complete the order form at <http://www.engenderhealth.org/pubs/form.html>

and mail to EngenderHealth, 440 Ninth Avenue, New York, NY 10001 USA. Tel: 212-561-8000. Fax: 212-561-8067.

E-mail: info@engenderhealth.org.

Senderowitz, J., Solter, C., and Hainsworth, G. *Reproductive health services for adolescents: Participant's manual*. Comprehensive Reproductive Health and Family Planning Training Curriculum, Module 16. Watertown, MA, Pathfinder International, 2002.

Originally developed for African Youth Alliance activities in Botswana, Ghana, Tanzania, and Uganda, this training module now forms part of a comprehensive reproductive health training curriculum published by Pathfinder International. The six-day workshop covers all of the core topics that are essential to integrated counseling, including adolescent development, youth reproductive health needs, youth-friendly services, interpersonal counseling and communication skills, and family planning, STI, and HIV services. It also covers life skills, pregnancy care, and sexual abuse. Unlike the other curricula, it offers detailed instructions on how to screen young people by taking a comprehensive medical and social history and conducting a thorough physical exam. The screening covers age-appropriate development, sexual activity and its risks, substance abuse, sexual abuse, and other health problems. The module includes many job aids, such as a reproductive health history form, contraceptive selection guidelines for youth, and checklists to assess counseling skills. (For an example of how the curriculum has been used, see the box on Mozambique, p. 12.)

Available at: http://www.pathfind.org/site/PageServer?pagename=Publications_Training_Modules

For print copies: Technical Services, Pathfinder International, 9 Galen Street, Suite 217, Watertown, MA 02472, USA.

Tel: 617-924-7200. Fax: 617-924-3833.



World Health Organization. *WHO orientation programme on adolescent health for health-care providers*. Geneva, WHO, 2003.

Unlike the other three curricula listed in this section, this training program covers a full range of health services for young people, not just family planning, HIV/AIDS, and reproductive health. It is designed as a series of independent modules, from which trainers can pick and choose to meet a program's needs. It is this combination of modules that makes the curriculum useful for integrated services. WHO conducted participatory development workshops and field tests in every region of the world as part of the preparation of the curriculum. Core modules cover the implications of adolescence for public health, youth reproductive health, youth-friendly health services, and adolescent development. Optional modules address specific health needs, including pregnancy prevention, maternal care, STIs, substance use, mental health, and nutrition. Modules on HIV, chronic and endemic diseases, and injuries and violence are under development. To give providers a deeper understanding of youth perspectives, the course is designed to include young people along with adult trainees.

A sample module on STIs is available at: http://www.who.int/child-adolescent-health/publications/ADH/ISBN_92_4_159126_9.htm

For print or CD-ROM copies: Department of Child and Adolescent Health and Development, World Health Organization, 1211 Geneva 27, Switzerland. E-mail: cah@who.int.

Supporting Providers with Job Aids

Job aids can help providers meet the extra demands placed on them in offering integrated services for young people. Research shows that job aids work in three ways to improve the performance of health care providers—and, in turn, the quality of care—each of which becomes more important when providers have to master multiple services (18).

First, job aids can supply technical information needed during consultations. Having reference information reduces the burden placed on providers' memories when integrated programs ask them to offer additional services. For example, consulting a checklist of medical eligibility requirements for a contraceptive method can ensure that providers do not overlook any safety issues or confuse requirements for different methods. Such a checklist could be especially helpful for providers from HIV/AIDS programs who are integrating family planning into HIV counseling, testing, and treatment.

Second, job aids can prompt providers what to do next during consultations. Cues and reminders can help providers conduct a consultation in a complete and orderly fashion, even when offering multiple, integrated services. For example, an integrated counseling protocol that outlines what providers should do, step-by-step, can ensure that providers systematically assess and address the full range of a young client's reproductive health needs, rather than focusing solely on the service requested by the client.

