St. Petersburg Medical Academy of
Post-Graduate Studies
UN Children's Fund (UNICEF)
in the Russian Federation

Youth-Friendly Clinics

GUIDELINES FOR DOCTORS AND HEALTH CARE ADMINISTRATORS

Moscow
2006

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Resume. These guidelines are intended for medical practitioners and administrators providing health and social services to adolescents and youth. The guidelines feature the history of health services for adolescents in Russia and worldwide, international criteria, characteristics and standards of youth-friendly health and social services/facilities; criteria, principles of operations and pre-requisites for the creation of similar services in Russia. The guidelines also contain an action plan for health care facilities, which apply for the status "Youth-friendly Clinic", as well as an education and training program for the service providers.

The guidelines were designed and published within the framework of the Youth-friendly Clinics joint initiative of the Ministry of Health Care and Social Development of the Russian Federation, World Health Organization, United Nations Children's Fund (UNICEF) and United Nations Fund for Population Activities (UNFPA).

Approved for printing on 16.03.2006. Format 60x90 1/16

Lazurski set. Coated paper

Offset printing, 3.75 printer sheets

Order # 194

Circulation: 2000 copies

Printed by OOO BEST-print

16, Krasnoproletarskaya Ul., Moscow, 127473 Russia

The health of adolescents is a socially important issue as they are the future reproductive, intellectual, economic, social, political, and cultural asset of the society.

Over the last decade the health of the rising generation was deteriorating; the negative trends included sexual and reproductive health of adolescents, which in the future may become one of the main reasons for low birth rates, high infantile death rates, and pregnancy and delivery pathologies.

Many risks of a decrease in reproductive potential of today's youth result from low awareness among young people of the consequences of risky behavior, undeveloped reproductive objectives and flaws in the health and social care offered by medical facilities.

The need and advisability of specialized services, or, under the international classification, Youth- friendly Clinics (YFC), was proved by over 10 years of success of adolescent centers in St. Petersburg and Novosibirsk and many counseling centers for young people in other regions. This need was described in information letters of the RF Ministry of Health Care and the Ministry's Resolution # 154 On Improving Health Services to Adolescents.

The rationale for establishing youth and adolescent friendly services is as follows:

- Social importance of adolescent health;
- Considerable decrease in the health care and social protection of young people;
- Insufficiency of basic medical services, highly increased demand for medical-social assistance;
- Mental and social immaturity of adolescents, lack of conscious care for their health or the skill of seeking medical help independently; lack of self-observation skills or adequate expression of feelings and thoughts;
- Change in the composition of adolescent illnesses with increased rate of "diseases of risky behavior". Epidemics of HIV, sexually transmitted infections and drug addiction call for expedited introduction of services aimed at solving adolescent health problems;
- Decreased authority of family, early puberty and late marriages create serious problems for the protection of reproductive health;
- Low awareness among young people of reproductive health issues;
- The need for comprehensive approach and interdepartmental cooperation in issues of youth and adolescent health.

Youth and adolescents require services, which in their form differ from services provided to adults and children. These services can be provided at "adolescent and youth friendly clinics".

These guidelines on adolescent friendly clinics are intended for heads of medical and preventive health care facilities for mothers and children, obstetricians, gynecologists, pediatricians, and other providers of reproductive health care services and medical-social

assistance to adolescents. The document features the history of providing health care to adolescents in Russia and worldwide, international criteria, characteristics and standards of adolescent friendly services and facilities, criteria, principles of operations and pre-requisites for the creation of similar services in Russia. The guidelines contain an action plan for a health care facility that applied for the status "Adolescent friendly Clinic", as well as an education and training program for the service providers.

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Introduction

Adolescents' health as a public value. The health of adolescents is a socially important issue as they are the future reproductive, intellectual, economic, social, political, and cultural asset of the society.

Rapid social and economic changes of the last decade were dramatic for the health of adolescents. According to experts participating in the 52nd Global Assembly on Adolescent friendly Health Services (October 1999, Geneva), a decrease in the health of Russian population is unprecedented for industrial countries in peace-time. UNICEF data show that the adolescents' health trends (demographics, diseases, mortality) in different former Soviet states and Eastern European countries have similar dynamics. And by the rate of risky behavior consequences our adolescents show similar and even worse results as compared with their peers in the West.

Results of the federal mass health examination of children held in 2002 confirmed the last decade's trends in children's health: a decrease in the number of healthy children (from 45.5% to 33.89%) and doubling of the proportional weight of children with chronic disorders and disabilities. The adolescents' disease annual growth rate is 5–7%.

According to the self health estimation of adolescents for the last 15 years, the state of health of Russian adolescents is considerably lower than that of their peers in other countries. In Switzerland 93% of adolescents believe they are healthy, in Sweden – 72%, France – 55%, Germany – 40%, Russia – 28%.

Endocrine, urinary, nerve and skeletal muscular system diseases dominate in the composition of **somatic diseases** of Russian youth compared to other age groups. This is due to massive psycho-neuro-endocrine-immune changes that happen during puberty and once adolescents begin their sexual relationships.

Adolescents have **psychic disorders** 21% more often than children. 19% of adolescents suffer from depression (N.M. Iovchuk, G.Z. Batygina, 1998). The number of children in the medical, social and biological risk group has considerably gone up (N.E. Mironov, 1999). Over the last decade, the number of suicides grew 1.8 times. According to the latest surveys, 19% of young men and 43% of young women had suicidal thoughts. Although the inclination to suicide is typical for puberty in all countries, the level of suicides in Russia is one of the highest in the world.

The demographic situation in the country makes the problem of adolescents' **reproductive health** even more vital due to social reasons and low reproductive potential of modern young men and women.

75–86% of girls suffer from chronic somatic diseases, 10–15% have gynecological dysfunctions limiting their fertility (Y.A. Gurkin, 1997; N.G. Baklayenko, L.V. Gavrilova, 2000; L.V. Vashchenko and co-authors, 2001). The frequency of gynecological diseases tripled over the last five years. With age, the frequency of

gynecological disorders grows more than 2.5 times from 116.2 at the age of 14 to 297.0 at the age of 17 per 1000 examined girls.

The reproductive health of boys is no better. In St. Petersburg, the frequency of andrological diseases reaches 13–56%, and 2.2% of young men require andrological surgery. The demand for surgery is the highest at the age of 14–16. About 60% of diseases among boys aged 14–17 may present a future threat of sterility (V.K. Yuriev and co-authors, 2000).

Early sexual activity of adolescents has become a major social problem in Russia. The young people are often not prepared for sexual life either physiologically or psychologically: they have no sufficient knowledge of sexually transmitted infections or potential negative consequences of early sexual life or abortion.

Young people have low reproductive aims. Today, 10.5% of college students and 6.5% of schoolgirls do not want to have children. In 1990, the figure was no higher than 1%. The number of abortions at the age of 15–19 is about 40 per 1000 adolescents (I.M. Grebesheva, 2000). Every year 15-year old girls give birth to 1500 children, 16-year old girls – to 9,000, and 17-year old girls – to 30,000 (L. Chicherin and co-authors, 1999). Maternity mortality among adolescents is 5–8 times higher than the population average (N.G. Baklayenko and co-authors, 2000).

Democracy and uncontrolled freedom removed all constraints in the risky behavior of youth. The 2002 year rate of **alcoholism** among youth was the highest in the last decade. 827.1 per 100,000 adolescents abused alcohol, which is three times higher than the population average (RF Ministry of Health Care, 2003). **Drug addiction** among youth is becoming a national disaster. Half of drug and toxic substance addicts are under age. Young people aged 15-24 are prone to **sexually transmitted infections** to the highest extend. According to the RF Ministry of Health Care (2003), over 52,000 sick people under 17 were registered.

Adolescents account for a half of new cases of HIV. The ratio of HIV-infected people aged 15–20 is 21%. During the last years, the epidemic has been spreading from the localized social groups (drug addicts) to general population. Today, nearly a quarter of infected adolescents have got infected during heterosexual contacts.

Minors are increasingly more often becoming victims of physical, sexual and emotional (moral cruelty) violence, neglect of the child's basic needs and are involved in illegal behavior.

The situation of Russian adolescents today is different for their transitional period coincided with the transitional period of the country. The adolescents' specific difficulties added to the difficulties of the society and a potentiation of problems took place. Adolescents of today are children who were born during the most difficult times of early 1990-s. Therefore, in the nearest future we will face serious youth health and socialization problems. In this situation, the organization of medical-social assistance to adolescents becomes increasingly more important.

Changes in the social and economic conditions, increased period of adolescents socialization, their growing demands coupled with lack of social status, decreased family adaptation, a growing number of families in critical situation (which present a threat to

physical and psychic health of youth) and aggravated situation with psycho-social adaptation typical for youth resulted in the growing role of social factors in the worsening of somatic, psychic and reproductive health. Adolescents today are among the most vulnerable groups of population. Regretfully, the social pediatrics never knew what problems it would have to face and appeared unprepared.

Resolution of the above problems is stipulated by the UN Convention on the Rights of the Child and, in line with the Convention, Russia is currently reforming adolescent health care. The program of the RF Ministry of Health Care and the RF Academy of Medical Sciences "On Improving Children's Health in the Russian Federation in 2004-2010 (based on the results of federal mass medical examination of children in 2002) aims at improving medical care to protect the reproductive health of adolescents, both boys and girls, prevent STI, HIV, establish psychological counseling services, and promote healthy lifestyle. This will definitely require introduction of the new forms of medical services to adolescents.

Chapter 1
History of medical care for adolescents in Russia and worldwide

Neither domestic nor international health care providers have come to a single opinion as to whether adolescents require special medical services. Adolescent medicine has lived through periods of prosperity and decline. In Russia, the adolescent health care system was established in the first years of the soviet power as a response to social demands of the rising generation; and over the years it has been performing its role with a varying degree of efficiency. Over the last 15–20 years it has become a mere formality. The reform and revival of adolescent medicine is an important goal today.

After the October revolution, the state accepted responsibility for the health care of children and adolescents. At first this responsibility rested with the School and Hygienic Department of the Education Committee and, beginning in 1918, the Department of Children and Adolescent Health Care under the Health Care Committee. The main link in the system of adolescent medicine was preventive clinics for children and health care stations for children and adolescents. They provided preventive, general curative and specialized services.

From the very beginning, it became clear that a social component was of paramount importance in securing the health of the rising generation. In 1935, the Central State Research Institute of Children's Health published The Methods of Studying Children and Adolescents where they discussed and summarized the results of social and hygienic research. This was an important step in developing approaches to organizing medical-social assistance to children and adolescents.

In 1936, children's walk-in clinics replaced the preventive clinics and stations for children. Health care services to adolescents and professional orientation were transferred to adult medical and preventive health care facilities.

Over the next years a network of adolescent rooms widened. In December 1955, a staff standard of one doctor per 1500 adolescents or 0.5 doctors per 750 adolescents at walk-in clinics, medical stations and hospitals was introduced to serve working or studying adolescents aged 15-18. In urban settlements adolescent rooms with methodological functions were opened.

