

**NATIONAL STANDARDS FOR ADOLESCENT AND YOUTH FRIENDLY
HEALTH SERVICES FOR ALL YOUNG PEOPLE
STANDARD STATEMENTS AND IMPLEMENTATION STEPS**



Health Protection Agency
Ministry of Health



World Health
Organization

Supported by:



FOREWORD

Adolescents and youth population comprises a significant proportion of the Maldivian population and plays an important role in nation building. This is why; the National Adolescent and Youth Friendly Health services were developed to address their specific health and development needs.

This document outlines the minimum standards of healthcare, including health service package, indicators for youth-friendly health services in facilities, beneficiaries of youth friendly health services, criteria and monitoring tools for assessing youth friendliness at all levels of the health care delivery system. It is expected that these service standards would help to make progress towards advancing the health needs of adolescents and age appropriate knowledge to youth in all parts of the country.

All healthcare providers including managers are to use the set standards for delivering quality health-care for young people living in Maldives. It is important that all in the health sector promote use of the standards and monitoring tools at all levels of health service delivery.

We hope that the use of these standards and monitoring tools will enhance the quality of care. Moreover, the areas where gaps exist would be identified so as to pave the way for future improvement and scaling up of the current plan.

I would like to acknowledge the enduring commitment by United Nations Population Fund (UNFPA) and World Health Organization (WHO). For continuous support to make Maldivian population healthy.

Substantial progress will be achieved by providing a continuum of care throughout the life course, through collaborating and integrating service delivery across different levels of the health care system, and strengthening coordination with the NGOs, civil society and the private sectors.

I sincerely express my gratitude and appreciation to all individuals, partner agencies and collaborating institutions for their support and valuable contributions during the process of developing this document.



Dr. Aishath Rameela
Minister of State for Health
Ministry of Health

TABLE OF CONTENTS

Foreword	i
Table of Contents	ii
Standards	1
Rationale	2
Standard 1	2
Rationale for the standard	2
Detailed Definition of the Standard	4
How this can be achieved	4
1.1. Health promotion in schools	5
1.2 Use of Modern Communication Technology	6
1.3. Peer led approach:	7
1.4. Community Outreach Model	7
1.5.Mass Awareness Generation:	8
Standard 2	8
Rationale for the Standard	8
Detailed Definition of the Standard	10
How this can be achieved	11
Standard 3	12
Rationale for the Standard	12
Detailed Definition of the Standard	12
How this can be achieved	13
Standard 4	15
Rationale for the Standard	15
Detailed Definition of the Standard	15
How this can be achieved	17
Standard 5	19
Rationale for the Standard	19
Detailed Definition of the Standard	19
How this can be achieved	20
Standard 6	22
Rationale for the Standard	22
Detailed Definition of the Standard	22
How this can be achieved	22
Standard 7	23
Rationale for the Standard	23
Detailed Definition of the Standard	23
How this can be achieved	24
Standard 8	25
Rationale for the Standard	25
Detailed Definition of the Standard	26
How this can be achieved	26
Standard 9	27
Rationale for the Standard	27
Detailed Definition of the Standard	27
How this can be achieved	28
Annex 1 Health outcomes to be addressed	29
Annex 2 Package of Services	31

MALDIVIAN NATIONAL STANDARD STATEMENTS FOR ADOLESCENT AND YOUTH FRIENDLY HEALTH SERVICES TO BE PROVIDED TO ALL YOUNG PEOPLE

Standard 1

All young people have correct and appropriate knowledge about their health and potential risks, and are aware about available services and seek them appropriately.

Standard 2

Society/ community is aware of adolescent and youth health issues and supports the provision of appropriate health information and services to young people.

Standard 3

All health care providers dealing with young people are equipped with and use appropriate knowledge, skills and attitudes to provide health services in a culturally sensitive manner to all young people regardless of age, marriage, sex and religion, including especially vulnerable groups like, the migrant population, young people with special needs, and drug users.

Standard 4

Health facilities provide health services for all young people as defined in the Package of Services for Adolescent and Youth Friendly Health Services at the facility or through referral.

Standard 5

Health facilities provide services to young people in a conducive environment guaranteeing privacy and confidentiality.

Standard 6

Health services required by young people are affordable for all young people.

Standard 7

The health system facilitates the provision of the defined Package of Services for Adolescent and Youth Friendly Health Services through functioning coordination and collaboration of the responsible authorities.

Standard 8

The health system facilitates the provision of package of services for adolescent and youth friendly health services through a standard referral mechanism and maintains a functioning database for information sharing.

Standard 9

The implementation of the Standards for Adolescent and Youth Friendly Health Services is regularly monitored and evaluated and results are used to improve quality of health services for young people.

Maldivian National Standards for Adolescent and Youth Friendly Health Services to be provided to all Young People

Rationale

Adolescents and young people between 10-24 years currently constitute almost 40% of the population of the Maldives representing the largest population segment. Given the demographic developments, it is the largest cohort that will ever enter the workforce at one point in time. In addition to the ethical responsibility to provide each one of them with the health services needed, ensuring that the young people enter the productive age in fullest possible wellbeing and health will allow the country to fully capitalize on the demographic dividend.

This document defines Adolescent and Youth Friendly Health Services (AYFHS) through the use of National Standards for AYFHS that have been developed to address challenges identified with the current provision of health services to adolescents and young people (see Annex 1). These national standards have been developed in consultation with the key stakeholders and needs to be reflected in the with the Maldivian Draft Youth Health Strategy.

The document also defines the package of services (see Annex 2) to be provided to all young people within the context of Adolescent And Youth Friendly Health Services and outlines necessary actions for the implementation of the National Standards at various levels of the health system.

For more information on the current situation faced by adolescents and young people in 2013 refer to the Background Paper prepared for the National Workshop on developing Standards for Adolescent/Youth Friendly Health Services in Maldives. The background paper summarizes the evidence from the following studies, reports and assessments:

- UNFPA Maldives, 2011. Reproductive health knowledge and behaviour of young unmarried women in Maldives.
- Usmani, F., 2005. Assessment Report Maldives: Adolescent Reproductive Health Project.
- Weerasinghe, M., 2009. Assessment Report: Impact of Youth Health Café' and Adolescent Health Clinic/IGMH Maldives (Draft Report).
- The Asia Foundation, 2012. Rapid situation assessment of gangs in Male'.

Standard 1

All young people have correct and appropriate knowledge about their health and potential risks, and are aware about available services and seek them appropriately.

Rationale for the Standard

Knowledge on health and potential risks will not be sufficient to protect young people's health and prevent them from engaging in risky behavior but constitute a first and essential step; the provision of knowledge to young people is also enshrined in the Health Master Plan 2006-2015. For example only 16% of adolescents have correct knowledge of contraceptive methods and only 54% on preventing STIs and HIV (Source: Health Master Plan) and a study reported that many young people perceive abortion as "a risk free procedure" which is a "safe alternative to contraception" (IPPF, Socio-cultural Factors and Unsafe Abortions in Maldives, 2008:3).

1 Health promotion in schools: Why would it be useful to include correct and appropriate knowledge about health and potential risks and available services in the school curriculum?

Stakeholders reported that currently the school curriculum does not include any information on health, potential risks or available health services. Even basic information on hygiene, growth and development are reported to be currently not covered. Most adolescents and young people will be in school and can therefore easily be reached with age appropriate information on healthy lifestyle and risk reduction strategies to prevent costs to be borne by the health system in future. Existing health assistants in the school setting could be capitalized upon to provide information and promote awareness of existing services.

2 Use of modern communication technology: Why would it be useful to establish an official MoHG Website and Smartphone App?

Large part of information in relation to health and potential risks are associated with sensitive matters. Websites and apps constitute an economic mechanism to reach a wide target audience and lowering the barriers (perceived or real) of access to information for young people.

3 Peer led approach: Why would it be useful to establish a peer educator's programme?

Experience has shown that peer educator's programmes are a cost-effective intervention to reach and improve knowledge of young people. Information can be accessed and provided easier if the "trained provider" is a peer who is presumably undergoing the same changes and encountering similar challenges.

4 Community outreach model: Why would it be useful to carry out an outreach programme?

The aim of the outreach programme is to inform adolescents in the community about the services that they can avail at health facilities. It is particularly intended to reach young people who are not in school and often marginalized e.g. those out of school and out of employment etc.

5 Mass awareness generation: Why would it be useful to conduct an awareness campaign on young people's health, potential risks and available health services?

Social media, TV, radio, public service advertisements, spots as well as the engagement of role models are suitable methods to raise awareness on young people's health and potential risks and available health services among young people as well as the larger community.

Detailed Definition of the Standard

INPUT CRITERIA	PROCESS CRITERIA
<p>1.1. Health promotion in schools:</p> <p>1.1.1. School curricula include relevant information on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package</p> <p>1.1.2. Teachers and health assistants are aware of relevant information and available health services</p> <p>1.1.3. A mechanism is established for trained health personnel and/or teachers to teach relevant information</p>	<p>1. 1. Health promotion in schools:</p> <p>1.1.1. All young people in every school are taught correct and appropriate knowledge about their health and potential risks and available services age appropriately and culturally sensitive (Information on growth and development starting Grade 5 before onset of puberty)</p> <p>1.1.2. Teachers and health assistants support the provision of relevant information and raise awareness of available health services and refer young people to adolescent and youth friendly health services when required</p> <p>1.1.3. Teachers and/or trained health personal teaches all young people in every school correct appropriate knowledge about their health and potential risks and available services age appropriately and cultural-ly sensitive</p>
<p>1.2 Use of modern communication technology:</p> <p>1.2.1. An official MoH website and Smart Phone App are established containing relevant information on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package</p> <p>1.2.2. An online forum is established for adolescents to get health advice from certified professionals</p>	<p>1.2 Use of modern communication technology:</p> <p>1.2.1 The official MoH website and Smart Phone App are maintained by the MoH and used by young people</p> <p>1.2.2. The online forum is run continuously by certified professionals and used by young people</p>
<p>1.3. Peer led approach:</p> <p>1.3.1. A Peer Educators Programme is established</p> <p>1.3.2. Correct and appropriate information materials are available containing relevant information on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package</p>	<p>1.3. Peer led approach:</p> <p>1.3.1 Trained Peer Educators provide correct information on health and potential risks and availability of services to young people using information materials</p>
<p>1.4. Community outreach model:</p> <p>1.4.1. A mechanism to conduct an outreach programme is established to reach vulnerable groups and out-of-school youth through NGO's and Government organizations</p>	<p>1.4. Community outreach model:</p> <p>Door to door visits are carried out by trained community health workers and/or volunteers to provide information on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package</p>