Third, job aids can guide and support the decision-making process. Decision aids help providers make good judgments, even as integrating services increases the number and types of health problems they must deal with. For example, an STI algorithm or flowchart can guide providers to the correct diagnosis and choice of treatment when a client shows symptoms of infection. Such an algorithm could help maintain good quality of care when family planning providers are asked to begin managing STIs.

The job aids described here can help providers accomplish the wide range of tasks that form part of integrated services, from coaching youth on how to refuse sex to diagnosing an STI. To determine which job aids might benefit their programs, managers should consider the following questions:

- What tasks do providers perform incorrectly, inconsistently, or have trouble integrating together?
- What aspects of the task are most challenging for providers?

Uganda: Youth-Friendly HIV Counseling and Testing

In 2001 the AIDS Information Center—a HIV counseling and testing site for adults in Kampala—added youth-oriented services after managers realized that many young people also were coming for HIV testing. The center established a youth corner next to the adult clinic, with a separate entrance to ensure privacy, reduced the testing fee for young people, and developed a manual on youth-friendly services for providers. It also offered young people who came for HIV testing a broader package of services, including family planning and STI management.

The provider manual was used by peer counselors at the Naguru Teenage Information and Health Center in Kampala as well as by providers at the AIDS Information Center. Exit interviews at both facilities found that young clients were highly satisfied with HIV counseling and testing services, especially with the friendliness and professionalism of the providers. After training with the manual, providers more consistently exhibited good counseling skills in sessions with young clients, such as clarifying information and correcting misconceptions.

Sources: AIC 2006 ; McCauley et al. 2004



A peer counselor talks with a young client at the Naguru Teenage Information and Health Center in Uganda. Peer educators can help promote services at the community level.



- What could help providers perform these tasks better and integrate them together more smoothly? Could they benefit from instructions, reminders, a decision tree, or an easy-to-consult digest of technical information?

Model job aids. The resources below contain a variety of job aids for providers, while managers also may find some portions useful. The job aids range from simple checklists and fact sheets to complex protocols and lengthy manuals. Most supply technical information, counseling guidance, or some combination of the two. All are potentially useful for programs delivering integrated services, either because they address a variety of services or because they link those services together.

Barnett, B. and Schueller, J. *Meeting the needs of young clients: A guide to providing reproductive health services to adolescents*. Research Triangle Park, NC, FHI, 2000.

This counseling guide focuses on preventing pregnancy and STIs, including HIV/AIDS. It also contains a section on counseling victims of sexual violence. The guide offers tips on how providers can discuss reproductive health and family planning issues with young people, as well covering technical information on contraception and infections. The sections on youth-friendly services and referral networks are useful for program managers. The guide is available in English, French, and Spanish.

Available at: <http://www.fhi.org/en/RH/Pubs/servdelivery/adolguide/index.htm>

For print copies: Family Health International, P.O. Box 13950, Research Triangle Park, NC 27709.

Tel: 919-544-7040. Fax: 919-544-7261. E-mail: publications@fhi.org.

POPLINE® Document Delivery Service: order number 153943

Fischer, S., Reynolds, H., Yacobsen, I., Schueller, J., and Barnett B. *HIV counseling and testing for youth: A manual for providers*. Arlington, VA: Family Health International, YouthNet Program, 2005.

Developed with the help of Kenyan youth counselors, this manual serves both as a counseling guide and a reference tool for providers who focus on HIV counseling and testing. It is designed to help integrate other health services, including family planning, into counseling for young people. The manual assumes that providers already understand the technical aspects of administering HIV tests and focuses instead on youth-friendly counseling. To help providers link HIV testing with other reproductive health and family planning services, the manual discusses the prevention of pregnancy and other STIs, introduces the concept of life skills, and supplies a form to record local referral resources and their contact information.