In 1959, a Research Institute of Children and Adolescent Hygiene was established. It was a research center for children's health problems, hygienic aspects of training and social education and professional orientation at preschool facilities, schools, and colleges.

The USSR Ministry of Health Care Resolution #729 dated 08/08/75 established a unified territorial-unit principle of providing medical services to adolescents at medical and preventive facilities for adults, and a procedure for transferring adolescents who reached 15 from children to adult clinics. The USSR Ministry of Health Care Resolution #999 of 1982 and Resolution #16 of 1994 confirmed the staff standard of one adolescent general practitioner per 1500 adolescents residing or attending colleges or other educational

institutions within the clinic's catchment area. Staff standards for nursing rooms at professional colleges (one nurse per 500 students) and technical colleges (one nurse per 800 students) were determined.

In early 1980s, the USSR Ministry of Health Care considerably improved the country's system of adolescent medicine. A normative system of annual preventive medical examinations and non-hospital treatment was designed. Young boys due for call up had certain privileges.

Adolescent rooms worked according to the territorial-unit principle and provided medical, hygienic and preventive services to adolescents residing, working or attending colleges within the clinic's catchment area.

Large walk-in clinics established therapeutic adolescent units with. The principles of operating such units were similar to those of adolescent rooms, however the larger number of professionals made it possible to specialize in different areas, on the one hand, and ensure interchangeability of staff, on the other. This method of work was tested in 1978 at a few clinics in Leningrad, Moscow, Ufa, Kharkov and other cities and confirmed its efficiency.

Another organizational form of servicing adolescents was regional (interregional) adolescent units (centers) at one of the regional clinics. These units worked in St. Petersburg, Ulyanovsk, Ufa, and Kaluga. In several cities (Moscow, Tashkent, Saransk, Perm) special clinics for adolescents were established. The clinics made it possible to provide specialized assistance and treatment to adolescents on a larger scale.

Training of adolescent doctors began at the specialized departments of permanent education for doctors in Kharkov, Leningrad and Moscow.

The model of Soviet adolescent doctor envisaged the doctor's close cooperation with school and college teachers, plant administrations, public organizations, government committees, commissions on the issues of minors, military commissariats and others. The model required wide interdepartmental interaction in the area of adolescent health care.

At the same time, adolescent health care was focused on medical treatment and diagnostics. Preventive services remained formalistic and existed only in the form of hygienic instructions. Medical and social area included preparation of young people for labor activities and military service. Adolescent doctors were unaware of reproductive health issues. A poor attempt to address reproductive health issues was made within the framework of a secondary school course of Ethics and Psychology of Family Life.

No other specialist in the domestic health care system was equal to adolescent doctors in terms of a range of issues to be addressed. Some of their functions overlapped with functions of the state epidemiological surveillance department, medical and physical training centers, medical commissions of military centers, and social security agencies. Responsibilities of pediatricians, school and adolescent doctors overlapped in providing medical services to high school students in grades 9 to 11. It is worth mentioning here that according to the theory of management, if elements of a system overlap, the system becomes inefficient.

Until now medical universities offer no basic studies (specialization) in adolescent medicine. As a result, when starting a responsible job of providing health care to

adolescents, doctors lacked sufficient knowledge of adolescent physiology, pathology, examination practices, or specific details of providing preventive services to adolescents. Together with low prestige and low payment of general adolescent practitioners, it considerably decreased the system's efficiency. In that situation, many head administrators of medical facilities preferred to refuse provision of specialized services to adolescents.

A lack of succession in the provision of health services between children's and adult clinics presented a serious problem. To eliminate these discrepancies pediatricians offered to treat adolescents under 18 at children's clinics.

In 1988–1991, the USSR Ministry of Health Care ventured an experiment aimed at improving adolescent health care. In four regions two alternative options were tested: the first alternative was to service all young people under 18 at children's clinics, while the second was to provide health care services to adolescents of over 12 at adult facilities. The results confirmed the assumptions. During the experiment, the original excitement of doctors and administrators of health care facilities for children turned into disappointment.

It turned out that health care services to adolescents under 18 at children's clinics had no advantages, giving rise to many hard-to-resolve problems and requiring specialization of pediatricians in physiology and pathology of adolescents. Pediatricians were unprepared to arrange and carry out preventive examinations at the required level, make diagnostic decisions or provide professional medical consultations to young people. This option was not conducive to improving diagnostics and treatment of adolescents but decreased the quality and accessibility of medical assistance to children and did not fully free adult doctors from work with adolescents.

At the same time, medical supervision of adolescents over 12 at adult health care facilities considerably improved their health by the time their supervision was transferred to regional therapeutic service and, which is also important, improved children's clinic performance due to a decreased number of patients. Unfortunately, the results of the experiment, which ended in 1991, were unclaimed due to the collapse of the Soviet Union. The idea of transferring the final responsibility for adolescents to pediatric services won.

In 1992, the RF Ministry of Health Care recommended to service high school students at children's walk-in clinics. The RF Ministry of Health Care Resolution #154 dated May 5, 1999 regulated servicing children and adolescents under 18 at regional pediatric facilities. At present, various forms of adolescent health care co-exist, sometimes within the boundaries of one city (Moscow, St. Petersburg).

The transfer of servicing 15–17-year-old adolescents to the pediatric network, as declared by the RF Ministry of Health Care Resolution #154 dated May 5, 1999, had no material impact on the situation with adolescent health care. The survey of pediatricians studying at the Department of Adolescent Medical Science and Healthy Lifestyle at St. Petersburg Medical Academy of Post-Graduate Studies shows that pediatricians provide health care services to adolescents, in most instances, when patients seek help in acute conditions or during the period of exacerbation of chronic somatic diseases. The existing children health care system has turned out to be unprepared to resolve the newly arising problems

of adolescents. The consequences of risky behavior and reproductive health problems cannot be successfully resolved under the existing adolescent health care system. An idea to introduce the position of adolescent doctor was voiced at the Ministry of Health Care meeting in 2001 but had no further development. Pediatricians are gradually realizing the need for a specialized adolescent doctor; and pediatricians who work only with adolescents are now emerging in children's health facilities.

V. P. Medvedev and A. M. Kulikov (1998) believe that a specialization "Adolescent Medicine" is needed which aims at "protecting and enriching the health of adolescents so that the society could benefit from their constructive potential in the future". The idea is prompted by the statistics on growth of sexually transmitted infections, unwanted pregnancies, substance addition and chronic diseases among adolescents, the lack of positive trends in mortality rates among young people in various countries during the last 30 years, and low health care awareness of youth, while their health is extremely valuable to the society. The existing staff of children's clinics and their organizational structure cannot solve modern health issues of adolescents.

The research showed that, within the system of primary medical and hygienic care, neither pediatricians nor family doctors can fully ensure and meet all health care and social needs of adolescents. Doctors noted such issues as communication with adolescents, evaluation of their development and insufficient knowledge of adolescent medicine. It was pointed out that changes should be introduced to the health care system to increase accessibility and ensure confidentiality of medical assistance to adolescents. Preventive measures should become the priority direction of adolescent medicine. According to international experts, adolescent medicine needs to ensure adequate puberty development, resolution of a wide range of medical-social issues, especially those related to risky behavior, and prevention of chronic diseases at adult age.

In the West, the need in Adolescent Medicine as a separate specialization is beyond doubt. Here are some of the titles of articles published over the last years in Europe: Do we need Adolescent Medicine here in Norway? [Noess P.O.], On the way to a separate adolescent medicine. Do one billion adolescents deserve their own specialization? [Malus M.], Why adolescent medicine?, Adolescent medicine: model of the millennium.

Since 1968, a Society of Adolescent Medicine with its 8 regional offices has operated in the United States; and there is a department for adolescent health at the American Medical Association, information center for adolescent health issues in California; since 1978, a section of adolescent health care has operated at the American Academy of Pediatrics, and since 1980 adolescent health care magazines have been published.

The Guidelines for adolescent preventive services prepared by the American Medical Association and published in 1998 envisage the following changes in organizational approaches:

Recommendations concerning adolescent preventive programs	The existing adolescent health care system
The recommendations aim at active cross-sector cooperation between family, school, and	The problems of adolescents are solved only by the health care system.

community, with focus on risky behavior.	
Three compulsory preventive examinations during the adolescent period	Upon request
Parents get two consultations on adolescent issues	Upon request

International practice confirms that adolescents need a whole complex of medical-social services and not resolution of individual health issues. Comprehensive medical-social services should be provided jointly by pediatrician, psychologist, gynecologist, andrologist, and social worker (L.P. Chicherin and co-authors, 1999). Young people in need of medical service often face obstacles in obtaining these services at general health care facilities. Walk-in clinics should become adolescent friendly.

Specific medical-social problems of adolescents are most effectively resolved at specialized centers. As an example, let us look at the US. Comprehensive adolescent health centers for young people aged 10 to 19 operate in all administrative districts of the state of Georgia. The centers provide health services, including family planning, treatment of sexually transmitted infections, and prevention of adolescent pregnancies. Additionally, the centers focus on promoting healthy lifestyle and social well-being of adolescents, promoting abstinence, teaching sexually active young people how to effectively use contraceptives, decreasing the number of first and consecutive pregnancies, changing risky behavior of young people (tobacco smoking, alcohol and drug consumption), preventing violence and suicides, and promoting rational nutrition habits. The centers play an important role in developing life skills.

Thus, the domestic and international medical experience confirms the need to change the approach to adolescent health care and establish services capable of solving health and risk behavior issues of modern young people (adolescent friendly clinics), to train service providers being skillful, knowledgeable and willing to work with adolescents.

At present, medical-social service facilities in Russia (youth counseling centers, various centers providing psychological help, social services, and telephone help-lines) belong to different departments, have different financing sources and do not coordinate their methods. The main drawback of the existing services is their low accessibility and isolation from one another (psychological help rooms are inconveniently located, poorly advertised and are isolated from other services and specialists). Sometimes no free services are provided.

Today, medical-social services can be provided to adolescents through interdepartmental cooperation. Regulatory documents of the RF Ministry of Health Care and RF Ministry of Education envisage the establishment of special services for youth.

The main regulatory documents are:

- RF Ministry of Health Care Resolution #154 dated 05/05/99 “On improving health care services to adolescents” – approval of an instruction on establishing medical-social service units (rooms).
- RF Ministry of Education Instructional Letter #3 dated 30/09/02 “On establishing (operating) institutions of youth social services.

- RF Ministry of Education Resolution #1418 dated 15/05/00 “On approving tentative guidelines on the health promotion center for students at educational establishments.

Rationale for YFC. It is obvious that adolescents have specific medical-social needs and specific problems. WHO experts note that “adolescents are no longer children but not yet adults”. We can say that an adolescent is a child who often has adult diseases and problems.

Adolescents need services that differ in form from services provided to adults or children. Russia’s experience suggests that those services can be fully realized by medical-social centers that meet the requirements of adolescent friendly clinics (YFC).