INPUT CRITERIA	PROCESS CRITERIA
<p>1.5.Mass awareness generation:</p> <p>1.5.1. A mechanism is established to conduct an awareness campaign on young people’s health, potential risks and available health services</p> <p>1.5.2. Posters containing appropriate information in Divehi are available</p> <p>1.5.3. A mechanism is established to engage role models</p>	<p>1.5. Mass awareness generation:</p> <p>1.5.1. Social media, TV, radio, public service advertisements, spots raise awareness on young people’s health and potential risks and available health services</p> <p>1.5.2 Posters containing appropriate information in Divehi on young people’s health and potential risks and available health services are displayed during sport activities/ events, music and other shows</p> <p>1.5.3. Role models raise awareness on young people’s health and potential risks and available health services</p>

How this can be achieved

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
1.1. Health promotion in schools:		
<p>1.1.1. MoHG to work with MoE to include relevant information on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package</p> <p>MoHG to participate in discussions and meetings of the education panel to define what is age appropriate information based on available research</p> <p>Panel to consider the input of adolescents and youth</p>	<p>To ensure and monitor that in every school correct and appropriate knowledge about health and potential risks and available services are taught age appropriately and culturally sensitive</p> <p>(Information on growth and development starting Grade 5 before onset of puberty)</p>	<p>To teach in every school correct and appropriate knowledge about health and potential risks and available services age appropriately and culturally sensitive</p> <p>(Information on growth and development starting Grade 5 before onset of puberty)</p>
<p>1.1.2.To carry out information and orientation sessions for teachers and health assistants</p>	<p>1.1.2.To monitor and support the teaching of relevant information and raising of awareness of available health services and refer young people to adolescent and youth friendly health services when required and report back to the national level if position are vacant or session not carried out</p>	<p>1.1.2. Teachers and health assistants provide relevant information and raise awareness of available health services and refer young people to adolescent and youth friendly health services when required</p>

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
<p>1.1.3. If not taught by teachers: To identify suitable health personal to teach developed sessions on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package</p> <p>Develop necessary teaching and information materials</p> <p>Train/orient teachers and/or health personal and ToT for refresher courses</p>	<p>1.1.3. Monitor and support the teaching of developed sessions on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package using teaching and information materials</p> <p>Carry out refresher courses every 1 to 2 years</p>	<p>1.1.3. Teachers and/or health personal teach developed sessions on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package using teaching and information materials</p>

1.2 Use of Modern Communication Technology:

<p>1.2.1. To identify funds and responsible person within the Ministry to upgrade existing HPA website and Smart Phone App including relevant information on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package</p> <p>To define content of website and App and seek input from young people to ensure acceptability</p> <p>To hire IT personnel to upgrade existing website and develop smart phone app</p> <p>To promote their use</p>	<p>1.2.1. To promote use of website and app through awareness raising with posters at health facilities and schools/ advertising and publicity through social media and inform island level of existence</p>	<p>1.2.1. To promote use of website and app through awareness raising with posters at health facilities and schools/ advertising and publicity through social media</p>
<p>1.2.2. Identify and contract health professional to run an online forum (subsection of the HPA official website) for adolescents to access health advice anonymously (via chat or Skype) (refer also to Standard 5)</p> <p>Supervise service provided and monitor use of service</p>	<p>1.2.2. To promote use of forum/ service through awareness raising with posters at health facilities and schools/advertising and publicity through social media and inform island level of existence</p>	<p>1.2.2. To promote use of forum/ service through awareness raising with posters at health facilities and schools/ advertising and publicity through social media</p>

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
---	--	---

1.3. Peer led approach:

<p>Establish a Peer Educators Programme</p> <p>1.3.1. Identify, train and use the services of voluntary peer educators, selected from various backgrounds to improve awareness regarding health issues</p>	<p>Run Peer Programme</p> <p>1.3.1. Work with the national level to identify, train and use services of peer educators, selected from various backgrounds to improve awareness regarding health issues and run trainings at regional level as appropriate</p>	<p>Run Peer Programme</p> <p>1.3.1. Provide a space where peers can meet and to engage with and support trained peer educators</p>
<p>1.3.2 Develop correct and appropriate training and information materials containing relevant information on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package</p> <p>Collaborate with regional youth centers to incorporate health and well-being into activities that adolescents are most active in and involved with (e.g. sports, racing association)</p>	<p>1.3.2. Ensure that relevant information materials are available and being distributed</p> <p>Collaborate with regional youth centers to incorporate health and well-being into activities that adolescents are most active in and involved with (e.g. sports, racing association)</p>	<p>1.3.2. Ensure that relevant information materials are available and being distributed</p> <p>Collaborate with youth centers to incorporate health and well-being into activities that adolescents are most active in and involved with (e.g. sports, racing association)</p>

1.4. Community Outreach Model:

<p>Establish an outreach programme to reach vulnerable groups and out-of-school youth</p> <p>1.4.1. Identify and engage relevant NGO's and government organizations working with vulnerable groups and/or out-of school youth</p> <p>1.4.2. Develop correct and appropriate training and information materials in Divehi containing relevant information on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package</p>	<p>Run an outreach programme</p> <p>1.4.1./2. Work with the national level to identify and engage relevant NGO's and government organizations working with vulnerable groups and/or out-of school youth</p> <p>Visit regional youth centers and other relevant centers/places where young people gather to provide correct and appropriate information and information materials in Divehi containing relevant information on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package</p>	<p>Run an outreach programme</p> <p>1.4.1./2. Trained community health workers and/or volunteers to carry outdoor to door visits on a regular basis providing information on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package using available information materials</p>
---	--	---

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
<p>1.4.3. Orientate responsible parties at regional level to carry out training of community health workers and/or volunteers conducting the outreach programme</p>	<p>1.4.3. Train community health workers and/or volunteers to carry outdoor to door visits on a regular basis providing information on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package</p> <p>To supportively supervise community health workers/ volunteers</p>	<p>1.4.3. Trained community health workers and/or volunteers to visit places and centres where youth gather on a regular basis providing information on Healthy Living, Growth, Development and Reproductive Health Issues and available services as well as other relevant information to improve health outcomes of young people according to specified service package using available information materials</p>
<p>1.4.4. To develop linkages among relevant organizations using for example the official HPA website</p>	<p>1.4.4. Nil</p>	<p>1.4.4. Nil</p>

1.5. Mass Awareness Generation:

<p>Design and conduct an awareness campaign on young people's health, potential risks and available health services</p> <p>1.5.1. Design, print and publish posters containing appropriate information in Divehi on young people's health, potential risks and available health services</p> <p>1.5.2. Engage role models to promote messages on young people's health, potential risks and available health services</p>	<p>Take part in campaign through awareness raising with posters at health facilities and schools/ advertising and publicity through social media and inform island level</p>	<p>Take part in campaign through awareness raising with posters at health facilities and schools/ advertising and publicity through social media</p>
<p>1.5.3 To inform and engage regional/atoll level in campaign</p>		

Standard 2

The society/community is aware of adolescent and youth health issues and supports the provision of appropriate health information and services to young people.

Rationale for the Standard

Stakeholders reported that often parents, guardians and other adults are afraid that inappropriate information is provided to their adolescent children.

In addition, with exception of health emergencies or life threatening situations. parental consent is sought to provide services to unmarried adolescents/young people who are below 18 years of age. The consideration of cultural and religious perspectives of the Maldivian society is very important when providing services to young people.

Nevertheless, there is ample evidence suggesting that “Maldivian youth is generally sexually active before marriage” (*RH survey, 2004, 32; UNFPA Maldives, 2011. Reproductive health knowledge and behaviour of young unmarried women in Maldives.p.8*). In light of these documented social realities of youth sexual behaviour and together with the promotion of religious perspectives, it might be beneficial to the society to foster a professional ethic that employs preventive and harm reduction strategies.

- (1) **Involving religious leaders:** Why would it be useful engage and generate support from religious leaders to improve the situation of young people in relation to defined health outcomes?

Religious leaders could support the provision of health services to young people through their words and actions. By doing so, they could create wider support for this in the community. Engaging them in an appropriate manner will help ensure that young people can be provided with the health services they require.

- (2) **Involving gate keepers:** Why would it be useful for health service providers to speak to gatekeepers of the community and other adults about the value of providing health services to young people?

By speaking to gatekeepers and adults, support for the provision of health services to young people can be built, and any misconceptions or concerns the adults may have be addressed. Communities are likely to oppose the provision of health services to young people if they do not understand or trust-their values.

- (3) **Involving community leaders / groups:** Why would it be useful to establish linkages with other community functionaries?

When there are good links between health facilities and organizations in the catchment area that are working with/serving young people, they can refer young people who need help to health facilities readily. Further health facilities need to link with the other key services for young people, so that they become part of a supportive structure that protects them from health and social risks, and helps them build positive knowledge, skills and confidence.

- (4) Other activities described for awareness raising among young people under Standard 1 can be easily expanded to reach the larger community.