Available at: <http://www.fhi.org/en/Youth/YouthNet/rhtrainmat/vctmanual.htm>

For print copies: Family Health International, YouthNet Program, 2101 Wilson Blvd, Suite 700, Arlington, VA 22201 USA. Tel: 703-516-9779. Fax: 703-516-9781. E-mail: aidspubs@fhi.org.

POPLINE® Document Delivery Service: order number 291242

Yacobson, I. *Contraception for women and couples with HIV*. Family Health International and ACQUIRE, 2005.

As the incidence of HIV infection among young people rises, providers are increasingly likely to work with young clients living with HIV/AIDS. While not specifically tailored to young people, this electronic counseling guide can help providers advise youth living with HIV about their contraceptive options. It reviews the reproductive choices facing individuals and couples with HIV, outlines how to integrate family planning with HIV services, and makes contraceptive recommendations for women infected with HIV, with full-blown AIDS, and/or on antiretroviral (ARV) therapy. Where computers are available, individual providers can access the module, either online or on CD-ROM, for an interactive self-study program. The module also can be used for group presentations.

Available at: <http://www.fhi.org/en/RH/Training/trainmat/ARVmodule.htm>

For copies on CD-ROM: Family Health International, P.O. Box 13950, Research Triangle Park, NC 27709.

Tel: 919-544-7040. Fax: 919-544-7261. E-mail: aidspubs@fhi.org.

Young, A., Shalwitz, J., Pollock, S., and Simmons, M. *Sexual health: An adolescent provider toolkit*. San Francisco, CA, Adolescent Health Working Group, 2003.

This compendium of assessment and counseling tools, reference materials, and health education information is part of a broader guide to treating teenage patients. It includes job aids that can help providers take a sexual history, talk about safer sex, screen for and treat STIs, and counsel young people on HIV and pregnancy tests. There are reference materials on adolescent development, emergency contraception, STI lab tests, and STI treatment guidelines.

Available at: <http://www.go2itech.org/pdf/p06-db/db-50901.pdf>

For print copies: Adolescent Health Working Group, 323 Geary Street, Suite 418, San Francisco, CA 94102.

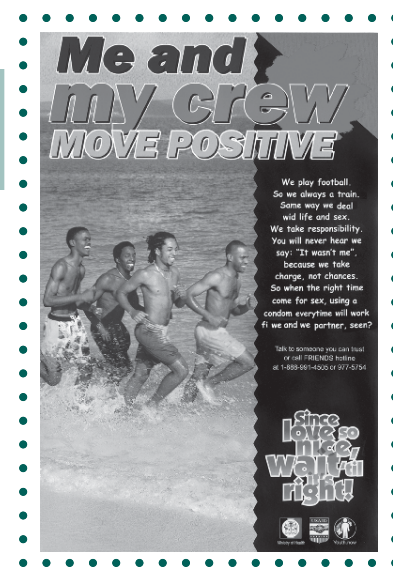
Tel: 415-576-1170 x301. Fax: 415-576-1286. E-mail: info@ahwg.net.

Ministry of Health (Jamaica), Youth.now, and UNICEF. *Adolescent sexual decision-making counselling protocol*. Jamaica, Ministry of Health, 2004.

This protocol, developed by the Youth.now project in Jamaica, guides counselors through a structured, one-hour session that takes an integrated approach to reproductive health counseling. The goals of the session are, first, to help young clients develop a personal risk reduction plan, for example, by deciding to abstain from sex or limit their number of partners; second, to strengthen the negotiation, refusal, and problem-solving skills young people need to put that risk reduction plan into practice; and, third, to provide referrals for STI treatment, HIV counseling and testing, sexual abuse, and family planning services. Detailed instructions and background materials orient counselors to adolescent development, decision-making by young people, and communication skills.

Available at: http://pdf.dec.org/pdf_docs/PNADC076.pdf

POPLINE® Document Delivery Service: order number 286113



Both the counseling tools and media materials developed by the Youth.now project in Jamaica promote the same message: responsible decision making by young people.