Chapter 2
International criteria, characteristics and standards of adolescent friendly health services. Criteria and principles of YFC

A detailed description of characteristics is provided in Adolescent Friendly Health Services, Making it Happen, published by WHO in 2002. In summary, adolescent friendly health services are:

- Accessible, targeted at adolescents and appropriate for them;
- Available in the right place and at the right time;
- Affordable: provided free of charge or at affordable price;
- Not restrictive on grounds of gender, disability, ethnic origin, religion, social status or other
- Delivered in the form acceptable for adolescents;
- Aimed at the most vulnerable and underserved groups;
- Comprehensive and effective.

Adolescent friendly health service providers are:

Qualified and motivated specialists with professional knowledge and skills required to communicate with adolescents in a non-judgmental and strict manner.

Administrators of adolescent clinics:

Seek to improve the quality of services, providing conditions and motivating service providers to secure the high quality of services.

Special attention when arranging adolescent friendly health services should be paid to ensuring their economic efficiency, collecting and analyzing information and keeping statistical records and reports to monitor and improve the quality of services.

Adolescent health care is one of the most important issues in all countries including economically developed states. The main difficulty is deciding what kind of organizations adolescent medical services should be.

Medical-social service (YFC) should include information, preventive and curative sectors. An assistance program cannot be universal and depends on regional, social and cultural differences. The priority should be given to protection of reproductive health.

Russia has adopted a number of laws, government resolutions, and federal programs aimed at protecting reproductive health, preventing risky behavior and promoting healthy lifestyle. At the same time, special facilities and trained personnel are needed to implement the requirements at the regional level. Adolescent friendly clinics (YFC) are the facilities that may meet those requirements today.

In March 2001, WHO hosted in Geneva global consultation on adolescent friendly services which brought together representatives from 20 countries from around the world and developed 10 consensus principles and statements regulating adolescent services.

1. Promoting adolescent health and development requires a shared vision with complementary actions by different players; actions which are aimed at fulfilling their rights and addressing their special needs. Efficient adolescent friendly services should form a network of agencies and organizations from different sectors, including such participants as parents, family, community, private and state organizations.

2. All adolescents should be able to have access to informative-promotional services promoting a health-minded attitude, as well as preventive and curative health services relevant to their stage of maturation and life circumstances. Priority should be given to preventive programs and programs promoting healthy lifestyle.

3. For a variety of reasons, adolescents in many places are unable to obtain the health services they need, especially in the area of reproductive health. This is due to the following main reasons:

3.1. Motivational factors:

- Psychological and social characteristics of adolescents: social immaturity, inability to evaluate the state of health or signs and symptoms of some illnesses; fear of stigma;
- Community attitude (cultural norms): e.g. menstrual morbidity is considered unimportant in many places.

3.2. Problems of access: cost, inconvenient hours, transportation problems, parents, inaccessibility of services. Younger adolescents prefer a nearby health facility whereas older adolescents, with a little more money and confidence may be prepared to go further to ensure more anonymity.

3.3. A negative experience at the health facility: waiting for a long time, cumbersome registration procedures, having had a painful examination, unfriendly staff.

4. Adolescents have their own ideas about how to make services user-friendly. They stress friendly attitude more than the technical quality of the services. Adolescents should participate in planning and evaluating the quality of services. It will be helpful if adolescents participate in creating the appearance of the clinic.

Proposals and requirements of adolescents:

- Accessibility: the facility location should be unnoticed by people around to the maximum possible extent;
- The facility should have a separate entrance and neutral sign (with service name) not to attract attention of people around; the conditions of stay should be comfortable;
- The staff should provide quick registration and be friendly and adolescents want to be attended to quickly. They want service providers to treat them with respect and not “talk down” to them or judge them;

- The same doctor on return visits;
- Unlimited time to talk to a health service provider;
- More gentle procedures, for instance during examination of the genitals.

5. A user-friendly health service does not necessarily ensure service utilization by adolescents. The services are established but adolescents do not use them. In Russia, for instance, adolescent gynecologist in women's counseling clinics and adolescent drug abuse specialist at the narcological clinic are not popular among young people.

6. There are many ways to improve the quality of services and involve adolescents in their own health care:

- Involvement of schools in health care activities,
- Community mobilization (given the approval of parents and the community of visiting the services),
- Telephone help-lines,
- Involvement of mass media,
- Help of volunteers,
- Involvement of adolescents in planning and evaluating the service operations.

7. Adolescents are much more likely to obtain comprehensive medical-social-psychological assistance. The provision of such service requires cooperation between state and non-state organizations.

8. It would be helpful to define the volume and type of services provided in different situations/regions. There should be no fixed standard package for different target groups and different regions.

However, initiatives related to adolescent friendly services should provide for the following minimum package of services:

- Information and education on sexual and reproductive health;
- Counseling on violence and mental health problems;
- Counseling on contraception issues;
- Counseling on pregnancy issues;
- STI information, diagnosis and treatment;
- HIV information, counseling and prevention, appropriate referral prior to and after the testing.

9. Adolescent health service providers must have special training including professional knowledge of adolescent health and development peculiarities, ability to work with adolescents, and communication skills. The service providers must have basic skills and knowledge on health care problems. There should be careful staff selection.

10. Quality assurance criteria appropriate for adolescent services should be developed.

YFC Principles of Operation

YFC provide services that, for various reasons, cannot be provided at other medical facilities.

YFC is an establishment providing comprehensive medical-psychological-social services to solve health related issues typical of adolescent period. The services are voluntary, accessible, friendly and trustworthy. YFC idea is to provide help to adolescents and youth through understanding of their specific problems and jointly seeking ways to change behavior to maintain health**.**

YFC differs from other health care organizations in the following way:

- YFC offers a wider range of services and the patient receives comprehensive services (not only medical, but also psychological and social);
- Preventive measures are dominant in YFC operations;
- YFC operates on principles of voluntariness, accessibility, friendliness and trust.

Typical medical facility for adolescents	**YFC**
1. Help is provided mostly to sick people	1. Help is provided to sick and healthy people
2. Treatment	2. Dealing with problem, prevention, and cure
3. Criterion of quality — evaluation of service provided	3. Criterion of quality — repeat visits
4. Narrow specialization in service provision (medical treatment)	4. Comprehensive services (medical, psychological, social, legal)
5. «Traditional» problems, first and foremost, cure of somatic diseases	5. «Non-traditional», specific problems of the growing age, with which people do not refer to a normal clinic.
6. Directive model – decision is made by specialist	6. Cooperative model – patient participates in decision making

YFC OBJECTIVE: maintain the health and secure favorable conditions for socialization of adolescents.

YFC TASKS:

Treatment and rehabilitation,

Prevention of diseases, problems and their recurrences,

Provision of information and counseling,

Creation of psychologically comfortable conditions for each adolescent in order to ease treatment and resolution of social and psychological problems.

Implementation of YFC Principles

I. Accessibility — adolescents should have real opportunities to obtain services: simple registration procedures, guaranteed free of charge or affordably priced medical services, comprehensive services, availability of all required information; availability of assistance right at the time of visit.

At common health facilities, services for adolescents may be inaccessible for the following reasons:

Unmarried young people believe that reproductive health services are not for them but for married couples only;

They are embarrassed to go to centers where services are provided not only to young people;

They fear that the facilities do not ensure confidentiality, parents or teachers may learn about their visits or that they may meet someone they know;

They fear medical procedures, especially gynecological and urological examinations;

They may be embarrassed that they were raped;

They may fear that personnel would be unfriendly;

They know nothing about STI and unwanted pregnancy risks and do not know when to go to the clinic;

They do not know where the respective medical facilities are located and what services they provide;

They cannot attend some facilities providing the required services if they are inconveniently located;

They cannot afford a service if its price is too high for an adolescent.

What ensures accessibility?

The clinic is ***located close*** to major transportation routes or in the city center.

YFC can be located at the children's health facility with a separate entrance, at the youth community center, rehabilitation center, or other.

The ***sign*** is large and loud, so that it cannot be missed from the road or by people with poor eyesight.

The ***entrance*** is comfortable for everyone, including the disabled.

Neutral name is necessary because young people prefer not to advertise their visits to psychotherapists, narcologists, gynecologists, specialists in skin and venereal diseases, or sexologists.

The patient traffic is organized in such a way that ***the waiting time is minimized***. For instance, several rooms providing similar services can work simultaneously (one is for the first visit to the doctor and examination, the second – for consultations on the results of examinations and treatment) and during the waiting time leisure activities are arranged (video hall with documentaries on preventive health care or ads, snack bar, club room, etc.).

Services to adolescents under 18 are free of charge. If there is a fee for some services for people over 18, the ***fee*** is ***minimal*** and affordable.

There is ***clear information*** about available ***types of services*** and ***schedule*** of operations.

The schedule is adjusted to the real life of young people. Can they visit the clinic during school or work time? Are services provided during the weekend? The promotion materials clearly state the schedule of the clinic: if a young person plucks up the courage to go to the clinic and it is closed, they may never come again.

There is a ***consultation room***, a visit to which ***does not require an appointment***. Many young people are not used to calling in advance and making an appointment, it is easier for them to come when there is time, or, even more importantly, when they are disposed to the visit.

It is important to use a ***comprehensive approach*** to determine the range of services. YFC will be more attractive if a full range of services is provided with the minimum number of visits.

The health service providers have ***information about other facilities***, which offer services or counseling on certain issues. YFC has a database of facilities providing various services to young people.

It is important that services are accessible to ***young men and young women***. An adolescent has a choice of visiting a male or female doctor or nurse.

Many ***young men with physical or mental disabilities*** have prior experience of biased treatment at various facilities. Therefore, YFC concept is based on creating a positive approach to adolescents.

Different young people visit the clinic, including those who in their everyday lives may be subjected to discrimination or stigma: ***drug consumers, homosexuals, people involved in sex business, or HIV-infected***. The service providers undergo training to develop a tactful and tolerant attitude to these visitors.

The confidentiality (medical secrecy) principle must be strictly observed! For adolescents "confidentiality" means full trust in the doctor and ability to talk about everything without fearing that the doctor will tell anyone about the reason for the visit.

The preventive activities are carried out at places where adolescents often hang out: clubs and organizations for young people, orphanages for young people, bars and cafés; and schools.

Mass information events, distribution of information materials and thoughtful advertising campaign of the facility and its services help ***reach out*** to the target group.

II. Friendliness – service providers' highly friendly attitude based on understanding and accepting specific features of adolescents, respect, tolerance, ***confidentiality*** and encouragement to express their ideas. The staff understands and accepts their lifestyle.

The first step in organizing YFC is to develop ***ideology*** based on ***the target*** group's ***needs*** and full understanding of those needs by YFC service providers. Many adolescents will benefit from ***counseling*** as a service provided by a doctor, psychologist, psychotherapist, or a well-trained consultant. This will increase the efficiency of dealing with several complicated problems faced by young people.

It is important to train the staff as a ***team sharing the same views***.

Due to ***inadequate legislation*** regarding adolescent health care issues and due to ambiguities in most of the legislative acts, YFC service providers should use the interpretation that protects the rights of adolescents.