Detailed Definition of the Standard

INPUT CRITERIA	PROCESS CRITERIA
<p>2.1. A mechanism is put in place to engage and generate support from religious leaders to improve the situation of young people in relation to defined health outcomes</p>	<p>2.1. Religious leaders are engaged and support the provision of AYFHS to improve the situation of young people in relation to defined health outcomes</p>
<p>2.2. A mechanism is put in place to conduct outreach activities to inform gatekeepers about young people’s health issues and availability of services</p>	<p>2.2. Outreach activities are conducted to inform gatekeepers about young people’s health issues and availability of services</p>
<p>2.3. Linkages are established with other community functionaries (e.g. those responsible for youth centers etc.)</p>	<p>2.3. Linkages are being maintained with other community functionaries (e.g. those responsible for youth centers etc.)</p>
<p>2.4. The official MoH website and Smart Phone App (refer to Standard 1) contain a section targeted at adults/parents/guardians with relevant information to improve health outcomes of young people according to specified service package</p>	<p>2.4. The official MoH website and Smart Phone App are maintained by the MoH and used by adults/parents/guardians</p>
<p>2.5. The awareness campaign on young people’s health, potential risks and available health services (refer to Standard 1) contains a part targeted at adults/parents/guardians with relevant information to improve health outcomes of young people according to specified service package</p>	<p>2.5. Social media, TV, radio, public service advertisements, spots raise awareness on young people’s health and potential risks and available health services – with a part specifically targeted at adults/parents/guardians with relevant information to improve health outcomes of young people according to specified service package</p>
<p>2.6. A mechanism is put in place to raise awareness of teachers and health assistants on relevant information and available health services (Refer also to Standard 1)</p>	<p>2.6. Teachers and health assistants support the provision of relevant information and raise awareness of available health services and refer young people to adolescent and youth friendly health services when required (Refer also to Standard 1)</p>
<p>2.7. Communication materials are available on young people’s health issues for distribution to stakeholders</p>	<p>2.7. Communication materials on young people’s health issues are being distributed to stakeholders in</p>

How this can be achieved

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
1.1. Health promotion in schools:		
<p>2.1. Engage with and generate support from religious leaders to improve the situation of young people in relation to defined health outcomes Develop a mechanism how to distribute relevant information on religious support for AYFHS to all levels</p>	<p>2.1. Distribute relevant information on religious support for AYFHS to all levels</p>	<p>2.1. Distribute relevant information on religious support for AYFHS to community members and young people</p>
<p>2.2. Provide guidance on outreach activities to inform gatekeepers (as per defined criteria) about young people’s health issues and availability of services Develop a plan to conduct outreach activities to inform gatekeepers about young people’s health issues and availability of services</p>	<p>2.2. Carry out outreach activities to inform gatekeepers about young people’s health issues and availability of services according to plan</p>	<p>2.2. Carry out outreach activities to inform gatekeepers about young people’s health issues and availability of services according to plan</p>
<p>2.3. Provide guidance on linkages to be established and maintained with other community functionaries (e.g. responsible for youth centers etc.)</p>	<p>2.3. Ensure that linkages are established and maintained with other community functionaries</p>	<p>2.3. Ensure that linkages are established and maintained with other community functionaries</p>
<p>2.4. Refer to Standard 1 Define content of section specifically targeted at adults/parents/guardians with relevant information to improve health outcomes of young people according to specified service package</p>	<p>2.4. Refer to Standard 1 Promote use of specific section of website and app among adults/parents/guardians through awareness raising with posters at health facilities and schools/ advertising and publicity through social media and inform island level of existence</p>	<p>2.4. Refer to Standard 1 Promote use of specific section of website and app among adults/parents/guardians through awareness raising with posters at health facilities and schools/ advertising and publicity through social media</p>
<p>2.5. Refer to Standard 1 Design specific part of the awareness campaign on young people’s health, potential risks and available health services targeted at adults/parents/guardians with relevant information to improve health outcomes of young people according to specified service package</p>	<p>2.5. Refer to Standard 1 Take part in campaign through awareness raising with posters at health facilities and schools/ advertising and publicity through social media and inform island level</p>	<p>2.5. Refer to Standard 1 Take part in campaign through awareness raising with posters at health facilities and schools/ advertising and publicity through social media</p>
<p>2.6. Refer to Standard 1</p>	<p>2.6. Refer to Standard 1</p>	<p>2.6. Refer to Standard 1</p>
<p>2.7. Develop communication materials (i.e. leaflets with information on service availability and health issues concerning young people or adapt information materials from existing materials (i.e. from NGOs etc.)</p>	<p>2.7. Gather communication materials from the national level and supply them to the island level Maintain a register of stocked information materials, replenish materials on a timely basis Ensure that information materials</p>	<p>2.7. Gather information materials from atoll/regional level Maintain a register of stocked information materials, replenish materials on a timely basis Ensure that information materials are distributed to stakeholders in support of awareness raising activities</p>

Standard 3

All health care providers dealing with young people are equipped with and use appropriate knowledge, skills and attitudes to provide health services in a culturally sensitive manner to all young people regardless of age, sex and religion, including – but not limited to – married and unmarried young people, the migrant population, young people with special needs, suicidal young people and drug users.

Rationale for the Standard

Stakeholders reported that adolescents and young people are being treated in a judgmental manner for several reasons: amongst other if they were sexually active or belong to the relative large group of migrant workers. As reported suicidal young people or drug users may not receive timely care and may not be recognized timely. There have been reports that some Young people were treated in a judgmental manner when they access service. Hence, some young people refrain from seeking required services. While norms and values are an important and integral part of a society, health service providers should be educated to exhibit attitudes guided by empathy and health professional ethics to provide the care that is needed rather than by personal views.

An additional reported challenge is constituted by the fact that there is a high turn over of doctors in the Maldives with most of them (80%) being expatriates and often not knowledgeable of Maldivian social norms and values.

- (1) Why would it be important for health service providers to deliver the required package of **health services to all young people** – ensuring technical quality and youth friendliness?

It is important that health care providers deliver the required package of health services in a technical sound and non-judgmental manner to all young people because only then young people will come to utilize the services that they need. Moreover if the health services are of high quality and are provided to all young people in a friendly manner with care, empathy and respect, they will come back when they need to and inform others of their positive experiences.

Detailed Definition of the Standard

INPUT CRITERIA	PROCESS CRITERIA
3.1. Health services providers have interpersonal skills (including communication skills and cultural perspectives on sensitive adolescent issues) and attitudes to deal with adolescents remaining professional and non-judgmental also when dealing with unmarried young people, the migrant population, young people with special needs, suicidal young people and drug users.	3.1. Health service providers provide the package of services to all adolescents in a culturally sensitive and non-judgmental way also when dealing with unmarried young people, the migrant population, young people with special needs, suicidal young people and drug users
3.2. Health service providers including support staff are motivated to work with adolescents	3.2. Health service providers including support staff are punctual and provide the health services that young people require in a friendly way to all young people regardless of age, sex, religion, socioeconomic and marital status

INPUT CRITERIA	PROCESS CRITERIA
3.3. Health service provider have the appropriate technical knowledge and skills to manage young people's health issues and know where to refer them when needed	3.3. Health service providers manage young people's health issues correctly according to evidence based treatment guidelines and refer them to the appropriate centers when needed
3.4. Health service provider are trained to deal with suicidal young people and drug users and know where to refer them when needed	3.4. Health service providers manage suicidal young people and drug users correctly and non-judgmental and refer them to the appropriate centers when needed
3.5. Health service providers are trained to deal with people with special needs and know where to refer them when needed	3.5. Health service providers provide services to people with special needs in an appropriate way and refer them to the appropriate centers when needed

How this can be achieved

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
3.0. Endorse National Standards for Adolescent and Youth Friendly Health Services and distribute them to all health service providers dealing with young people to make them aware of their professional responsibilities with regards to ALL young people	3.0. Ensure that all health care providers dealing with young people receives a copy of the Standards for Adolescent and Youth Friendly Health Services and is trained/ oriented on their implementation	3.0. Familiarize all health care providers dealing with young people with the Standards for Adolescent and Youth Friendly Health Services
3.1. Define competencies needed to deliver effective AYFHS and provide required training to service providers dealing with young people. Develop/adapt training materials for health care providers and support staff dealing with young people covering necessary technical expertise to deliver the package of services as well as soft skills, including communication skills, interpersonal skills to deal with young people	3.1-2. Carry out training of all health care providers dealing with young people including refresher courses every 1-2 years using training materials developed by the national level, adopted /adapted international guidelines	3.1-2. Participate in training and provide the package of services to all adolescents in a culturally sensitive and non-judgmental way also when dealing with unmarried young people, the migrant population, young people with special needs, suicidal young people and drug users according to the Maldivian Standards for Adolescent and Youth friendly health services
3.2 Ensure that training covers necessary skills for referral and information of the referral network, necessary knowledge to deal with people with special needs, drug users		

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
3.3 Adopt/adapt international clinical guidelines and the WHO Adolescent Job Aid	3.3. Distribute Adolescent Job Aid to each health care provider dealing with young people and to monitor its use	3.3. Manage ALL young people's health issues correctly according to evidence based treatment guidelines and the Adolescent Job Aid and refer them to the appropriate centers when needed
3.4. Carry out training of trainers and orientation for adolescent specialists	3.4. Nil	3.4. Nil
3.5.1. Establish and maintain a monitoring mechanism for health care provider performance and to monitor health care providers dealing with young people at regional/ atoll level	3.5.1. Provide supportive supervision to all health care providers dealing with young people and feedback to national level including the promotion of self- assessment at all levels using the adopted/ adapted WHO (self-) assessment tool	3.5.1. Self-assess performance using the self-assessment tool provided by the national/regional level and feedback to the regional / national level as appropriate to improve services further
3.5.2 Adopt/adapt the WHO (Self-) assessment tools and promote their use	3.5.2. Nil	3.5.2. Nil
3.5.3. Establish and maintain a National review board to review complaints and carry out an annual review	3.5.3. Nil	3.5.3. Nil

Standard 4

Health facilities provide health services for all young people as defined in the Package of Services for Adolescent and Youth Friendly Health Services at the facility or through referral.

Rationale for the Standard

Currently no specific services are provided to adolescent and young people.

Lack of skilled/ trained staff especially in peripheries, high staff turnover and inefficient use of available staff (Weerasinghe, 2009), the lack of effective working relations and referral systems among service providers as well as the inability to provide RH commodities hinder the provision of services for young people. Activities are carried out on an ad-hoc basis (e.g. life skills outreach activities (Usmani, 2005)) and not in a comprehensive and systematic manner.

- (1) Why would it be important to ensure that health facilities deliver the required package of health services to young people?

In order to meet the needs and fulfill the rights of young people, it is important for health facilities to provide all the health services they are required to either through a mechanism and through referral linkages with other appropriate facilities. If they do not provide such services young people will seek them elsewhere or remain without services.

- (2) Why would it be important to ensure that health facilities have the basic amenities, equipments and supplies to deliver the required package of health services to young people?