Promoting Services in the Community

Youth reproductive health programs have mounted a variety of activities to promote services at the community level. Common approaches include (11, 23):

- Having health workers give public talks in the community,
- Meeting with influential community members to raise their awareness of youth reproductive health needs and seek their support for integrated services,
- Training community members, including peer educators, church members, and, sympathetic adults, to discuss a range of reproductive health issues with young people and, when appropriate, make referrals to local facilities (see box on Kenya, p. 19); and
- Publicizing the integrated services available for young people on billboards and posters, in newspapers and magazines, on the radio, and at community gatherings.

Community activities help to overcome the fact that, despite efforts to improve the quality and youth-friendliness of services, many reproductive health programs have not been able to attract more young clients (42). According to a review by WHO, training providers and making services youth-friendly are not enough to increase young people's use of family planning and HIV/AIDS services. Programs also must do more to promote services in the community to young people and to involve the opinion leaders and gatekeepers who influence access to services (11).

Going outside the clinic to promote services in the community serves two key purposes that together can help programs meet the integrated health needs of more young people. First, a community approach can make people better aware that youth-friendly services are available at nearby health facilities and that these integrated services address a range of needs, including family planning and HIV counseling and testing.

Second, engaging the support of parents, neighbors, teachers, religious leaders, peers, and other influential community members, can positively influence young people's beliefs and behaviors about their own reproductive health. Adults in the community often act as gatekeepers, with the power either to reduce or to increase young people's access to reproductive health information and care. Young people are more likely to seek care when parents and other adults actively support the provision of services and even act as mentors on reproductive health issues (21, 22, 46). Peer educators also have proven effective in connecting youth with services (1).

The tools described in this section can help program managers to design and implement community-based activities that encourage youth to seek integrated services. First, however, managers must determine which types of activities make the most sense for their program. The following questions can help managers decide which activities are likely to have the greatest impact on use of services.

- What is the purpose of promoting services—for example, to advertise integrated and youth-friendly services, build community support for reproductive health care for young people, counsel youth on adolescent health risks, or some combination?
- Which members of the community have the greatest influence on young people's access to different kinds of reproductive health services?
- Which members of the community have the greatest potential to influence young people's attitudes and behaviors regarding reproductive health?
- What are the most effective and efficient ways to reach key people in the community?

Community promotion tools. Each of the tools in this section offers guidance on a specific type of community-based activity, including:

- Advocacy, which demonstrates young peoples' need for family planning, STI, and HIV/AIDS information and services to community leaders and the public,
- Participatory assessments, which can train people to collect information on reproductive health from their own communities, analyze and share the results, and make recommendations regarding project activities,
- Peer education, which can train young people to offer integrated reproductive health counseling, including information and referrals, to their peers, and
- Faith-based counseling, which trains adults to lead discussions of reproductive health challenges and associated religious teachings with young people.

All of the tools are tailored specifically for youth reproductive health programs.

Penn, A. *Advocating for adolescent reproductive health in Eastern Europe and Central Asia*. Washington, D.C., Advocates for Youth, 2004.

Shannon, A. *Advocating for adolescent reproductive health in Sub-Saharan Africa*. Washington, D.C., Advocates for Youth, 1998.

These advocacy kits describe how to develop, implement, and evaluate a successful advocacy strategy in two different regions of the world. Case studies from each region illustrate the guidance provided on setting goals, building networks, involving young people, mobilizing the public, gaining the

Kenya: Training Community Members to Counsel Young People

Following traditional Kikuyu approaches to counseling young people, the Nyeri Youth Health project in Kenya trained 25 respected young parents to serve as “Friends of Youth” in their own communities. These mentors met weekly with youth groups based in schools, churches, and sports clubs to discuss reproductive health and encourage safe behaviors, including delaying sexual debut, adopting secondary abstinence, and reducing the number of sexual partners. When individual youths needed reproductive health care, the Friends of Youth referred them to youth-friendly doctors and pharmacists and gave them a coupon for subsidized services. Friends of Youth also worked with teachers, parents, and other adults to encourage a supportive climate in the community.