The first impression of YFC may have a serious impact on the decision of young people to use its services in the future or recommend it to their friends. Adolescents often pay attention to the fact that during the examination in general facilities, when the patient is nude, other staff members may be present or even outsiders may drop in, or that the gynecological chair is located near the window and there is even no screen between the chair and the door.

The clinic's name has several functions, including the definition of what is going on in it. Young people can offer their names, probably, through a competition to help create a positive image of the clinic.

Ads and information brochures may become the first contact with the clinic for many future patients and, therefore, are an important area of work.

If you want your information ***materials*** to be ***effective,*** do not forget to involve young people in designing them, at least at the evaluation stage.

It helps if the ***interior design*** of the clinic differs from that of traditional medical facilities and is ***pleasant*** for young people's eyes; if the clinic offers a snack bar, where they can wait for their turn, have a snack or rest after the visit.

III. Trust — develops from friendly approach of service providers, strict adherence to confidentiality principles and respect of young people's personality.

IV. Voluntariness — motivation of a young person to independently seek health care services not only to cure an illness but for preventive reasons, and express good will in selecting the services and following recommendations of YFC specialists.

Major components of this principle are ***accessibility of services, friendliness and trustworthy atmosphere in the clinic***.

YFC provides the right to choose a specialist or service (such as different methods of examination, contraception, cure, prevention and other).

The patients need to make ***their own conscious informed decisions*** based on the information about advantages and disadvantages of each method. To implement this principle it is important that adolescents communicate with the specialist to help them make a conscious choice.

The service providers ***respect*** decisions made by adolescents.

Many young people are concerned about the ***confidentiality*** of services. Who will know that they visited a doctor? Will their parents know about the visit and its details? For many young people these are the main questions in the process of making a decision to visit the clinic.

For adolescents "confidentiality" means full trust in the doctor and opportunity to talk with him about everything. The doctor will tell nobody of the visit.

It is beneficial to involve adolescents in planning, operations, and evaluation of YFC. Young people's opinion can be obtained through surveys, social research, and statistics of visits to other facilities.

Why is it important to involve adolescents in planning of medical-social services?

- To identify the main problems faced by adolescents (surveys);
- To identify motives and mechanisms of influencing the state of health (focus groups;
- To understand what types of services need to be offered;
- To better know how to deliver information about health (focus groups);
- To learn about their urgent issues (to create a website);
- Adolescents' requests need to be taken into account when planning the medical services. We can learn of them through surveys, interviews, focus groups, DELPHI method, and discussions in small groups with youth leaders.

To adhere to the above principles it is necessary to know the needs and main problems of the adolescents and what motivates them to refer to the clinic. Participation of young people in YFC operations (volunteers) and regular sociological research (surveys, questionnaires, interviews, focus groups and other) help obtain that information.

State-run organizations and NGOs can provide various alternative services depending on target group. There exist many different models of assistance to adolescents worldwide: from single outreach actions of specialist doctors to establishing narrow specialist clinics or centers of comprehensive medical-social services to youth. The YFC concept as an approach to the provision of medical-social services can be implemented by:

- Health care supervisory agencies: the YFC services are similar in their functions to units of medical-social services, they will work with the same adolescent and youth groups.
- NGOs: meeting the demands of target groups and resolution of specific issues — rehabilitation of drug consumers, medical-social services to commercial sex workers, assistance to street children and other.

YFC is not an alternative and should not replace the existing services, such as children's walk-in clinics. The services will contribute to each other in reaching the common goal of securing the health of the rising generation. YFCs as adolescent

medical-social service units can be an integral part of children's medical and preventive facilities.

Chapter 3
Prerequisites for establishing YFC, the role of the RF Ministry of Health Care and Social Development in developing similar services

In early 1990s, the reproductive health care of girls under 15 was performed by the service of children's gynecologists, and according to the research (V. K. Yuriev, 1998), only every tenth girl who needed assistance visited a doctor. During the final stage of puberty between the ages of 15 and 18, despite a growing number of risks (early sexual relations, additional psychological, emotional and psychosocial burdens, bad habits, and other) young girls were reluctant to visit adult medical facilities due to confidentiality issues and the lack of knowledge on the part of adult gynecologists of deontological and gynecological specifics of adolescents. No specialist addressed reproductive health issues of young men.

The change in social and economic situation in the country could not fail but influence the somatic and reproductive health of children and adolescents. An increase in unwanted consequences of sexual relations was noted everywhere. These consequences included abortions and deliveries in young women, genital infections and sexually transmitted infections. Adolescents aged 15–19 showed a considerable increase in sickness rate, including social (behavioral): drug addiction, syphilis, and HIV. Adolescent girl sickness rate is 10–15% higher than that in boys. 50–75% of girls have different health disorders which can have an impact on the fulfillment of their reproductive potential in the future. Pubescence rates are slowing down and 20% of futility age girls are not functionally ready to carry a pregnancy. Today, every third woman who is having her first delivery had an abortion before. Every fifth of them has not reached the age of 20. 60.7 to 68.7% of births among underage mothers are extramarital. When talking about healthy and desired motherhood, we cannot forget about a healthy and mature fatherhood — today 30% of young men have reproductive system disorders.

The interest in early sexual relations is stirred up by mass media and develops due to the lack of educational work, insufficiency of medical-social services for adolescents and their scarce financing, and inadequate training of teachers and parents who cannot discuss "difficult" topics. This results in a sharp increase in unwanted pregnancies and venereal diseases.

Information about healthy lifestyle and safe sexual relations is one of the main factors of securing reproductive potential. The main sources of information, regretfully, are: incompetent peer, sexual partner, or bitter personal experience.

In the second place is popular literature and brochures, and in the third and fourth places are information from family and adolescents. Only 16% of adolescents addressed doctors for information. Professionals from whom adolescents expect to get information are doctors and specially trained teachers. Only a small number of surveyed adolescents want to receive information from parents.

It was medical professionals who initiated specialized adolescent reproductive health services. The first among them was the Yuventa center for the reproductive health of

adolescents opened in St. Petersburg in March 1993. During its 10 years of operation it demonstrated that reproductive health services are in high demand among adolescents and that the provision of preventive and curative comprehensive services is effective (RF Ministry of Health Care Information Letter dated September 7, 2001 "On experience of Yuventa counseling and diagnostic center in St. Petersburg in reproductive health care for girls under 18).

In October 1993, the municipal counseling and diagnostic center "Yuventus" for children and adolescents was established in Novosibirsk. It is unique in that it pooled resources of the Committee for Health Care and Committee for Youth Affairs, created a medical and training unit and involved adolescent leaders in the clinic's activity.

Since 1994, a Regional Youth Social Medical-Pedagogical Center has been operating in Khabarovsk under the auspices of the Committee for Youth Policy. Starting in 2000, the center has been developing a network of subsidiaries in the Khabarovsk Krai. The main difficulty arises from poor cooperation with health care agencies.

Youth clinics based at HIV Prevention and Control Centers (Tomsk, Barnaul, Byisk, Volgograd) show positive results.

The RF's experience in establishing YFC. Positive experience of the first services, high adolescent demand for medical-social services in regard to reproductive health care, the need to bring the services closer to where adolescents live, study and work, and the study of international practice laid the ground for developing adolescent friendly clinics in different regions.

Currently, there are over 50 medical-social centers in Russia that operate in line with YFC principles. In St. Petersburg alone, 12 youth centers were opened and another 4 centers in different districts will open soon. In 20 regions of the country, initial workshops for heads of regional administrations, deputies of legislative assemblies, and heads of health care, social protection and education committees, were held. The workshops defined approaches to developing youth friendly clinics in their regions through comprehensive interdepartmental cooperation.

The importance of a comprehensive approach to adolescent reproductive health care, sexual education and development of a responsible contraceptive behavior is evident. The efficiency of such activity depends on cooperation between medical professionals, social teachers and psychologists having had training in communication skills and counseling methods. According to the staff regulation approved by the RF Ministry of Health Care (Resolutions # 219-u dated 23/03/98 and # 154 dated 05/05/99), family planning centers and medical-social units must have as their staff members, in addition to gynecologists or adolescent gynecologists, an andrologist, psychologist, and social worker. There is a position of a methodologist-trainer who ensures coordination with educational departments and organizations, coordinates courses on hygienic (sexual) education for educationalists, and collects methodological materials for specialists working with adolescents.

Chapter 4
Adolescent Friendly Clinic Initiative of WHO/UNICEF/UNFPA and RF Ministry of Health Care and Social Development

Different countries adopt different models of medical-social services to adolescents and youth: from outreach work and arranging public events with participation of medical-social workers to providing help in specialized curative and preventive facilities and medical-social centers.

To summarize the world's existing practices and information, in November 1995, WHO, UNICEF and UNFPA formed a research group to design adolescent health care programs.

Based on the findings and recommendations received during consultations and international conferences, WHO, UNICEF and UNFPA organized a global consultation on adolescent friendly health services (March 2001).

The main objectives of the consultation were as follows:

Develop a common understanding of the health and development needs and problems of adolescents; their help seeking behaviors; the role and contribution that health services could make to their health and well being.

Define best approaches for enhancing the quality of health services and types of their provision (based on the principles and characteristics of youth friendly services) within the economic and socio-cultural constraints existing in many parts of the world.

Develop a consensus on a global research and action plan to ensure access to quality health services for adolescents.

The provisions designed and agreed upon in the course of the global consultation are as follows:

Promoting adolescent health and development requires a shared understanding and relevant actions aimed at fulfilling the rights and addressing the special needs of adolescents.

All adolescents should be able to have access to preventive and curative health services relevant to their stage of maturation and social needs.

For a variety of reasons, adolescents in many places are unable to obtain the health services they need.

User-friendly health services are not necessarily designed for adolescents only.

There are a number of approaches for increasing service utilization by adolescents (in places where user-friendly health services and clinics already exist).

To complement and expand adolescent health care coverage, state-run health facilities should be involved together with other health care provision channels. Adolescents are much more likely to obtain the services they need if existing service providers are networked.

It would be helpful to define the elements of a core package, and how it could be developed and provided in different settings/contexts.

Health service providers must be adequately qualified for work in the sphere of adolescent health care and development.

Quality assurance/improvement methods enabling health service providers to render client-centered services should be applied to adolescent health care services.

In 2003, international organizations (WHO, UNICEF, UNFPA) and the RF Ministry of Health Care started developing criteria for adolescent friendly health services in Russia. In March 2003, St. Petersburg hosted an international workshop under the project "Consultation on developing criteria to certify medical organizations applying for the status "Adolescent Friendly Clinic".

The workshop's main goal was to evaluate the possibility of certifying medical and social-medical facilities as adolescent friendly clinics.

Based on their practical experience the following issues were discussed by Russian and international experts:

Does the activity of existing services comply with the characteristics of adolescent friendly clinics?

Is it possible to assess existing services using all evaluation criteria of adolescent friendly services?

Is it possible to monitor and improve the quality of adolescent services and control the fulfillment of requirements and service compliance with the standards?

Is it possible to measure service coverage among target groups or overall use and define the relationship between utilization and quality of services?