Without the basic amenities, health services cannot be provided effectively. If health services are provided without all the basic amenities this might even endanger the health of the adolescents and young people. In addition, by ensuring that the needed equipments and supplies are in place they can be provided the required health services in the right way.

Detailed Definition of the Standard

INPUT CRITERIA	PROCESS CRITERIA
4.1. Mechanisms and procedures are in place for the provision of the required package of health services for young people	4.1. Health services are being provided to all adolescents who come in seeking care. The above Process criteria applies for all levels: <ul style="list-style-type: none">• Tertiary hospital• Regional/Atoll hospital• Health center• Health post
4.2.1 There are clear laws and procedures to ensure equitable access of young people to health services irrespective of sex, age or socio-economic status (including expatriate population and marital status) as well as young people with special needs, drug users and suicidal youth.	4.2.1 Health service providers and support staff provide services equitably irrespective of sex, age or socio-economic and marital status (including expatriate population as well as young people with special needs, drug users and suicidal youth (refer to Standard 3)).

INPUT CRITERIA	PROCESS CRITERIA
<p>4.2.2 Health service providers and support staff are well aware of these laws and procedures (refer to Standard 3)</p>	<p>4.2.2 As above</p>
<p>4.3. Human resources, material resources and standard operating procedures are in place for the provision of the required package of health services</p> <p>Human resources: Adequate numbers of health service providers of the appropriate profile are in place, and are present during the working hours of the health facility.</p> <p>Health service providers are aware of their roles and responsibilities in the health facility.</p> <p>Staff are competent and skilled to provide specified health services effectively to adolescents (refer to Standard 3)</p> <p>Material resources: Basic amenities, equipment, medicines and supplies are in place to enable the provision of the specified health services effectively</p> <p>Standard operating procedures: Clinical management guidelines and standard operating procedures are in place to provide the specified health services.</p> <p>Standard operating procedures and linkages are in place for referral and back referral to other health facilities, for health services not provided on the spot (refer to Standard 8).</p> <p>A resource directory of organizations providing health services not provided at the health facility is available(refer to Standard 8)</p> <p>Referral linkages are in place (refer to Standard 8)</p>	<p>4.3. Adolescent and Youth Friendly Health Services (AYFHS) are provided as defined in the package of service at all levels in line with the Standards Statements, clinical management guidelines and standard operating procedures.</p>
<p>4.4. The HR in charge of the health facility has the authorization to locate/set up the adolescent clinic in a particular place within the health facility and to operate it at selected working hours/days.</p>	<p>4.4.In addition to the provision of AYFHS, dedicated clinics (2 hours) are operational at the various levels at defined intervals (based on needs and feasibility assessment to be carried out)</p>
<p>4.5. Mechanisms and procedures are in place for referral and back referral to other health facilities (refer to Standard 8).</p>	<p>4.5. Where the health services cannot be provided at the health facility, young patients are referred to other health facilities, in line with standard operating procedures (refer to Standard 8).</p>
<p>4.6. Mechanisms and procedures are in place for the provision of outreach services through the health facility (refer to Standard 1).</p>	<p>4.6.Outreach activities are carried out according to plan (also refer to Standard 1)</p> <ul style="list-style-type: none"> - Health care providers carry out outreach activities and medical check-ups - Young people who are contacted through outreach programmes are referred to health centers/ hospitals as appropriate

How this can be achieved

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
<p>4.1./2 Define clear laws and policies to ensure provision of health services to all young people Endorse standard statements and distribute them to all levels</p> <p>Provide guidance on laws and procedures to ensure that young people have equitable access to health services (including the expatriate population as well as young people with special needs, drug users and suicidal youth)</p>	<p>4.1./2.Work with health facilities to ensure that health services are being provided to all young people</p> <p>Work with facility level to ensure that young people have equitable access to health services (including the expatriate population as well as young people with special needs, drug users and suicidal youth)</p>	<p>4.1./2 Ensures that health services are being provided to all young people who come in seeking care</p> <p>Ensure implementation of laws and procedures to ensure equitable access for young people to health services (including the expatriate population as well as young</p>
<p>4.3. Define staff list.</p> <p>Define roles and responsibilities of staff</p> <p>Develop a training strategy. Develop the training materials needed. Implement and monitor the training programme.</p> <p>Develop a list of basic amenities, essential equipment, medicines, supplies in order to provide extended or basic package. Develop a system for the health facility to track and re-stock.</p> <p>Develop/ adapt the clinical guidelines/ protocols/standard operating procedures that are evidence based and keep them up to date.</p>	<p>4.3. Work with the national level to ensure that each health facility at the island level has a staff contingent in line with the list.</p> <p>Ensure that health facility staff are aware of national definition of roles and responsibilities of staff Brief staff of their roles and responsibilities in the health facility Provide supportive supervision</p> <p>Ensure that every health worker and support staff member at the island level is included and participates in the training</p> <p>Ensure that the Health Facility Staff are aware of list of basic amenities, essential equipment, medicines and supplies. Support them in ensuring that adequate stocks are maintained.</p> <p>Distribute the clinical guidelines/ protocols/ standard operating procedures to the health facilities.</p>	<p>4.3. Work with the regional/atoll level to ensure that the staff contingent in the health facility is in line with the stipulated list. Ensure that staff is present during working hours</p> <p>Carry out roles and responsibilities as defined by national level</p> <p>Ensure that all staff are included in the training programme and participate.</p> <p>Ensure that all staff are aware of the list of basic amenities, essential equipment, medicines and supplies.</p> <p>Ensure that all the equipment, medicines and supplies stipulated on the list are available in stock. Ensure that availability is tracked and that at any time all supplies that are needed are available and that mechanism for timely replenishment is used.</p> <p>Ensure that health workers follow the clinical guidelines /protocols/ standard operating procedures in their work</p>

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
<p>Develop guidelines and standard operating procedures for referral</p> <p>Develop and update a resource directory of organizations providing health services for young people Provide guidance on procedures for referral of young people that are contacted through outreach programmes to health centers/hospitals or other</p> <p>Work with regional/atoll level, hospitals and other relevant institutions to establish referral linkages</p>	<p>Ensure that Health Facility Staff are aware and understand the guidelines and standard operating procedures for referral.</p> <p>Distribute resource directory of organizations providing health services not provided at the health facility to island level and brief staff on its availability Work with national and island level, hospitals and other relevant institutions to establish referral linkages</p>	<p>Ensure that health workers follow the guidelines and standard operating procedures for referral</p> <p>Ensure that health workers are aware of and use the resource directory of organizations providing health services not provided at the health facility. Work with national and regional/atoll level, hospitals and other relevant institutions to establish referral linkages</p>
<p>4.4. Authorize to set up the adolescent clinic in a particular place with in the health facility and to operate it at selected working hours/days.</p>	<p>4.4. Work with health facilities to ensure that dedicated clinics are operational</p>	<p>4.4. Ensure that dedicated clinics are operational</p>
<p>4.5. Provide guidance on mechanisms and procedures for referral and back referral to other health facilities (refer to Standard 8)</p>	<p>4.5. Ensure that health facility all staff is aware of guidelines for referral and back referral of patients to other health facilities (refer to Standard 8).</p>	<p>4.5. Ensure that health service providers and support staff are aware of and follow procedures for referral and back referral of patients to other health facilities (refer to Standard 8).</p>
<p>4.6. Provide guidance on mechanisms and procedures for outreach services through the health facilities Define standard operating procedures.</p> <p>Provide guidance on mechanisms and procedures for conducting health check ups</p> <p>Provide guidance on procedures for referral of young people that are contacted through outreach programmes to health centers/hospitals or other</p>	<p>4.6. Send a letter to all schools indicating that health facility staff will contact and visit schools and/or other centers</p> <p>Work with health facility staff to ensure that health check ups are carried out according to plan</p> <p>Ensure that health facility staff as well as school health assistants are aware of procedures for referral of young people that are contacted through outreach programmes or at school as appropriate to health centres/ hospitals or other</p>	<p>4.6. Make a plan for visiting schools and ensure that visits are carried out according to plan</p> <p>Make a plan for conducting health check ups and ensure that check ups are carried out according to plan</p> <p>Ensure that health service providers and support staff are aware of and follow procedures to refer adolescents who are contacted through outreach programmes as appropriate and ensure that referral is carried out</p>

Standard 5

Health facilities provide services to young people in a conducive environment guaranteeing privacy and confidentiality.

Rationale for the Standard

A pilot project, the Adolescent Health Clinic, in Male was located within the premises of the Reproductive Health Centre (RHC) of the tertiary care Indira Gandhi memorial hospital (IGMH) where ANC patients are the largest service seekers. This strong association with antenatal care services was identified as one of the main reasons for low uptake by young people (Weerasinghe, M., 2009. Assessment Report: Impact of Youth Health Café' and Adolescent Health Clinic/IGMH Maldives)

- (1) Why would it be important for health facility managers to ensure that health facilities provide a **welcoming and conducive environment** for young people?

Young people will not seek health services if the physical environment and procedures are not appealing to them. They are more likely to come to a health facility if it is appealing, welcoming and clear, and

- (2) If they can be sure that their **privacy and confidentiality** will be ensured. Given the small size of many communities it is challenging to guarantee privacy and ensure confidentiality. they can be provided the required health services in the right way.