An evaluation found that the Nyeri Youth Health project reduced risk-taking behaviors in participating communities. Compared with peers at control sites that did not recruit or train Friends of Youth, sexually experienced girls in project sites were over three times as likely to have abstained from sex for the last six months and one-tenth as likely to have had three or more sexual partners during the previous three years. Boys in project sites were almost four times as likely to have used a condom at last sex as those at control sites.

Referrals made by the Friends of Youth also spurred the use of health care services by young people. Over a three-year period, more than 2,700 young people visited participating providers, mostly for reproductive tract infections, family planning, and male circumcision.

Source: Erulkar et al. 2004



support of community leaders, and responding to opposition and criticism. The kits also include a section on responding to commonly asked questions about adolescent reproductive health.

Available at:

Eastern Europe and Central Asia:

PDF: http://www.advocatesforyouth.org/publications/advocate_eeca.pdf

Sub-Saharan Africa:

HTML: <http://www.advocatesforyouth.org/publications/advocate/>

PDF: <http://www.advocatesforyouth.org/publications/advocate.pdf>

en français—Un plaidoyer pour la santé reproductive des adolescents en Afrique Subsaharienne

PDF: http://www.advocatesforyouth.org/publications/advocate_fr.pdf

For print copies: Publications Department, Advocates for Youth, 2000 M Street NW, Suite 750, Washington, D.C. 20036. Tel: 202-419-3420. Fax: 202-419-1448.

E-mail: information@advocatesforyouth.org.

Zambezi, R. and Hernandez, J.J. *Engaging communities in youth reproductive health and HIV projects: A guide to participatory assessments*. Arlington, VA, Family Health International, 2006.

This guide describes how to conduct participatory assessments that can involve community members (including young people) in projects to improve youth reproductive health, for example, by reducing HIV transmission. It distills the experience of the YouthNet project in Namibia, Tanzania, and Ethiopia, where the project trained young people and adults to facilitate assessments of youth reproductive health, make recommendations for action by the government or by faith-based groups, and help implement those recommendations. The publication offers a series of easy-to-follow guidelines and a simple toolkit for Participatory Learning and Action (PLA) activities.

Available at: <http://www.fhi.org/en/Youth/YouthNet/Publications/CIresources/index.htm>

PDF: <http://tinyurl.com/32hhcl>

For print copies: Family Health International, YouthNet Program, 2101 Wilson Blvd, Suite 700, Arlington, VA 22201 USA. Tel: 703-516-9779. Fax: 703-516-9781. E-mail: youthnetpubs@fhi.org.

International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR). *Peer to peer: Creating successful peer education programs*. New York, IPPF/WHR, 2004.

This guide describes the practical steps involved in planning a peer education program, selecting and training youth educators, implementing and supervising peer education activities, and monitoring and evaluating the program. Each section includes sample tools, additional references, and examples of peer education projects in Latin America and the Caribbean. The contents are based on a bibliographic review of peer education programs and a meeting of experts on the reproductive health of young people drawn from organizations throughout the Americas.

Available at: http://www.ippfwhr.org/publications/publication_detail_e.asp?PubID=62
PDF (English): http://www.ippfwhr.org/publications/download/monographs/PeertoPeer_E.pdf
PDF (Spanish): http://www.ippfwhr.org/publications/download/monographs/PeertoPeer_S.pdf
For print copies: IPPF/WHR, 120 Wall Street, 9th floor, New York, NY 10005. Tel: 212-248-6400. Fax: 212-248-4221.
E-mail: info@ippfwhr.org.

Youth Peer Education Network (Y-PEER), United Nations Population Fund (UNFPA), and Family Health International/YouthNet. *Youth peer education toolkit: The training of trainers manual*. New York, UNFPA, 2005.