Are WHO instruments applicable for estimating potential costs of medical facilities operating according to YFC principles?

To further implement the project and achieve the goals set forth at the workshop, in June 2003, the youth clinics in Tomsk carried out a pilot research project on evaluating whether it is practical and acceptable to utilize WHO proposals to evaluate the quality and efficiency of facilities operating according to YFC principles. The approbation was performed by WHO and UNICEF representatives.

The second research project took place in October – November 2003 at youth clinics in Barnaul, Byisk, Novosibirsk and Tomsk. The ultimate goal was to develop a universal algorithm to evaluate the efficiency and quality of adolescent clinics that would be further used to certify the facilities and confer the status «Adolescent Friendly Clinic».

Chapter 5
Action plan for facilities applying for the status "Adolescent Friendly Clinic"

The RF Ministry of Health Care and Social Development, WHO, UNICEF and UNFPA believe that any curative, preventive or medical-social facility or their structural units that provide to adolescents and youth a comprehensive medical-social assistance in the area of reproductive health care and risky behavior prevention based on the principles of voluntariness, trust, accessibility and friendliness, can apply for the status "Adolescent Friendly Clinic".

The following facilities can be granted the status "Adolescent Friendly Clinic":

Municipal counseling and diagnostic centers specializing in reproductive health care services for children and adolescents.

Youth counseling and diagnostic health centers (adolescent counseling centers, youth clinics, youth health centers (see Draft Regulations on Adolescent Clinics in Appendix 2) within the structure of maternity welfare centers, municipal walk-in clinics, hospitals and clinics for students, children's clinics, centers for family planning and reproduction, and centers for prevention and control of AIDS.

Medical-social units of children's walk-in clinics.

Specialized units of maternity hospitals and multi-profile health centers for children (child and adolescent gynecology departments, urology departments, etc.).

Psychological/pedagogical, health and social centers within the system of education and social security.

A facility can apply for the status "Adolescent Friendly Clinic" to the RF Ministry of Health Care and Social Development or the UNICEF office in RF.

Upon receipt of the application, the above organizations will provide the necessary information about the expert evaluation procedure and send out manuals and a questionnaire for the head administrator who completes the first stage of certification — self assessment (the self assessment guidelines are provided in Appendix 3).

The package of documents sent out to the administrator includes: Regulations on facilities compliant with the YFC status approved by the RF Ministry of Health Care, Regulations on adolescent clinic/youth counseling center, Global Consultation on adolescent friendly health services, a questionnaire for the head administrator, and Protocol of examination of the facility applying for the YFC status (see Appendices 1, 2, and 4).

The administrator of an adolescent clinic fills out the Self Assessment column of the Adolescent Clinic Examination Protocol and prepares the required documents. The filled out Protocol is sent back.

If the administrator comes to the conclusion that the facility meets all the requirements listed in the above manuals, it is possible to apply for the second stage — external evaluation of the clinic's performance.

The second stage is carried out by a group of external experts in accordance with the standard procedure. The second stage takes up three to five days.

The standard external examination procedure includes:

Anonymous questioning of the staff and visitors.

Interviewing the head of the organization.

Studying documents to understand the volume and range of services (official statistical records and reports, etc.).

Experts collect and analyze data, summarize the results of interviews with the head, staff members and visitors, and write their conclusion in the Experts column of the Protocol.

Visitors and staff fill up Questionnaire for Adolescent Clinic Visitors and Questionnaire for Adolescent Clinic Employees (see Appendix 4). The interview with the head of the clinic is based on questions of Questionnaire for Heads of Adolescent Clinics

In disputable or complex situations where there is a need for additional, reliable, exhaustive and unbiased information, the senior expert or a person responsible for external expertise may decide to change the standard expertise procedure and include additional evaluation methods, such as:

Interviewing visitors and employees;

Interviewing heads and representatives of supervisory health care agencies;

Surveying (questionnaires or personal interviews) volunteers or young people who are involved in cooperation with the facility;

Focus groups with clinic’s employees, visitors and volunteers;

Supervision and/or time-study of the clinic's employees.

The decision on changing the external examination procedure is made after notifying the RF Ministry of Health Care and UNICEF office in RF.

Based on the results of the external evaluation, the experts conclude whether the facility is actually an adolescent friendly clinic and eligible for such status. The conclusion serves as the basis for the final decision on granting the certificate and diploma.

Chapter 6
Training program for YFC health service providers

The clinic's efficiency depends largely on its success in selecting and training the staff. Deep professional knowledge does not guarantee successful work with adolescents. YFC professional must know physiology and pathology of adolescents, social pediatrics, youth sociology, meet personal requirements and be willing to work with adolescents.

Professional training is based on the following requirements for YFC service providers (A. M. Kulikov and co-authors, 1997; P. N. Krotin, 2001):

- Professional knowledge in their field of medicine,
- Knowledge of adolescents' specific needs in their field of medicine,
- Skills required for work with adolescents, knowledge of their psychological and social characteristics,
- Knowledge of legal and regulatory base,
- Ability to work in a team,
- Understanding the importance of adolescent health care,
- Acceptance of YFC principles of work.

The more requirements the future employee meets, the fewer resources will be required for his/her further training.

It is important to listen to the opinion of young people who wish the health service providers to do the following (UNFPA publications, 1999):

Accept adolescents as they are without moralizing on their behavior;

Allow young people to make their own decisions concerning their life;

Form unbiased opinion on adolescents;

Create conditions where adolescents would feel confident and comfortable;

Provide the required information and services;

Keep secret any confidential information;

Provide services in a timely fashion;

Listen to the opinion of adolescents about the services;

Understand young people, avoid judgment, and be patient.

Doctors, nurses, doctors' assistants and obstetricians need specialized training, including psychological training. Experts of the Department of Health at John Hopkins University issued the following recommendations for health service providers dealing with adolescents: be open and flexible, give straight and simple answers, be sincere, stress observance of confidentiality, stay calm, treat adolescents with the same respect as adults; be understanding, avoid judgmental statements, and be patient.

Training program. A two-stage training option looks the most promising. During the first stage, every specialist receives thorough training in his/her area of specialization, preferably with focus on adolescents' age-specific needs. During the second stage — all YFC professionals (doctors, paramedical personnel, psychologists, sociologists and, preferably, lawyers) study together. The objective is to provide targeted comprehensive training, awareness of related issues, ability to work with adolescents and ability to work in a team.

The second stage of YFC personnel training at the Department of Adolescent Medicine and Valeology at St. Petersburg Medical Academy of Post-Graduate Studies includes a 72-hour course on medical-social assistance to adolescents at youth counseling centers (Appendix 5).

Appendices
APPENDIX 1

REGULATION ON COMPLIANCE WITH THE STATUS "YOUTH FRIENDLY CLINIC"

1. Any medical-preventive or medical-social facilities or their structural units that provide curative, diagnostic, preventive and medical-social services to adolescents and youth can apply for the status «Adolescent Friendly Clinic». Also, the following facilities may be granted the status "Adolescent Friendly Clinic": municipal counseling and diagnostic centers specializing in reproductive health services for children and adolescents, youth counseling and diagnostic health centers (adolescent counseling centers, youth clinics, youth health centers within the structure of maternity welfare centers, municipal walk-in clinics and/or hospitals and clinics for students, medical-social services; social security and education committee centers, etc.

2. YFC provides comprehensive medical/psychological/social service in the sphere of health (including reproductive) maintenance with regard to the specifics of adolescent age.

YFC activities are based on principles of voluntariness, accessibility, friendliness, and trust.

The principle of ***accessibility*** means that the facility's organizational structure facilitates provision of information and services to adolescents and youth, including easy registration, free of charge or affordable comprehensive service, convenient location and transportation.

The principle of ***voluntariness*** means that the clinic's conditions predispose adolescents to seek assistance in the clinic and participate in its activities.

The principle of ***friendliness*** means that the clinic staff is well-wishing to young patients, understands and accepts the specific needs of adolescents; is tolerant and respectful towards young people; and adheres to the principles of trust and confidentiality.

3. YFC principles and ideology are realized in providing health services to adolescents and youth through understanding their specific problems and jointly seeking approaches to changing behavior in order to maintain health.

4. The main and most required method of work at YFC is counseling at all stages of service provision together with social and psychological monitoring. YFC can utilize various types of counseling, including family, group and individual counseling, informational and telephone counseling.

5. YFC model as well as priority specialty depends on the main medical or social problems that have a negative impact on the life and health of adolescents and youth.

6. Facilities applying for the YFC status provide services compliant with the characteristics of adolescent friendly health services (WHO Global Consultations on

AFHS, Consensus Statement, Geneva 7–9 March 2001; Discussions at a WHO expert advisory group, Geneva 2002).

Based on the above mentioned characteristics, the facility pursues the following objectives:

Provide services to the target group patients free of charge or at prices affordable to young adolescents and young people (discounted prices, allowances to students and people in need).

Organize the clinic's activities at convenient hours, consider the possibility to provide consultations during evening hours and, when necessary, at weekends and holidays.

Provide consultations with and without appointment; if necessary, ensure that patients are referred to specialized medical-preventive facilities or medical-social or crisis centers.

Organize efficient operations of the reception and information services.

The staff follow the tested and recommended methods of service, counseling, examination, treatment, follow-up and rehabilitation of patients; they keep the required records, follow guidelines, legal documents and methodological materials (e.g. hygienic regulations, guidelines for the treatment of patients with STI, guidelines for contraception/emergency contraception, guidelines for performing blood tests and other).

The clinic provides for the visitors, in a timely manner, information on work schedules, range of services and their cost; posts information on medical-social services, medical-preventive facilities and crisis centers for adolescents and youth, including their titles, addresses and telephones.

The head of the clinic selects competent professionals who understand the specifics of work with young people.

The service provider should meet the following requirements:

1) understand the need and importance of adolescent health care;

2) treat all visitors with equal attention and respect regardless of their status and gender;

3) perform his/her work on the basis of YFC principles;

4) be skilled in methods of working with adolescents and know their age-specific needs;

5) be knowledgeable in regulatory and legal base and legal aspects in providing assistance to adolescents.

The head of the clinic organizes regular training sessions, workshops and exchange of experience among service providers and asks for feedback from the target group/visitors.

The clinic's staff are educated or trained to display the shared approaches to treating patients and servicing visitors at the facility. The training session program would commonly include: principles of YFC activity, adolescent-specific psychology, specific issues of clinical monitoring (methods of contraception for adolescents, emergency contraception, HIV and drug abuse prevention, etc.).

Service providers strictly adhere to medical ethics and deontology, guarantee privacy and confidentiality (anonymity in some cases) to their patients.

Service providers actively recruit young people as volunteers and introduce preventive training programs according to the principle of “equal to equal”, which improves the clinic’s efficiency and ensures feedback from target groups.

The clinic conducts regular medical, social and sociological research to determine personal needs of adolescents and youth and evaluate the quality of services.

7. The facilities applying for the YFC status have sufficient visual and printed instructions and methodological materials on promotion of healthy lifestyle, including reproductive health care, prevention of unwanted pregnancy, STI, HIV infection, that are addressed to young people and adolescents and their immediate environment (parents, family, teachers and others). Information is displayed and distributed at places accessible for service providers and visitors.