Detailed Definition of the Standard

INPUT CRITERIA	PROCESS CRITERIA
5.1. A sign board welcoming adolescents and informing them about availability of AYFHS is put up at the entrance of the facility	5.1. Nil
5.2. Policies and procedures are in place to ensure that the registration process is straight forward and simple	5.2. Registration is being done in a simple manner
5.3. Policies and procedures are in place to ensure that anonymous treatment is possible	5.3. Treatment is being provided anonymously to adolescents if requested
5.4. Policies, procedures and the necessary physical environment to ensure privacy are in place	5.4. Privacy is being ensured
5.5. Policies, procedures and the necessary physical environment to ensure confidentiality are in place	5.5. Confidentiality is being ensured
5.6. Opening hours/clinic timings are convenient for and suit the needs of adolescents	5.6. Health services are being provided during times that suit the adolescents

INPUT CRITERIA	PROCESS CRITERIA
5.7. Mechanisms are in place to ensure that the location and ambiance are inviting and comfortable and basic amenities are in place including basic amenities for cleaning	5.7. Location and ambiance are inviting and comfortable and basic amenities are in place; the waiting area has appropriate seating arrangements, drinking water and clean toilets.
5.8. Mechanisms are in place to ensure that environment is accessible to people with special needs (among other there is a ramp or lift)	5.8. Health services are provided in an environment that is accessible to people with special needs

How this can be achieved

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
5.1. Design information billboards welcoming young people and informing them about availability of AFYHS	5.1. Put up the billboards	5.1. (Put up and) to maintain the billboard
5.2. Provide guidance on how to ensure that the registration process is straight forward and simple	5.2. Ensure that health facility staff is aware of national guidance to ensure that registration process is straight forward and simple	5.2. Ensure that registration is carried out according to national guidance
5.3. Provide guidance on how to ensure that anonymous treatment is possible Establish a mechanism to provide consultations via the internet/Skype or similar (also refer to Standard 1)	5.3. Ensure that health facility staff are aware of national guidance to ensure that anonymous treatment is possible If it is not possible to provide treatment anonymously (small communities) raise awareness of available Skype/telephone services	5.3. Ensure that treatment is provided anonymously if requested If it is not possible to provide treatment anonymously (small communities) raise awareness of available Skype/telephone services
5.4. Provide guidance on how to ensure the privacy of young people	5.4. Ensure that health facility staff are aware of national guidance to ensure the privacy of young people	5.4. Brief (support) staff on national guidance to ensure the privacy of young people Ensure that national guidance to ensure the privacy of young people is being implemented Implement changes to the health facility if needed, to meet requirements to ensure privacy of young people.

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
<p>5.5. Provide guidance on procedures to ensure confidentiality for young people</p>	<p>5.5. Ensure that health facility staff are aware of national guidance to ensure the confidentiality of young people</p>	<p>5.5. Brief (support) staff on national guidance to ensure confidentiality for young people Ensure that national guidance to ensure confidentiality of young people is being implemented</p>
<p>5.6. Provide guidance on opening hours/clinic timings that are convenient for and suit the needs of young people wherever possible</p>	<p>5.6. Ensure that health facility staff are aware of national guidance on opening hours and clinic timings that are convenient for and suit the needs of young people wherever possible</p> <p>Monitor that health services are being provided during times that suit the needs of young people</p>	<p>5.6. Ensure that health services are being provided during times that suit the needs of young people wherever possible</p>
<p>5.7. Provide guidance on minimum conditions to be put in place for the location and ambiance to be inviting and comfortable, including appropriate seating arrangements, in the waiting area, drinking water and clean toilets as well as guidance for maintenance of specified conditions</p> <p>Ensure that including basic amenities for cleaning are put in place (including HR)</p>	<p>5.7. Ensure that health facility staff are aware of national guidance on minimum conditions to be put in place for the location and ambiance to be inviting and comfortable, including appropriate seating arrangements, in the waiting area, drinking water and clean toilets as well as guidance for maintenance of specified conditions</p> <p>Work with health facility staff to ensure that minimum conditions as specified in national guidance are being implemented and maintained</p> <p>Work with health facility staff to ensure that the health facility is cleaned regularly (cleaning staff and basic amenities for cleaning in place)</p>	<p>5.7. Ensure that minimum conditions are put in place for the location and ambiance to be inviting and comfortable, including appropriate seating arrangements, in the waiting area, drinking water and clean toilets</p> <p>Ensure that minimum conditions for the location and ambiance to be inviting and comfortable, including appropriate seating arrangements, in the waiting area, drinking water and clean toilets are maintained</p> <p>Ensure that health facility is cleaned regularly (cleaning staff and basic amenities for cleaning in place)</p>
<p>5.8. Provide guidance to ensure that the health facility is accessible to young people with special needs (among other there is a ramp or lift)</p>	<p>5.8. Work with health facility staff to ensure that the health facility is accessible to young people with special needs (among other there is a ramp or lift)</p>	<p>5.8. Ensure that minimum conditions are put in place for the health facility to be accessible to young people with special needs (among other there is a ramp or lift) Ensure that minimum conditions for the health facility to be accessible to young people with special</p>

Standard 6

Health services required by young people are affordable for all young people.

Rationale for the Standard

The existing AASANDHA health insurance is a valuable and important means to empower young people to access health services they need. Young people seeking services should be able to access services covered by AASANDHA.

AASANDHA currently does not cover all services as outlined in the package of services, e.g. antenatal care services for pregnant young unmarried women or young people that inflicted self-harm on themselves. However, the cost of these cases is currently being borne by the health system at a later stage. The delay of young unmarried women seeking services due to associated costs as well as stigma (see also Standard 3), signifies later diagnosis of complications and related treatment and therefore higher costs in terms of negative health outcomes of the young women as well as monetary costs for the health system and the society as a whole.

Detailed Definition of the Standard

INPUT CRITERIA	PROCESS CRITERIA
<p>6.1. Policies and procedures are in place to provide all services provided in relation to the Service Package for AYFHS is provided free of charge or at an affordable cost for all young people (without consent of their parents)</p>	<p>6.1. All services provided in relation to the Service Package for AYFHS is provided free of charge or at an affordable cost for all young people (without consent of their parents)</p>
<p>AASANDHA covers the provision of all services provided in relation to the Service Package for AYFHS is provided free of charge or at an affordable cost for all young people (without consent of their parents)</p>	

How this can be achieved

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
<p>6.1. Ensure that a National policy is put in place that all services in relation to the Service Package for AYFHS free of charge or at an affordable cost for all young people* Ensure that AASANDHA covers the provision of all services provided in relation to the Service Package for AYFHS is provided free of charge or at an affordable cost for all young people *</p> <p>Allocate adequate budget for health service delivery for young people in relation to the health service package for AYFHS</p>	<p>6.1. Ensure that health facility staff at all level are aware that services in relation to the Service Package for AYFHS free of charge or at an affordable cost for all young people</p> <p>Ensure that health facility staff at all level are aware that services in relation to the Service Package for AYFHS are covered by AASANDHA</p>	<p>6.1. Ensure that all services in relation to the Service Package for AYFHS free of charge or at an affordable cost for all young people</p> <p>Ensure that young people are aware that all services in relation to the Service Package for AYFHS free of charge or at an affordable cost for all young people</p>

Standard 7

The health system facilitates the provision of the defined Package of Services for Adolescent and Youth Friendly Health Services through functioning coordination and collaboration of the responsible authorities.

Rationale for the Standard

The well-being and health of young people is a cross-cutting issue with several important players that have to make distinct and essential contributions in order to allow young people to live healthy lives and reach their full potential. In relation to the Standards for Adolescent and Youth Friendly Health Services it is important for the Health Sector to reach out to other agencies and players that have a mandate to work with young people in order to make full use of their capacities and employ the contribution they can make.

- (1) Through collaboration with the **Ministry of Education** (e.g. through an Memorandum Of Understanding between MoHG and MoE) it can be ensured that Growth, Development and Reproductive Health Issues are taught age appropriately and culturally sensitive in every school starting Grade 5 (before onset of puberty)
- (2) Through collaboration with the **Islamic Authorities** avenues to legalize abortion in case of rape and incest can be explored as it constitutes physically and psychologically a potentially life-threatening condition for the young girl/women and abortion is legal in the Maldives up to 120 days if the life of the mother is threatened.
- (3) Through collaboration with the **Ministry of Human Resources, Youth and Sports**, Health can be promoted in the larger youth agenda and through the implementation of the Youth Health Strategy.
- (4) Through collaboration with **NGO's and other implementing partners** services that cannot be on the spot can be provided through collaboration and referral. (see also Standard 8). later diagnosis of complications and related treatment and therefore higher costs in terms of negative health outcomes of the young women as well as monetary costs for the health system and the society as a whole.

Detailed Definition of the Standard

INPUT CRITERIA	PROCESS CRITERIA
7.1. Roles and responsibilities of the relevant authorities (Government and NGO and others) are well defined and agreed upon. A focal point exists in all relevant authorities	7.1.-2. AYFHS standards and the defined health service package are provided in a coordinated manner through collaboration with all relevant authorities (Government and NGO and others)
7.2. Establish mechanisms and procedures to implement the standards for AYFHS in a coordinated manner through collaboration with all relevant authorities	

How this can be achieved

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
<p>7.1. Develop policies and SOPs and establish procedures for coordination and collaboration among relevant authorities (Government and NGO and others) and address policy barriers for the implementation of AYFHS</p> <p>Distribute developed policies and SOPs to all the relevant authorities and agencies.</p>	<p>Identify barriers for the implementation of AYFHS and inform national level for action</p>	<p>Identify barriers for the implementation of AYFHS and inform national level for action</p>
<p>7.2. Establish stronger collaboration with the Islamic Authorities; explore avenues to legalize abortion in case of rape and incest as it constitutes physically and psychologically a potentially life-threatening condition for the young girl/ women</p> <p>Establish stronger collaboration with MoE (e.g. through an Memorandum of Understanding between MoH and MoE) to ensure that Growth, Development and Reproductive Health Issues are taught age appropriately and culturally sensitive in every school starting Grade 5 (before onset of puberty) Provide input in currently ongoing review of the curriculum to ensure that all areas of interest of MoHG are covered, i.e. all adolescents in school learn about hygiene, life skills, growth and development, RH issues, etc.</p> <p>Establish stronger collaboration with the Ministry of HRYS to promote health in the larger youth agenda</p> <p>Allocate an adequate annual budget for the implementation of AYFHS</p>	<p>7.2. Nil</p>	<p>7.2. Nil</p>

Standard 8

The health system facilitates the provision of package of services for adolescent and youth friendly health services through a standard referral mechanism and maintains a functioning database for information sharing.

Rationale for the Standard

- (1) Why would it be important to ensure that health facilities deliver the required package of health services to young people through a functioning referral system if the required services cannot be provided on the spot?

In order to meet the needs and fulfill the rights of young people, it is important for health facilities to provide appropriate health services and through referral linkages with other appropriate facilities. If they do not provide such services, young people will seek them elsewhere or remain without services.