This manual reviews the rationale for and value of youth peer education, presents a curriculum and handouts for a six-day training-of-trainers workshop, and gives an example of a peer education session on HIV/AIDS. It is based on both research and field experience. The manual forms part of a larger Youth Peer Education Toolkit, which includes standards for peer education programs, quality assessment and performance improvement tools, and a manual for theater-based techniques for peer education.

Available at: <http://www.fhi.org/en/Youth/YouthNet/Publications/peerredtoolkit/index.htm>
For print copies: Family Health International, YouthNet Program, 2101 Wilson Blvd, Suite 700, Arlington, VA 22201 USA.
Tel: 703-516-9779. Fax: 703-516-9781. E-mail: youthnetpubs@fhi.org.

Family Health International/YouthNet. *Family life education: Teaching adults to communicate with youth from a Christian perspective*. Arlington, VA, FHI, 2006.

Family Health International/YouthNet. *Family life education: Teaching adults to communicate with youth from a Muslim perspective*. Arlington, VA, FHI, 2006.

These two training manuals and accompanying participant handbooks are designed to help adult participants clarify their religious values around sexuality, reproductive health, and HIV and to open a dialogue about reproductive health and religious teachings with young people. During a series of six workshops, participants learn about adolescent development, prevention of STIs and HIV, unintended sex and alcohol and drug use, marriage and family planning, communicating with young people, and referring youth to clinical resources.

Available at: <http://www.fhi.org/en/Youth/YouthNet/Publications/FLE/index.htm>
Limited print copies available. For information, please contact: Family Health International, YouthNet Program, 2101 Wilson Blvd, Suite 700, Arlington, VA 22201 USA. Tel: 703-516-9779. Fax: 703-516-9781. E-mail: youthnetpubs@fhi.org.

Addendum

Use of Information and Communication Technology in Providing Integrated Services to Young People. Information and Communication Technology (ICT) offers potential to more effectively manage and support programs for providing integrated HIV/AIDS and family planning services to young people. With increased access to technology such as computers with CD-ROM drives, open source software¹, Internet, e-mail, and cellular phones with text messaging capability

¹ Software with free distribution rights and open access to the source code.



by communities, facilities, and individuals, programs can use these technologies to address challenges in introducing integrated services. Integration challenges include minimizing the burden on health care providers by additional counseling duties or training; tracking patients efficiently, especially with referrals for specialized services; and, providing young people with avenues for getting answers to sexual and reproductive health questions outside of a clinical setting. Program applications of ICT include:

Provide self-paced, computer-based training for providers and peer educators: Offering health care providers self-paced computer-based training to update their skills for providing services to young people allows them to fit training into their work schedules. Organizations such as Family Health International have developed self-study modules that can be used on the Web or on CD-ROM¹. Computer-based training also provides an engaging way to train peer educators, who as young people may have an interest in use of technology for learning.

Support counseling services through job aids. Service providers with additional counseling duties because of integration can benefit from availability of job aids, which can be made available on the Web for downloading and use in service delivery settings.

Manage patient records and treatment: Clinical information systems can help in managing patient records and scheduling patients for follow-up care. Use of these systems and e-mail can help with referrals outside the facility for specialized services. Text messaging via cell phones provides a way to contact patients for reminders of treatment schedules.

Offer hotlines and radio call-in programs to encourage interaction with young people. Programs incorporating telephone hotlines and radio call-in programs provide an anonymous way for young people to get answers to their sexual and reproductive health questions.

The references below include examples of ICT use in health programs in low-resource settings.

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² See: Family Health International. *Reproductive health of young adults training module*. Contraceptive Technology and Reproductive Health Series. Research Triangle Park, NC, FHI, 2003. Also: Yacobson, I. *Contraception for women and couples with HIV*. Family Health International and ACQUIRE, 2005.

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