8. Facilities that fully comply with the criteria and status of YFC (which is confirmed by external expert-group conclusion) receive the certificate and diploma from the RF Ministry of Health Care and UNICEF office.

APPENDIX 2

DRAFT REGULATIONS FOR ADOLESCENT CLINICS (YOUTH COUNSELLING, ADOLESCENT MEDICAL COUNSELLING CENTER)

I. General Provisions

Youth clinic (counseling unit, center, youth counseling center – hereinafter referred to as AC) is a medical-preventive facility providing primary specialized curative and diagnostic as well as medical-social assistance to adolescents which is aimed at maintaining their reproductive health.

AC is organized based on territorial (regional) principle. It can be an independent health care facility or a unit within a larger medical-preventive facility (hereinafter — MPF).

AC is compliant with RF laws, RF government resolutions, resolutions of legislative bodies, resolutions of the RF Ministry of Health Care, instructions of municipal (regional) health care supervisory agencies, and these Regulations.

AC administrator manages the clinic's activities and is appointed and dismissed by its supervisory health care agency.

II. Objectives

1. Prevent and early detect reproductive health illnesses, as well as sexually transmitted infections (hereinafter — STI), including HIV-infection, in adolescents under 18 and youth.

2. Promote healthy lifestyle and sexual education.

3. Prevent unwanted pregnancy in adolescent women, train adolescents and youth to use modern methods of contraception.

4. Train and inform medical personnel, teachers, public and youth representatives and mass media on the above issues and their legal aspects.

5. Carry out psycho correction of adolescent behavior; develop healthy lifestyle behaviors: prevent STI, substance abuse, alcoholism, and other.

6. Provide specialized curative and diagnostic care to adolescents with reproductive system pathologies residing in AC catchment area.

7. Ensure continuity of care with other MPFs: timely refer adolescents to specialized MPFs (including municipal counseling and diagnostic centers, crisis centers, specialized hospitals, family planning and reproduction centers, and other).

8. Provide medical examinations and rehabilitation services to adolescents having received basic treatment at specialized MPFs.

9. Make sure adolescents and youth receive social and legal assistance.

III. Implementation

To fulfill the aforementioned objectives, adolescent health centers (counseling centers, clinics) focus on the following four areas:

1. Prevention

Participate in preventive examinations of all children under 18 studying at schools and colleges in the catchment area (district or municipal administrative unit).

Pursuant to RF Ministry of Health Care Resolution #154 dated 05/05/99, all adolescents aged 15 or older are to be examined by gynecologists and urologist-andrologist every year. The examination schedule is agreed upon with school/college administrations and administrations of school-preschool health care units at children's walk-in clinics responsible for health services to children and adolescents at their places of study. The schedule is approved by head of the health care supervisory agency.

Young men and women are invited to examinations separately in groups of no more than 25. Care providers at adolescent clinics together with school health care providers and teachers inform adolescents and their parents, in a timely manner, of the coming preventive examination, its objectives and procedures. Results of examinations are documented in reports.

Consult on family planning issues: teach on modern methods of contraception, indications and contraindications of use; counsel and monitor patients especially if there are side effects or complications while or after using contraceptives.

Distribute and keep records of distributed contraceptives.

Consult on all issues characteristic of pubescence: safe sexual relations; prevention of unwanted pregnancy, STI and HIV-infection.

Preventive work is organized in the form of discussions, lectures, workshops and training sessions using the respective audio and video equipment, visual aids and other. Interactive methods and involvement of leaders from adolescent groups (volunteers) is preferred.

2. Treatment and diagnostics

Diagnose reproductive system diseases in adolescents and youth.

Diagnose and treat nonspecific infections of external genitals, including nonspecific colpitis of adolescent girls and young women.

Diagnose pregnancy in young patients; if there is a need of abortion, examine, prepare and refer, in a timely fashion, for abortion in specialized hospitals (including the center for family planning and reproduction and other maternity hospitals).

Monitor young patients after abortion at the last stage of rehabilitation, including prevention of repeated pregnancy and consult in the event of indirect complications (such as menstrual cycle disorders – hereinafter MCD), depending on patient's wish.

Diagnose, treat and monitor adolescent girls suffering from MCD, refer to gynecologist-endocrinologist in a timely fashion.

Diagnose, rehabilitate and monitor adolescent girls with pelvic inflammatory diseases (PID); timely refer patients with acute or exacerbated chronic PID to hospitals.

Diagnose and treat patients with uterine cervix diseases; refer patients for in-depth examination (cytological and virus); monitor this group of patients (the amount of required monitoring is determined after the in-depth examination).

Diagnose and refer adolescent girls for treatment, in a timely manner, of tumors, defects, or traumas of genitals.

Monitor adolescent girls with reproductive system disorders serviced at AC.

Perform primary diagnostics of lactiferous gland disorders and timely refer them for examination and treatment to mammology surgeon.

Thoroughly identify and treat adolescents with STI, refer patients with syphilis and gonorrhea to skin and venereal disease clinic.

Diagnose and refer adolescent boys with congenital and acquired diseases of genitals to specialized clinics for treatment.

Provide medical and psychological counseling to adolescents on general psychic health, sexual relations in adolescence, medical and psychological correction of all types of adolescent behaviors, conduct individual and group psychological and psychotherapeutic training sessions with adolescents.

Participate in the development of psycho-corrective programs taking into account individual specific sexual and age-related needs of adolescents, jointly with other AC specialists.

Adolescents are treated and diagnosed during individual visits to doctors, whether they come on their own or are referred by other MPFs. All treatment and diagnostics of adolescents is compliant with the Federal Law “On Major Guarantees to Children in RF” and the RF Law “On health care of citizens”. AC confidentiality in dealing with adolescents aged over 15 years of age aims at guarantying medical secrecy.

3. Social aspects

Arrange medical-social patronage of families of adolescents serviced at AC, identifying persons with social risks and those in need of medical-social protection and support.

Provide social protection to adolescents in situations critical to their reproductive health (sexual abuse, unwanted pregnancy, STI, HIV, and other).

Cooperate with district (territorial) psychological and pedagogical, as well as medical-social centers and district social protection agencies.

Cooperate with social teachers and psychologists of district (territorial) schools/colleges.

4. Training and methodology

Hold educational workshops, training sessions, conferences, discussions, individual counseling sessions for adolescents’ parents, teachers, social workers, health service providers and psychologists of educational, medical and preventive facilities of the AC catchment area to improve professional competency in reproductive health care of adolescents.

Select and train leaders (volunteers) from youth environment to work with adolescents.

Cooperate with and involve representatives of youth and public organizations, social services, and mass media, personally participate in educational, hygienic training public activities, including public speeches, articles in periodical press and other.

Participate in preparing information and methodological materials for the general public and the professional staff of medical and preventive facilities and schools.

Organizational Structure

Staff

The list of staff members complies with standards established by the RF Ministry of Health Care and Social Development. Based on actual requirements of the territorial unit serviced by AC, AC administrators may increase the number of staff upon agreement with supervisory authority.

YFC list of staff members includes:

Administrator;

Gynecologist;

Urologist / andrologist;

Psychotherapist/ Medical Psychologist;

Obstetricians / nurses;

Social teacher or social worker;

Medical office receptionist;

Aid person.

AC staff duties are regulated by job descriptions developed and approved by the supervisory authorities.

Premises and equipment

AC is preferably located in separate buildings conveniently located close to transportation routes and places of leisure and study to make the service more accessible and efficient. If AC is located at the MPF or school/college, special attention should be paid to a separate entrance and separate cloak-room and reception. It is not recommended to set up AC at a skin and venereal disease facility.

Recommended area is no less than 160 square meters. AC has the following rooms:

Reception area;

Hall;

Room (s) for medical specialists — gynecologist / urologist-andrologist (two adjacent rooms);

Psychologist room;

Conference hall;

Medical treatment room;

Administrative office;

Staff room;

Two restrooms (separate for visitors and staff);

Storage room;

Cloak-room.

Schedule

The working hours at children and adolescent facilities is convenient for the patients. If the doctor works in one shift, he/she alternates morning, afternoon and evening reception. It is advisable that the adolescent center is open from 8.00–9.00 am to 7.00–8.00 pm during weekdays. Consultations, examinations and treatment are available at weekend and holidays, too, to provide health care at convenient time for the visitors. Reception and information desks that make appointments personally or by telephone are welcoming, friendly and efficiently organized. The reception area contains information on the schedule of doctors, lab, diagnostic rooms and municipal adolescent services.

Adolescent centers make appointments by doctor referrals but also, and even to a larger degree, when adolescents come independently at their own wish.

IV. Termination

AC can discontinue its activity as stipulated by the law.

APPENDIX 3

SELF ASSESSMENT OF FACILITIES APPLYING FOR THE STATUS "ADOLESCENT FRIENDLY CLINIC"

As a first step in acquiring the status "Adolescent Friendly Clinic", each facility assesses its performance for compliance with the above described requirements.

Self assessment (SA) is performed by filling up part of the examination protocol, which enables the experts to quickly evaluate performance of the facility in providing comprehensive health/social services to adolescents and see how adolescent friendly policy is implemented. The questions are addressed to the facility head administrator only. Self assessment does not envisage surveying visitors or staff.

The protocol is filled out without external participation and is the first stage in the facility examination. Please note that completion of the first stage does not guarantee the award of YFC status.

If a facility wants to invite evaluation experts as part of their application for YFC status, it submits the protocol with self assessment and a letter requesting for the second stage (external examination) the RF Ministry of Health Care and Social Development and UNICEF office in RF.

Facilities that, based on self assessment results, realize that they do not fully comply with the YFC policy and principles develop a plan of actions to introduce changes and improve health care services. They submit the plan to the above agencies in writing.

When the facility's head administrator comes to the conclusion that the facility fully meets the YFC requirements, he/she can apply for external examination.

The results of external examination are analyzed by the RF Ministry of Health Care and Social Development officials, UNICEF office officials and representatives of UNFPA. Subject to positive conclusion on full compliance with YFC criteria, the facility receives the respective status, certificate and diploma.

APPENDIX 4
EXAMINATION PROTOCOL FOR AWARDING YFC STATUS

The questionnaire should be filled out by head administrator and/or head doctor.

General information

Full name of the facility: _____

Opening date (day/month/year): _____

Type of facility:

- Hospital
- Independent outpatient walk-in clinic (OWC)
- OWC
- Structural unit of OWC
- Private practice doctor office
- Hospital's structural unit
- Mobile (outreach) service
- Other (please provide details) _____

Postal address: _____

Name of head administrator: _____ contact telephone: _____

E-mail _____

Name of head administrator of the organization where the facility structurally belongs: _____ contact telephone:_____

Email _____

Expertise is divided into two stages:

Stage 1 — self assessment. Head administrator performs self assessment, fills out the examination protocol columns marked SA and For Head Administrator, prepares documents and fills out the self assessment part of the examination summary.