Detailed Definition of the Standard

INPUT CRITERIA	PROCESS CRITERIA
8.1. Mechanisms and procedures are in place for referral and back referral to other health facilities	8.1.- 8. Where the health services cannot be provided at the health facility, young patients are referred to other health facilities and referred back in line with standard operating procedures
8.2. Standard operating procedures are in place for referral and back referral to other health facilities for health services not provided on the spot.	
8.3. A resource directory of organizations providing health services not provided at the health facility is available	
8.4. Referral linkages are in place.	
8.5 A standard referral form is available and used at all facilities	
8.6. A contact focal point is identified in each facility	
8.7. Service providers are oriented and aware of the referral system	
8.8. A database is established to share information among the service providers	

How this can be achieved

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
<p>8.1.+2.Develop guidelines and standard operating procedures for referral and back referral of patients to/from other health facilities</p>	<p>8.1.+2.Ensure that health facility all staff is aware of guidelines and standard operating procedures for referral and back referral of patients to/from other health facilities</p>	<p>8.1.+2.Ensure that health service providers and support staff are aware of and follow procedures for referral and back referral of patients to/from other health facilities</p>
<p>8.3. Develop and update a resource directory of organizations providing health services for young people</p>	<p>8.3.Distribute resource directory of organizations providing health services not provided at the health facility to island level and brief staff on its availability</p>	<p>8.3.Ensure that health workers are aware of and use the resource directory of organizations providing health services not provided at the health facility.</p>
<p>8.4. Work with regional/atoll level, hospitals and other relevant institutions to establish referral linkages</p>	<p>8.4. Work with national and island level, hospitals and other relevant institutions to establish referral linkages</p>	<p>8.4. Work with national and regional/atoll level, hospitals and other relevant institutions to establish referral linkages</p>
<p>8.5.Develop a standard referral form and distribute (along with SOPs) to all health facilities.</p>	<p>8.5.Distributethe standard referral form (along with SOPs) to the island level and brief staff on its availability.</p>	<p>8.5. Ensure that health workers are aware of and use the standard referral form according to the SOPs.</p>
<p>8.6.Provide guidance and identify focal points in each facility</p>	<p>8.6.Distribute updated information on existence of focal points in each facility and inform higher levels of problems and changes</p>	<p>8.6.Act as focal point as identified and inform higher levels of problems and changes</p>
<p>8.7.Provide guidance and orientation of referral system</p>	<p>8.7.Ensure that all health service providers are aware of and oriented on referral system Provide supportive supervision on use of referral system</p>	<p>8.7.Ensure that all health service providers are aware of and oriented on referral system Use referral system according to SOPs</p>
<p>8.8.Establish and maintain a database as part of overall Maldives Integrated Health Information Systems to share information among the service providers</p> <p>Install the network system at all levels and provide the required supplies to implement and maintain the database</p> <p>Provide orientation and training (on-the-job) on the use of the database at all levels</p>	<p>8.8.Inform all health service providers about existence of data base and share information</p>	<p>8.8. Use data base and share information</p>

Standard 9

The implementation of the Standards for Adolescent and Youth Friendly Health Services is regularly monitored and evaluated and results are used to improve quality of health services for young people.

Rationale for the Standard

- (1) What is not measured cannot be improved. When implementing the Standards for Adolescent and Youth Friendly Health Services principles of quality improvement apply. It is important to provide regular supportive supervision to support and empower the health service provider to provide the highest quality of health services to young people. Instilling the concept of self-assessment will help health service providers to provide health care that meets the standards. Providers at all levels need to be empowered to make proposals for improvement and take corrective actions. More in-depth external evaluation of the implementation of the standards will help to document progress and identify areas that need further attention. These data could also be shared more widely to inspire other countries and/or sector to improve the quality of health care services.

Detailed Definition of the Standard

INPUT CRITERIA	PROCESS CRITERIA
9.1. Policy and procedures in place to monitor the implementation of the Standards for Adolescent and Youth Friendly Health Services	9.1.-3. Data are collected, analyzed and evaluated regularly (Internal annually; external every 2 years) using the monitoring tool/checklist (core monitoring indicators internally; comprehensive indicators every 2 years externally)
9.2. A Monitoring tool and a supervisory check list are developed and available	
9.3. Core monitoring indicators are identified and agreed upon	
9.4. Mechanisms to provide continuous supportive supervision and to monitor the performance of the health facility and to identify needs for corrective actions are in place	9.4. Supportive supervision is undertaken continuously using the supervisory checklist Health service providers are involved in problem identification and problem solving
9.5. Health service providers are aware of and oriented on the monitoring tool and supervisory checklist 9.6. Internal/external monitoring bodies are set up	9.5. Health service providers use the part for self-assessment of provision of health services for young people of the monitoring tool (“marker conditions for clinical assessment”)
	9.6. External and internal monitoring and self-assessment are carried out according to policy and written and verbal feedback is provided and follow-up actions and uptake of recommendations to ensure quality improvement are agreed upon.

How this can be achieved

Actions to be taken at the national level	Actions to be taken at the regional/ atoll level	Actions to be taken at Island/health facility
<p>9.1.Develop policies and establish procedures for monitoring of the implementation of standards for AYFHS</p> <p>Ensure that regular monitoring (Eg: External monitoring every two years and internal monitoring yearly) is carried out</p>	<p>9.1.-3. Implement policy and provide supportive continuous supportive supervision of health service provider performance the supervisory checklist</p> <p>Distribute policy to the Island level. Ensure that regular monitoring (Eg: External monitoring every two years and internal monitoring yearly) is carried out</p>	<p>9.1.-3. Implement policy and ensure that regular monitoring (Eg: External monitoring every two years and internal monitoring yearly) is carried out</p>
<p>9.2./3. Develop a monitoring tool and supervisory checklist and identify core indicators</p>		
<p>9.4. Develop policies and establish procedures for continuous supportive supervision of health service provider performance and for self-assessment of performance by health service providers</p> <p>Ensure that supportive supervision and self-assessment are carried out according to policy Ensure that problems are solved by responsible party as identified and agreed upon</p> <p>Empower lower levels to solve arising problems</p>	<p>9.4. Provide supportive supervision according to policies using supervisory checklist</p> <p>Provide feedback to health service provider and to national level Involve health service providers in problem identification and problem solving</p> <p>Ensure that problems are solved by responsible party as identified and agreed upon</p>	<p>9.4.Work with regional/atoll level to receive supportive supervision Participate in problem identification and problem solving</p> <p>Ensure that problems are solved by responsible party as identified and agreed upon Carry out self-assessment regularly to assess performance in relation to the implementation of standards for AYFHS and clinical management of conditions of young people using the part for self-assessment of the monitoring tool (“marker conditions for clinical assessment”)</p>
<p>9.5. Provide training and orientation to Atoll and Island level on policies and procedures of monitoring, supportive supervision principles of quality improvement and problem solving</p>	<p>9.5.Ensure participation of all health service providers in the training and orientation on policies and procedures of monitoring, supportive supervision principles of quality improvement and problem solving</p>	<p>9.5. Ensure participation of all health service providers in the training and orientation on policies and procedures of monitoring, supportive supervision principles of quality improvement and problem solving</p>
<p>9.6. Identify internal and external monitoring bodies to improve and/or maintain quality</p>	<p>9.6.Work with the national level to identify functional internal and external monitoring bodies to improve and/or maintain quality</p>	<p>9.6. Work with the national and regional/atoll level to identify functional internal and external monitoring bodies to improve and/or maintain quality</p>

Annex 1 – Health outcomes to be addressed

- (Mal-)Nutrition and un-healthy lifestyles (1)
- Mental health problems (2)
- Substance abuse (3)
- Mortality and morbidity due to unsafe abortions (4)
- Maternal morbidity and mortality due to pregnancy and childbirth (5)
- Unwanted pregnancies (6)
- Accidents and injuries (7)
- Sexually transmitted infections and HIV (8)
- Domestic violence, gender-based violence and sexual abuse (9)
- Non-communicable diseases (10)

Annex 2 – Package of Services

AYFHS SERVICE PACKAGE BY HEALTH OUTCOME TO BE ADDRESSED AND LEVEL OF CARE

* under the authority of Ministry of Education –cooperation needed and desired

* outreach services will be provided

Health outcome to be addressed	Primary Level (Island)			Secondary level (Atoll/ Region)		Tertiary level (Central)
	Health Post	Health center	School health unit*	Atoll hospital	Regional hospital	IGMH
(Mal-)Nutrition and un-healthy lifestyles (1)	Information: Religious perspective {diet and lifestyle}, balance diet, exercise, micronutrient deficiency, personal hygiene; hand wash; (CHW, FHW, Nurses, doctors if possible)	Information: Religious perspective {diet and lifestyle}, balance diet, exercise, micronutrient deficiency, personal hygiene; hand wash (CHW, FHW, Nurses, doctors if possible)	Information: Religious perspective {diet and lifestyle}, balance diet, exercise, micronutrient deficiency, personal hygiene; hand wash (health officer can provide information sessions) Info can be integrated into normal classroom teaching.	Information: Religious perspective {diet and lifestyle}, balance diet, exercise, micronutrient deficiency, personal hygiene; hand wash (CHW, FHW, , Nurses, doctors, specialists }	Information: Religious perspective {diet and lifestyle}, balance diet, exercise, micronutrient deficiency, personal hygiene; hand wash (CHW, FHW, Nurses, doctors, specialists)	Information: Religious perspective {diet and lifestyle}, balance diet, exercise, micronutrient deficiency, personal hygiene; hand wash (Nurses, doctors, specialists)
	Counseling: Depending on the specific case	Counseling: Depending on the specific case	Counseling: Example anorexia/ bulimia	Counseling: NCDs	Counseling: NCDs	Counseling: NCDs, micronutrient deficiencies
	Clinical services: Micronutrient supplements BMI	Clinical services: Micronutrient supplements BMI	Clinical services:	Clinical services: Micronutrient deficiency (examples ~ VAD, Iron deficiency, Iodine deficiency} BMI History and physical assessments	Clinical services: Micronutrient deficiency (examples ~ VAD, Iron deficiency, Iodine deficiency} BMI History and physical assessments	Clinical services: Micronutrient deficiency (examples ~ VAD, Iron deficiency, Iodine deficiency} BMI History and physical assessments
	Referral: Atoll/ regional hospital	Referral: Atoll/ regional hospital	Referral: Hospital/ health center / health post{geographical location, depending on case}	Referral: Regional, tertiary if necessary	Referral: Tertiary level	Referral: Other relevant organization