Stage 2 — expert evaluation. External experts examine the facility, analyze the data and fill out the Expert column of the protocol and the conclusion part of the examination summary.

Notes: Sections "For expert only" are to be filled out by external experts only.

Assessment of compliance with YFC requirements is expressed with the following signs:

«+» — full compliance;

«+/–» — partial compliance;

«–» — full incompliance;

«N/A» — not applicable;

«?» — difficult to answer.

Upon request from experts, any figure is to be supported by documents.

General requirements for filling up the protocol:

Legible handwriting; blots and corrections are undesirable;

Each document must contain the name of the facility. Pages are numbered.

Facility general description

1. Does the facility have a system for determining who requires immediate assistance and who can have an appointment for a later date.

Answer	SA	Expert
Yes		
No		
Difficult to answer		

Types of services provided

2. What types of services does the facility provide? (check mark the list)

Service	At the facility (F) referral (R)		By appointment (A) No appointment necessary (N/a) Mixed (M)		Age or other specific criterion[1] (please specify)	
Service						
General health status						
Emergency health services (traumas, accidents)						
Psychic health (counseling by therapists for substance abusers, psychotherapists and medical psychologists)						
Preventive services (information/counseling/skills development)						
Outreach (specify target group) ____ _____						
Other (visits to: Therapist Endocrinologist Hepatologist Infection disease doctor Social and psychological support Other _____)						
Service						
Sexual and reproductive health						
Contraception services						
Emergency contraception						
Provision of condoms to clients						
Medical abortions						
Gynecologist consultation						
Urologist-andrologist consultation						
STI diagnostics and treatment						

[1] Does the service availability depend on age or other criteria (gender, marital status or other?)

Service	At the facility (F) referral (R)		By appointment (A) No appointment necessary (N/a) Mixed (M)		Age or other specific criterion[1] (please specify)	
HIV/infection diseases: HIV examination Pre-test and post-test consultations Treatment and monitoring of HIV infected patients						

[1] Does the service availability depend on age or other criteria (gender, marital status or other?)

3. Are your services intended, fully or partially, for adolescents?

Answer	SA	Expert
For adolescents only		
At certain hours only		
Not only for adolescents		

4. Working hours

SA	Expert

5. Working hours of facility's specialists

Answer	SA	Expert
One shift		
Two shifts		
Spread-over		

6. Adolescent and adult visitors are serviced together

Answer	SA	Expert
Yes		
No		

7. If adolescent and adult visits are combined, it happens:

Answer	SA	Expert
At the same hours		
At different hours		

8. Are before-doctor visits organized at the facility?

Answer	SA	Expert
Yes		
No		

9. Staff composition

Type of staff	Number	
	SA	Expert
Medical staff		

Total:		
• Doctors		
• Nurses		
Non-medical staff *Total:*		
• Psychologists, lawyers and others		
• Social workers		
Assistant staff (medical office receptionist, office cleaner, administrator)		
TOTAL		

1) Number of staff positions ____, of them filled positions ____
2) Number of certified staff members out of total staff: _____
3) Staffing _____ %; holding more than one office _____%

Criterion	**SA**	**Expert**
Staff members meeting regulatory standards		
YFC doctors with qualification category		
Including: First category Second category Highest category Without qualification category		
YFC paramedical personnel with qualification category		
Including: First category Second category Highest category Without qualification category		
All staff have received an additional training course in the area of their specialty during the last five years		
All staff have received additional training on YFC organization and provision of adolescent services		
Fulfillment of the visit plan by service providers		
Including: Doctors Paramedical personnel Non-medical personnel: Psychologist Social worker Lawyer		
Additional data		
Personnel turnover during the last year		
Regular staff performance evaluation		
Awareness and performance by personnel of their job duties as described in job descriptions		
Personnel's awareness of and adherence to YFC principles		

CONCLUSIONS		
The number of employees and the volume of services meet YFC requirements		
Doctors		
Paramedical personnel		
Non-medical personnel		
Qualification of employees meets YFC requirements		
Doctors		
Paramedical personnel		
Non-medical personnel		

FOR EXPERTS ONLY:

Questionnaires are filled out by the facility's personnel. The purpose of the questionnaire is to understand the facility's social and psychological atmosphere, its human resources policy, head's performance, and assess the working conditions.

CONCLUSIONS DERIVED FROM THE QUESTIONNAIRE:

_____
_____
_____
_____

FOR HEAD OF ADMINISTRATION ONLY:

Characteristics of target group

10. What categories of adolescents visit your clinic (several categories can be selected)?

For instance:

- Students
- Adolescents not attending educational institutions
- Homeless / street adolescents
- Referred to your facility under a youth project
- Referred from other medical facilities
- Working adolescents
- Inmates of the children's homes and orphanages
- Other (please specify)

11. What target groups and what problems do your services focus on?

12. What major health and developmental problems does your target group face?

13. Do you have data on the overall population of your target group and the share that is covered by your services?

14. Are there any specific groups that do not receive the services they need?

15. Has your facility taken actions to invite boys to utilize your services?

16. Do you conduct surveys among your target group outside the facility (including those who do not utilize your services)?

Information management/reporting. Management system, working conditions of YFC personnel. Internal and external service quality control system. Medical documents.

17. What types of records do you keep on a regular basis?

18. How many visits did you have over the last six months?

(If you only have annual data, please specify)

Number	**Male**	**Female**	**Aged 20–24***	**Aged 15–19**	**Under 15**
Total number of clients					
% of primary visits					
% of repeated visits					
Reasons for visits or diagnoses (list where possible)					

* Age group boundaries may change in compliance with the national standards.

Criterion	**SA**	**Expert**
Availability of regulations on AC performance goals issued by health care supervisory agencies		
Availability of internally developed regulations on AC performance goals		
Availability of a system of external and internal control and AC employee performance evaluation		

INTERNAL QUALITY CONTROL SYSTEM

For head of administration only:

19. Please provide the following data:

How often and who performs day-to-day control of the quality of services provided to adolescents and youth at your facility (where are the results of inspections and monitoring recorded; is there a respective record form)?

How is employee performance monitored on a regular basis?

Please list the decisions you made and recommendations on improving the AC performance that you implemented.

How is the implementation of recommendations and decisions organized and who controls it (please provide facts and examples)?

AC MANAGEMENT SYSTEM. ORGANIZATION OF EMPLOYEE'S WORK

Criterion	**SA**	**Expert**
The facility's structure meets YFC needs in terms of complexity, quality and volume of services, i.e.: There is organizational and methodological guidance from supervisory health care agencies		
Chief specialists provide monitoring, methodological and organizational assistance		
All job descriptions are in place		
Internal and external functional relations are developed, including cooperation with other MPF, educational institutions, social security agencies and other		
Resolutions of supervisory health care agencies and guidelines of MPF that regulate operations of YFC are available		
Inspections of supervisory health care agencies made positive conclusions		
Directive and regulatory information, documents, etc. are available, employees are aware of their content, they use it and		

Criterion	SA	Expert
comply with the requirements set forth in them		
MEDICAL DOCUMENTS		
A unified record keeping and reporting system is developed and utilized		
A list and description of reporting forms with instructions on how to fill and submit them is available		
Medical documents and records are kept diligently and timely		
Patient files contain all necessary clinical information, which makes it possible to evaluate the amount and quality of services, including anamnesis of the illness, life anamnesis, visual examination data, diagnostic referrals and treatment, flow of illness, treatment results, medical procedures, lab and other examinations, conclusions and recommendations, final results, documents confirming interaction with other professionals participating in service provision		
Safe keeping of medical documents is secured		
Conditions for safekeeping and access to medical documents is regulated		

FOR HEAD OF ADMINISTRATION ONLY:

Professional development and supervision

20. Is the following staff training available (mark what applies to your facility)?
    - General principles of working with adolescents
    - Balint groups
    - Clinical management issues (e.g. methods of contraception for adolescents)
    - Other (please specify)

21. Do you conduct a regular assessment of personnel performance in the following areas:
    - Work with adolescents
    - Specific issues (e.g. methods of contraception for adolescents)
    - Other (please specify)?

22. Do you practice permanent staff retraining, do you hold events on the development of professional potential of service providers?

23. Do you regularly monitor, audit and evaluate performance in the following areas:
    - Materials and equipment
    - Customer satisfaction
    - Customer management
    - Management of the patient's file (illness history)
    - Staff performance

CONCLUSION

The adequate level of management, work organization, internal and external control, supervision, and the staff training system is maintained:	SA	Expert
In full		

Partly		
Is not fulfilled		

Participation of adolescents

INDICATOR	**SA**	**Expert**
Adolescent and youth visitors to your facility have an opportunity to express their opinion about the services:		
Regularly		
Occasionally		
Adolescents and youth participated in planning, implementing and evaluating services offered at the facility		

FOR EXPERT ONLY: *volunteers to be questionnaired*

QUESTIONNAIRE SURVEY RESULTS:

_____

_____

_____

Instructions and schemes

24. Does your facility have standard written instructions and schemes in the following areas:

Area	**Instructions / Schemes** (indicate if they are available and specify whether they are adolescent-oriented)		**Application**	
	SA	**Expert**	**SA**	**Expert**
Consent to receive medical services (including the consent of those for whom an adult's permission is required)				
Clinical guidelines on: STI Emergency contraception Abortions Contraception HIV counseling and testing First aid				
Blood tests and needle disposal				
Safekeeping of patient records				
Personnel's attitude towards clients				
Child protection				
Violence towards personnel				

Area	**Instructions / Schemes** (indicate if they are available and specify whether they are adolescent-oriented)		**Application**	
	SA	**Expert**	**SA**	**Expert**
Confidentiality				
Supervision and further training of personnel (all employees)				
Medical evaluation				

Part II. Material and Technical Basis of YFC

Type of material	**Amount available now / every day**	**How many times over the last six months did you experience the deficit in this material?**	**What was the longest period when this material was not available?**	**Did your facility succeed in securing additional sources of financing to replenish material reserves or do you fully depend on state supplies?**	**What is the time period between testing and receiving results or the time taken to deliver the ordered materials?**
Rubber gloves					
Pregnancy tests					
Needles / syringes					
Urine testing					
HIV testing					
Chlamydia testing					
Men's condoms					
Oral contraceptives (pills)					
Information leaflets for clients					
Pack of tetracycline (pills)					
Emergency contraception					

FOR EXPERT ONLY:

1. Occupied spaces in the facility

_____
_____
_____
_____

2. AC equipment

_____
_____
_____
_____

3. Rooms equipped to work with adolescents:

Yes — 1;

No — 2.

4. Availability of a separate examination room attached to gynecologist, urologist-andrologist and dermatovenerologist rooms (please underline which is applicable):

Yes — 1;

No — 2.

5. AC is located:

in the building of MPF to which it belongs — 1;
apart from MPF — 2;
other — 3 (please specify where) _____

6. If AC is located in MPF building, is the following provided for adolescents:
Separate entrance:
Yes — 1;
No — 2.
Separate reception area:
Yes — 1;
No — 2.
Separate cloak-room:
Yes — 1;
No — 2.

7. How many specialists medical rooms (please specify medical specialty) are used to receive adolescents?

_____
_____

Indicator	**SA**	**Expert**
The full range of rooms required for YFC is available		
The condition of rooms is adequate for the provision of services in line with YFC activity areas and objectives		
Room spaces are compliant with the standards		
Utilities are adequate in terms of availability, capacity and technical condition for the provision of services		
Premises meet standard visual and acoustic insulation requirements		
AC is provided with materials, equipment, stationery, medicines and consumables:		
Fully		
Partly		
SERVICE PROVISION LEVEL		
Accessibility of high quality services		
Safety of adolescents at the clinic		
Confidentiality and rights of patients		
Privacy of service provision		
High level of servicing		
Convenient working hours		
Convenient arrangement of rooms		
Availability of waiting space		
Availability of information about specialists' working hours, specialized MPFs, crisis centers, medical-social services for adolescents and youth		
Adherence to adolescent service priority principle		
Availability of information about the range, procedure for provision and price of services		

Availability of information about professional level and qualification of service providers		
Patients have the right to choose a specialist		
All medical manipulations are done upon patient's consent		
Attractive interior and compliance of interior design with YFC requirements		
YFC processes requests and complaints of visitors		

FOR EXPERT ONLY: *AC patients (adolescents and youth) to be surveyed using the standard questionnaire (see appendix).*

EVALUATION OF QUESTIONNAIRE RESULTS:

_____
_____
_____
_____

EXAMINATION SUMMARY

AC facility _____

Date of self-assessment _____

Date of expert evaluation _____

RESULTS

Parameter	**SA**	**Expert**
Types and amount of services		
Availability of human resources		
Organizational level Including: General organizational issues Management and work organization system Personnel external and internal monitoring		
Personnel's professional competence		
Personnel supervision results		
Information management and reporting		
Condition of medical documentation		
Participation of adolescents and youth in AC activities		
Instructions and schemes regulating AC activities		
Condition of the material and technical basis		
Service		
TOTAL		
Signatures of experts, AC and their MPF head administrators		

Date:

APPENDIX 5
MAIN SECTIONS OF THE COURSE "MEDICAL-SOCIAL ASSISTANCE TO ADOLESCENTS AT ADOLESCENT COUNSELING CENTERS" OFFERED BY DEPARTMENT OF ADOLESCENT MEDICINE AND VALEOLOGY AT SAINT PETERSBURG MEDICAL ACADEMY OF POST-GRADUATE STUDIES

1. Foundations of adolescent medicine.

1.1. Adolescent health general issues.

The health of adolescents is a socially important concern. Subject and object of adolescent medicine.

Adolescent-specific diseases (common diseases in all age groups, puberty diseases, behavioral diseases). Epidemic and demographic data for Russia and Europe.

1.2. Physical and sexual development.

Development of reproductive system. Hormonal regulation of growth and development processes. Methods of evaluating physical and sexual development.

1.3. Psychic and social development.

Cognitive, emotional and personal maturation. Character accentuations and their role in development of risky behavior.

1.4. Psycho-sexual development of adolescents.

Role of psycho-sexual development in ephebic maturation. Stages of psycho-sexual development (gender identification, gender roles and behavior, psycho-sexual orientation). Specific features of adolescent sexuality. Forms of sexual behavior of adolescents.

1.5. Reproductive and somatic health of girls with disorders in psycho-sexual development.

Different disorders in psycho-sexual development. Influence of different disorders on the somatic, psychic and reproductive health. Approaches to correction.

1.6. Vegetative dysfunctions (psycho-neuro-endocrine-immune dysfunctions during puberty).

Vegetative dysfunctions as a quality of life indicator and universal adolescent health criterion. The role of sexual problems in the development of vegetative dysfunction.

1.7. Somatic aspects of adolescent reproductive health.

Common reasons and mechanisms in the development of somatic and reproductive diseases. The most significant diseases associated with the development of the reproductive function and sexuality. Cooperation between pediatrician, andrologist and gynecologist.

2. Specific aspects of medical examination of and work with adolescents.

2.1. Specific details of somatic examination of adolescents.

Specific aspects of collecting anamnesis data and analyzing complaints. Comprehensive estimation of pubertal development. Hormonal phenotypes. Identification of somatic factors associated with reproductive health.

2.2. Specific aspects of gynecological and andrological examination of adolescents.

2.3. Psychological aspects of communicating with adolescents. Professional and personal readiness of service providers to work with adolescents.

2.4. Methods of adolescent counseling.

3. Adolescent reproductive health.

3.1. Inflammatory diseases of the genital system. Sexually transmitted infections and their prevention.

3.2. HIV-infection.

3.3. Pregnancy and delivery in minors; abortions.

3.4. Mammary gland diseases.

3.5. Contraception.

3.6. Menstrual cycle disorders.

3.7. Reproductive health of young men.

4. Preventive aspects of adolescent health care.

4.1. Methodology of promoting healthy lifestyle among adolescents.

The concepts of health and lifestyle. Health reserve. General principles of a healthy lifestyle. Health psychology. Internal picture of health. The concept of risk factors. Risk factors during adolescence. Modern strategies in addressing risk factors. Motivational interview. Short-term preventive intervention.

4.2. Circular model of changing risky behavior. J. Pochaska, C. DiClementi.

Skills training to apply the model of behavior change. The method of focus groups. Appraisal of participants' attitude to the problems in preventive work (smoking, alcohol consumption, unsafe sex, drugs).

4.3. Drug addiction. Early diagnostics and basic prevention.

4.4. Alcohol and adolescents.

Stage-by-stage work: lack of interest, problem formulation, thinking, preparation for changes, following recommendations, maintaining a healthy lifestyle. AUDIT questionnaire.

4.5. Smoking among adolescents.

Stage-by-stage work: strategy of work with smokers. Mass preventive programs. Fagerstrom questionnaire.

4.6. Nutrition for adolescents and pregnant young women.

Nutrition pyramid. Methods of developing a healthy food ration.

4.7. Optimal physical activity and sports.

WHO recommendations on planning and monitoring the level of physical activity.

4.8. Gender and sexual education.

Compulsory gender and sexual education within the system of adolescent education. Forms, methods and content of gender and sexual education. Developing reproductive behavior. Family theory. Changes in modern family structure. Stages in matrimonial relations. Major family functions. Preparing adolescents for family life. Marriage/family legislation. Family planning services.

4.9. Adolescent subculture and health.

4.10. Family as a risk factor affecting adolescent health.

Conflict of generations. Types of family education. Ways of resolving family conflicts. Prevention of deviations and suicide. Behavior of adolescents in extreme situations.

4.11. Volunteers in promoting health among adolescents.

5. Organizing the activity of youth counseling centers and YFC.

5.1. Organizational and legal basis for the provision of medical assistance to adolescents.

Russian legislation and regulations on adolescent health care. Quality standards of adolescent medical services.

5.2. Legal aspects of treatment and medical secrecy in the event of pregnancy, substance addiction, HIV-infection and sexually transmitted infections.

5.3. Organizational structure and services provided by adolescent counseling centers.

5.4. Review of gynecological and andrological diseases in adolescents in line with International Statistical Classification of Diseases and Related Health Problems 10th Revision.

5.5. Adolescent counseling center quality evaluation criteria.

5.6. Psychological aspects of business communication. Team work.

5.7. Clinical and examination aspects of reproductive system diseases.

Assigning to groups for physical education. Fitness to work in youth labor groups. Professional medical counseling.

5.8. Medical and social supervision of families with adolescents.

Families at social risk. Children under especially difficult circumstances. The notion of social supervision. Role of social workers. Cooperation between legal counselors and medical service providers when servicing adolescent families at social risk.

5.9. The role of interdepartmental cooperation in organizing and providing medical-social services to adolescents and their families.

Upon completion of the course, students receive state certificates of qualification (see Note 1).

Professional trainers receive assistance from experienced service providers of effective YFC, and possibly from experienced adolescent volunteers.

Note 1. *Preventive section of the course presents a special difficulty. Adult trainers are often formalistic when they teach principles of healthy lifestyle.*

In teaching doctors how to conduct preventive work with adolescents it is required to use a comprehensive approach:

1. It should include classes on building awareness of their own lifestyle and its components.

2. Psychological aspects of communication should be included in the course's content.

3. It is necessary to train the skill of evaluating adolescence risk factors and degree of risk for healthy adolescent.

4. Concerning the methods in preventive work with adolescents, it is recommended to use the method of motivational questionnaire of adolescents by risk factors, the method of short-term preventive intervention and the method "Help people change" recommended by WHO for family doctors.

RECOMMENDED LITERATURE

1. Adolescent friendly health services. An agenda for change. WHO, 2002. 44 p.
2. America's adolescents: are they healthy? National adolescent health information center, 1998. 40 p.
3. Global consultation on adolescent friendly health services. A consensus statement (Geneva, 7–9 march 2001). Department of Child and Adolescent Health and Development World Health Organization. 29 p.
4. Guidelines for adolescent preventive services (GAPS). Recommendation monograph. AMA, 1997. 7 p.
5. Programming for adolescent health and development. Report of a WHO/UNFPA/UNICEF study group on programming for adolescent health. WHO Technical Report Series number 886, 1999. 245 p.
6. *N.A. Vorobieva, O.D.Ivanovskaya, M.F. Ippolitova, T.E. Trubetskaya* Youth counseling center as a new structure within a medical-preventive facility. St. Petersburg, St.P-MAPS (Medical Academy of Post-Graduate Studies), 2001. 29 p.
7. Guidelines for organizing the activity of a medical-social assistance unit (room) at the walk-in clinic. RF Ministry of Health Care Resolution #154 dated May 5, 1999 "On Improving Medical Assistance to Adolescents".
8. Adolescent friendly clinics. Guidelines for organizers. Novosibirsk, UNICEF, 2002, 235 p.
9. Russian Federation's Youth: condition, choosing the path: State Report / Youth Health. Moscow, 2000, p. 33–40.
10. On the experience of YUVENTA counseling and diagnostic center in St. Petersburg in organizing activities aimed at protecting the reproductive health of girls under 18 (reference letter). M., RF Ministry of Healthcare, 2001. 30 p.
11. Proving medical and psychological services to children and adolescents in pediatric walk-in clinics: Guidelines for doctors. M.: RF Ministry of Healthcare, 2002. 29 p.
12. Foundations of juvenology: comprehensive inter-discipline research / edited by E.G. Slutsky. St.P.: RF Academy of Sciences, NAU, 2001. 360 p.
13. RF Ministry of Health Care Resolution # 151dated May 7, 1998 "On temporary industry standards for the amount of medical assistance to children".
14. Adolescent problems (selected chapters) / edited by A.A. Baranova, L.A. Shcheplyagina. M., RF Academy of Medical Sciences, Union of Pediatricians of Russia, Information and Training Center, 2003. 480 p.
15. Reproductive potential of boys as future fathers (B.K. Yuriev, T.Y. Kozhuhovskaya, G.I. Kutsenko, D.V. Zaslavsky). St. P., 2000. 170 p.