Health outcome to be addressed	Primary Level (Island)			Secondary level (Atoll/ Region)		Tertiary level (Central)
	Health Post	Health center	School health unit*	Atoll hospital	Regional hospital	IGMH
Mental health problems (2)	Information:	Information: Prevention programmes	Information: Awareness programmes	Information: Awareness programmes	Information: Awareness programmes	Information: Awareness programmes
	Counseling: Information should be provided for minor problems (related to growth and development}	Counseling: Counseling for minor problems (ex: related to growth and development}	Counseling: Trained counselor	Counseling: Trained counselor	Counseling: Trained counselor	Counseling: Trained counselor
	Clinical services: Should be able to take history and assessments	Clinical services: Should be able to take history and assessments	Clinical services: Should be able to take history and assessments	Clinical services: Specialists (physicians} Investigations*	Clinical services: Psychiatrist and psychologist specialists (physicians} Investigations*	Clinical services: Psychiatrist and psychologist Investigations
	Referral: To Atolls or regional hospital	Referral: To Atolls or regional hospital	Referral: Relevant NGOs + atoll/ regional hospital	Referral: Gender departments + relevant NGOs + tertiary hospitals	Referral: Gender departments + relevant NGOs + tertiary hospital	Referral: Gender departments + relevant NGOs
Substance abuse (3)	Information: Religious perspective awareness programmes (misuse of medicine, risk factors)	Information: Religious perspective awareness programmes (misuse of medicine, risk factors)	Information: Religious perspective awareness programmes (misuse of medicine, risk factors)	Information: Religious perspective awareness programmes (misuse of medicine, risk factors)	Information: Religious perspective awareness programmes (misuse of medicine, risk factors)	Information: Religious perspective awareness programmes (misuse of medicine, risk factors)
	Counseling: Basic information,	Counseling: Basic information,	Counseling: Life skills	Counseling: Psychosocial counseling, VCT centers	Counseling: Psychosocial counseling, VCT centers	Counseling: Psychosocial counseling, VCT centers
	Clinical services: History taking and assessment (including physical}	Clinical services: History taking and assessment (including physical}	Clinical services: History taking and assessment	Clinical services: History taking and assessment (including physical}	Clinical services: History taking and assessment (including physical}	Clinical services: History taking and assessment (including physical} Psychiatrist
	Referral: NDA, NGOs (Journey), tertiary hospitals	Referral: NDA, NGOs (Journey), tertiary hospitals	Referral: NDA, NGOs (Journey), tertiary hospitals	Referral: NDA, NGOs (Journey), tertiary hospitals	Referral: NDA, NGOs (Journey), tertiary hospitals	Referral: NDA, NGOs (Journey), advanced health facilities

Health outcome to be addressed	Primary Level (Island)			Secondary level (Atoll/ Region)		Tertiary level (Central)
	Health Post	Health center	School health unit*	Atoll hospital	Regional hospital	IGMH
Mortality and morbidity due to unsafe abortions (4)	Information: Prevention of unsafe abortion, what is unsafe abortion, complication and consequences (infertility, sepsis, and death) of unsafe abortion, awareness of importance of seeking health service IEC material on religious perspective regarding unsafe abortion	Information: Prevention of unsafe abortion What is unsafe abortion, complication and consequences (infertility, sepsis, and death) of unsafe abortion, awareness of importance of seeking health service IEC material on religious perspective regarding unsafe abortion	Information: Prevention of unsafe abortion What is unsafe abortion, complication and consequences (infertility, sepsis, and death) of unsafe abortion, awareness of importance of seeking health service IEC material on religious perspective regarding unsafe abortion (if school health assistant is not available, arrange with the help of available health service facility)	Information: Prevention of unsafe abortion What is unsafe abortion, complication and consequences (infertility, sepsis, and death) of unsafe abortion, awareness of importance of seeking health service IEC material on religious perspective regarding unsafe abortion	Information: Prevention of unsafe abortion What is unsafe abortion, complication and consequences (infertility, sepsis, and death) of unsafe abortion, awareness of importance of seeking health service IEC material on religious perspective regarding unsafe abortion	Information: Awareness programme- sPrevention of unsafe abortion What is unsafe abortion, complication and consequences (infertility, sepsis, and death) of unsafe abortion, awareness of importance of seeking health service IEC material on religious perspective regarding unsafe abortion
	Counseling: Provide counseling and referral if needed	Counseling: Provide counseling and referral if needed	Counseling:	Counseling: Appropriate counseling service	Counseling: Appropriate counseling service	Counseling: Appropriate counseling service
	Clinical services: Admit and provide treatment according to the national guideline, screening of the patient and basic investigation (Hb, RBS) and check vital signs	Clinical services: Admit and provide treatment according to the national guideline, screening of the patient and basic investigation if lab service available (RBS, blood routine, VDRL, HIV, Hepatitis) and check vital signs	Clinical services:	Clinical services: Admit and provide treatment according to the national guideline, screening of the patient and basic investigation if lab service available (RBS, blood routine, VDRL and others) and check vital signs	Clinical services: Admit and provide treatment according to the national guideline, screening of the patient and basic investigation if lab service available (RBS, blood routine, VDRL and others) and check vital signs	Clinical services: Admit and provide treatment according to the national guideline, screening of the patient and investigation required
	Referral: Refer to atoll/regional hospital.	Referral: Refer to atoll/regional hospital if needed	Referral: Refer to available health service	Referral: Referral to next level	Referral: Referral to next level hospital	Referral: Abroad if necessary

Health outcome to be addressed	Primary Level (Island)			Secondary level (Atoll/ Region)		Tertiary level (Central)
	Health Post	Health center	School health unit*	Atoll hospital	Regional hospital	IGMH
Maternal morbidity and mortality due to pregnancy and childbirth (5)	Information: Information nutrition, maternal health and family planning Pregnancy related hypertension, DM	Information: Information on nutrition, family planning and maternal health (prenatal, natal and postnatal)	Information: Information on nutrition, maternal health and family planning	Information: Information on nutrition, family planning and maternal health (prenatal, natal and postnatal)	Information: Information on nutrition, family planning and maternal health (prenatal, natal and postnatal)	Information: Information on nutrition, family planning and maternal health (prenatal, natal and postnatal)
	Counseling: Provide premarital counseling and referral if needed	Counseling: Provide premarital counseling and referral if needed	Counseling: Guide to available services	Counseling: Counseling services / if necessary referred to tertiary level	Counseling: Guide to available services	Counseling: Counseling services
	Clinical services: ANC checkup (check vital sign, Support services (psychosocial home visit on follow up base) Guide for available services PNC care	Clinical services: ANC checkup Support services (psychosocial, home visit on follow up base) Guide for available services PNC care	Clinical services:	Clinical services: ANC care according to the guideline • Minimum 4 checkups • PNC care • Home visit	Clinical services: ANC care according to the guideline • Minimum 4 checkups • Home visit • PNC care	Clinical services: ANC care according to the guideline • Minimum 4 checkups • PNC care
	Referral: Atoll hospital or regional hospital	Referral: Atoll hospital / regional hospital / tertiary level	Referral: Refer to available health service	Referral: If needed high risk cases only	Referral: Regional hospital	Referral: Abroad (if necessary)

Health outcome to be addressed	Primary Level (Island)			Secondary level (Atoll/ Region)		Tertiary level (Central)
	Health Post	Health center	School health unit*	Atoll hospital	Regional hospital	IGMH
Unwanted pregnancy (6)	Information: IEC materials Info on contraceptives Importance of FP Prevention of unwanted pregnancy/Unsafe abortions, regular antenatal care /PNC care Information also based on religious point of view Information provided at home setting (Home visiting) Parental education Community based programmes for community leaders/others.	Information: IEC Importance of FP Information also based on religious point of view Information provided at home setting (Home visiting) Parental education Community based programmes for community leaders/others.	Information: IEC Mass media/Billboards/ Information also based on religious point of view Parental education	Information: IEC Mass media/Billboards/ Importance of FP Information also based on religious point of view Information provided at home setting (Home visiting) Parental education Community based programmes for community leaders/others.	Information: IEC Mass media/Billboards/ Importance of FP Information also based on religious point of view Information provided at home setting (Home visiting) Parental education Community based programmes for community leaders/others.	Information: IEC Mass media/Billboards/ Importance of FP Information also based on religious point of view Information provided at home setting (Home visiting) Parental education Community based programmes for community leaders/others.
	Counseling: One to one counseling to Parents Partner/Couple counseling Premarital counseling	Counseling: One to one counseling to Parents Partner/Couple counseling Premarital counseling	Counseling: One to one counseling Parents	Counseling: One to one counseling Parents Partner/Couple counseling Premarital counseling	Counseling: One to one counseling Parents Partner/Couple counseling Premarital counseling	Counseling: One to one counseling Parents Partner/Couple counseling Premarital counseling
	Clinical services: History & Physical Assessment only screening ANC PNC	Clinical services: History Assessment only screening ANC PNC	Clinical services:	Clinical services: History & Assessment Screening Issue contraceptives ANC PNC	Clinical services: History & Assessment Screening Issue contraceptives ANC PNC	Clinical services: History & Physical Assessment only Screening Issue contraceptives ANC PNC the guideline
	Referral: Refer high risk cases or need any specific service not available	Referral: Refer high risk cases or need any specific service not available	Referral: Identify and refer Health center in the island /hospital	Referral: Refer high risk cases or need any specific service not available	Referral: Refer high risk cases or need any specific service not available	Referral: If necessary refer abroad or specific service providers

Health outcome to be addressed	Primary Level (Island)			Secondary level (Atoll/ Region)		Tertiary level (Central)
	Health Post	Health center	School health unit*	Atoll hospital	Regional hospital	IGMH
Accidents' and Injuries (7)	Information: Information on violence & accident prevention, information about health risk and social stigma associated with violence community awareness programs	Information: Information on violence & accident prevention, information about health risk and social stigma associated with violence community awareness programs	Information: Information on violence & accident prevention, information about health risk and social stigma associated with violence community awareness programs Implement child friendly baraabaru school standards in each school	Information: Information on violence & accident prevention, information about health risk and social stigma associated with violence community awareness programs	Information: Information on violence & accident prevention, information about health risk and social stigma associated with violence community awareness programs	Information: Information on violence & accident prevention, information about health risk and social stigma associated with violence community awareness programs
	Counseling: Basic counseling/ protection services	Counseling: Basic counseling/ protection services	Counseling: Counseling for bullying	Counseling: Professional counseling service / psychologist	Counseling: Professional counseling service	Counseling: Professional counseling service / psychiatrist
	Clinical services: Assessment & management	Clinical services: Assessment & management	Clinical services: Assessment & dressing / referral to Atoll or regional hospital	Clinical services: Proper assessments, admit and provide treatment accordingly, and inform relevant authorities (Police, gender ministry etc.) Injury surveillance form Lab tests & x-ray services	Clinical services: Proper assessments, admit and provide treatment accordingly, and inform relevant authorities (Police, gender ministry etc.) Injury surveillance form Lab tests & x-ray services	Clinical services: Proper assessments, admit and provide treatment accordingly, and inform relevant authorities (Police, gender ministry etc.) Injury surveillance form Advanced lab tests & x-ray services
	Referral: Atoll hospital or regional hospital / Child & family protection service units / Police (?)	Referral: Atoll hospital or regional hospital / Child & family protection service units / Police (?)	Referral: Atoll hospital or regional hospital / Child & family protection service units / Police (?)	Referral: Tertiary level	Referral: Regional hospital	Referral: Abroad (if necessary)

Health outcome to be addressed	Primary Level (Island)			Secondary level (Atoll/ Region)		Tertiary level (Central)
	Health Post	Health center	School health unit*	Atoll hospital	Regional hospital	IGMH
Sexually transmitted infections and HIV (8)	Information: IEC material on RTI's and STI 's RTI and STI's and HIV prevention Dual protection Education (>13yrs) young people Education to parents Information also based on religious point of view Information provided at home setting (home visits)	Information: IEC material on RTI's and STI 's RTI and STI's and HIV prevention education (>13yrs) young people Education to parents Information also based on religious point of view Information provided at home setting	Information: IEC material on RTI's and STI 's RTI and STI's and HIV prevention education (>13yrs) young people Education to parents Information also based on religious point of view	Information: IEC material on RTI's and STI 's RTI and STI's and HIV prevention education (>13yrs) young people Education to parents (point 2/3 responsible at island/atoll/regional school level) Information also based on religious point of view Information provided at home setting	Information: IEC material on RTI's and STI 's RTI and STI's and HIV prevention education (>13yrs) young people Education to parents Information also based on religious point of view Information provided at home setting	Information: IEC material/mass media, billboards on RTI's and STI 's RTI and STI's and HIV prevention education (>13yrs) young people Education to parents Information also based on religious point of view
	Counseling: One to one counseling to high risk/vulnerable young people (>13yrs) young people Parents Couple counseling Premarital counseling	Counseling: One to one counseling to high risk/vulnerable young people (>13yrs) young people Parents Couple counseling Peer counseling	Counseling: One to one counseling to high risk/vulnerable young people(>13yrs) young people	Counseling: One to one counseling to high risk/vulnerable young people(>13yrs) young people Parents Couple counseling	Counseling: One to one counseling to high risk/vulnerable young people (>13yrs) young people Parents Couple counseling	Counseling: One to one counseling to high risk/vulnerable young people(>13yrs) young people Parents Couple counseling
	Clinical services: Assessment Examination (by CHW /nurse/DR) To follow national guide line for management Issue condoms	Clinical services: Assessment Examination (by CHW / nurse/DR) Screening for RTI's, STI's and HIV To follow national guide line for management Issue contraceptives	Clinical services:	Clinical services: Assessment Examination (by CHW / nurse/DR) VCT services Screening for RTI's, STI's and HIV Treatment Issue contraceptives	Clinical services: Assessment Examination (by CHW / nurse/DR) VCT services Screening for RTI's, STI's and HIV Treatment Issue contraceptives	Clinical services: Assessment Examination (by nurse/ DR) VCT services Screening for RTI's, STI's and HIV Treatment Issue contraceptives
	Referral: For screening and diagnosis of all suspected cases	Referral: If necessary refer	Referral: For screening and treatment	Referral: If necessary refer	Referral: If necessary refer	Referral: If necessary refer complicated cases abroad

Health outcome to be addressed	Primary Level (Island)			Secondary level (Atoll/ Region)		Tertiary level (Central)
	Health Post	Health center	School health unit*	Atoll hospital	Regional hospital	IGMH
Domestic/Gender (DV GBV) and sexual abuse (9)	Information: IEC materials Mass media/Billboard Information also based on religious point of view Information provided at home setting(Home visiting) Parental education Community based programmes for community leaders/others.	Information: IEC Mass media/Billboards Information also based on religious point of view Information provided at home setting Parental education	Information: IEC Mass media/Billboards Information also based on religious point of view Information provided at home setting Parental education	Information: IEC: Mass media/Billboards/ Information also based on religious point of view Information provided at home setting Parental education Community based programmes for community leaders/others	Information: IEC Mass media/Billboards/ Information also based on religious point of view Information provided at home setting Parental education	Information: IEC: Mass media/Billboards/ Information also based on religious point of view Parental education Community based programs for community leaders/others
	Counseling: One to one counseling to high risk/vulnerable and victims of young people Parents Couple counseling Premarital counseling	Counseling: One to one counseling to high risk/vulnerable young people Parents Couple counseling Premarital counseling	Counseling: One to one counseling to high risk/vulnerable young people Parents	Counseling: One to one counseling to high risk/vulnerable and victims of young people Parents Couple counseling Premarital counseling	Counseling: One to one counseling to high risk/vulnerable and victims of young people Parents Couple counseling Premarital counseling	Counseling: One to one counseling to high risk/vulnerable young people Parents Couple counseling Premarital counseling
	Clinical services: History & Physical Assessment and treatment Issue ECP	Clinical services: History & Physical Assessment and treatment/ counseling Issue ECP	Clinical services: History & Physical Assessment and treatment/ counseling Issue ECP	Clinical services: History & I Assessment screening treatment/ counseling Issue ECP	Clinical services: History & I Assessment screening/ counseling Issue ECP Treatment	Clinical services: History/Assessment Screening and diagnosis Treatment counseling Issue ECP
	Referral: All GBV &sexual violence to FCPD/FCSC As per national protocol For screening and clinical examination	Referral: All GBV &sexual violence For screening and clinical examination	Referral: All GBV &sexual violence For screening and clinical examination	Referral: All GBV &sexual violence to FCPD	Referral: All GBV &sexual violence to FCPD	Referral: All GBV &sexual violence to FCPD As per national protocol

Health outcome to be addressed	Primary Level (Island)			Secondary level (Atoll/ Region)		Tertiary level (Central)
	Health Post	Health center	School health unit*	Atoll hospital	Regional hospital	IGMH
Non-communicable diseases (10)	Information: General information about common diseases – focus should be on prevention because prevention at this age will promote good health Health education session (physical education, diet and healthy lifestyle) Home visit Materials (leaflets, posters) –Material provided by regional hospital or atoll hospital	Information: General information about common diseases – focus should be on prevention because prevention at this age will promote good health Health education session (physical education, diet and healthy lifestyle) Home visit Materials (leaflets, posters) –Material provided by regional hospital or atoll hospital	Information: General information about common diseases – focus should be on prevention because prevention at this age will promote good health Incorporate general information about the non communicable diseases in the school curriculum/ lesson Health education session (physical education, diet and healthy lifestyle) Physical education Materials (leaflets, posters) –Material provided by regional hospital or atoll hospital	Information: General information about common diseases – focus should be on prevention because prevention at this age will promote good health Health education session (physical education, diet and healthy lifestyle) Home visit Materials (leaflets, posters) –Material provided by regional hospital or atoll hospital Responsible for providing the information to all health centers and health posts in the atoll Training programs for Health service staff in the atoll or region every 6 months	Information: General information about common diseases – focus should be on prevention because prevention at this age will promote good health Health education session (physical education, diet and healthy lifestyle) Home visit Materials (leaflets, posters) –Material provided by regional hospital or atoll hospital	Information: General information about common diseases – focus should be on prevention because prevention at this age will promote good health Health education session (physical education, diet and healthy lifestyle) Materials (leaflets, posters)
	Counseling: Information for high risk patients and existing patients in order to reduce the risk factors – through family health worker or community health worker	Counseling: Information for high risk patients and existing patients in order to reduce the risk factors – through family health worker or community health worker, doctors and nurses.	Counseling: Information and counseling for high risk students and students with non communicable diseases and their parents	Counseling: Information for high risk patients and existing patients in order to reduce the risk factors – through family health worker or community health worker, doctors and nurses.	Counseling: Information for high risk patients and existing patients in order to reduce the risk factors – through family health worker or community health worker, doctors and nurses.	Counseling: Professional counseling on Information for high risk patients and existing patients in order to reduce the risk factors – through, doctors and nurses.
	Clinical services: Basic services (example BMI, weight, BP, random blood sugar checking) Monthly mobile visits by specialist doctors from a higher center – Atoll / regional	Clinical services: Mobile visits by specialists doctors from a higher center- Atoll or regional Laboratory services Health screening Consultation	Clinical services:	Clinical services: Laboratory services Health screening Consultation	Clinical services: Laboratory services Health screening Consultation Training for health service staff in the atoll of region	Clinical services: Laboratory services Health screening Consultation
	Referral: Refer suspected cases to higher centers Provide information about the incidence of communicable diseases within the community to the atoll hospital	Referral: Refer suspected cases to higher centers Provide information about the incidence of communicable diseases within the community to the atoll hospital	Referral: Refer to nearest health facility	Referral: Refer cases to higher centers	Referral: Refer cases to higher centers	Referral: Refer cases to other relevant organization (e.g. abroad/ other special centers)



Health Protection Agency
Ministry of Health



World Health
Organization

Supported by:



ISBN 978-99915-800-5-0