

IMPLEMENTING GUIDELINES

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Service Delivery

1. The priority target group of the program are adolescents and youth belonging to the following category:
 - Out of School Youth (OSY)
 - In-School Youth (ISY)
 - Working youth
 - Prostituted youth
 - Marginalized (to include survivors of violence, indigenous group)
2. Health care services shall be available and accessible at all public health facilities with respect to ethnic, cultural, religious and gender differences by a trained health care provider. (see annex III)
3. DOH retained and private hospitals to include NGO clinics shall also provide health services. If feasible, they are encouraged to establish an adolescent & youth friendly designated area. (see annex V)
4. Stress reduction shall be an important activity. Various adolescent and youth stresses such as peer, economic and family pressure are major factors that increases their vulnerability to risky behaviors.
5. Privacy and confidentiality shall be preserved at all times when dealing with adolescent health problems except on suicide, homicide, cases of physical and sexual abuse. Confidentiality will build trust of the adolescents and will also protect them from the unnecessary peer pressure and embarrassment
6. A constellation of referral networks for special health problems and conditions such as substance use / abuse, disability, and survivors of abused victims shall also be made available. This shall include medical, legal, & rehabilitative services to include occupational therapy, etc.
7. Health workers need to be technically competent and have a positive attitude (interested, concerned, understanding, considerate, easy to relate to and trustworthy) towards adolescents and youth.
8. The family shall remain to be the most important source of basic knowledge, behavior, attitude and skills of adolescents & youth on health.
9. Adolescents and youth shall be tapped to promote the health of their peers, the young children and even of the adults.
10. A stable peer support system shall be established within the school or community. Activities such as community / school awareness sessions, young people group meetings and round table discussions often build a

common desire for adolescent health and development.

11. Parents and adults shall be motivated to exert all efforts to create a safe environment and ascertain their need for protection from exploitation such as cigarette advertising, unhealthy food advertising (empty-calorie food), abuse by people with authority over them — relatives, school personnel, irresponsible media particularly on sex and violence.
12. Parents and teachers through the Parent- Teachers Association shall have regular interaction to facilitate early identification of behavioral problems.
13. The concerned sectors such as teachers, counselors, health providers, social workers, religious leaders, employers, the community and others shall support the family in caring for adolescents & youth to prepare them in making good health decisions.
14. Religious leaders shall be encouraged to continue their value clarification initiatives.
15. Health Care Financing scheme shall be encouraged to support the institutionalization of adolescent & youth health care and services.
16. A 2 way referral system shall be established at all levels of health facilities and with other concerned agencies.
17. The standards and concepts set by the Sentrong Sigla (SS) shall be applied in all aspect of implementation to ensure quality health service. It shall work in partnership with the SS steering committee to ensure that quality standards are developed and updated to conform with project structures and directions.

Information / Advocacy

1. The DOH- National Office shall set standards in the development of AYHDP IEC messages and materials. It shall also provide technical assistance to the regional office in the development of prototype IEC materials and in the conduct of other innovative IEC strategies / activities.
2. AYHDP IEC materials shall be culture friendly and be made available / accessible and utilized by adolescents and youth.
3. Service providers should learn the information needs of adolescents and misinformation that needs clarification and be able to respond appropriately. The following are some of the types of information needed by young people :
 - o Basic information about growth and development and the changes experienced physically, psychologically and socially during maturation.
 - o Information about specific areas of health, such as nutritional requirements, dental care, physical activity, sexual and reproductive health, and ways to express feelings without resorting to aggression towards others.
 - o Information about potential risks to their health from behavior such as early sex, use of tobacco, abuse of alcohol and other drugs, and

as early sex, use of tobacco, abuse of alcohol and other drugs, and on how to avert these risks.

- Information about opportunities and available services, related to health, education, vocational and recreational
 - Information on how, what and where to get health services.
4. Parents and those in parenting roles shall be given appropriate information on adolescent concerns especially sexuality and communication skills training to strengthen their capability to share information with adolescents.
 5. Media personnel shall be provided information regarding strategies as to how to provide information that can help modify social norms; promote healthy behavior; increase sensitivity to issues; and influence their attitudes and opinions.
 6. Mass media shall be tapped to popularize healthy behavior.
 7. Folk media can be used in conveying messages on adolescent & youth health & development
 8. The DOH shall work closely with other agencies who are also focusing on other aspects of adolescent development such as the Department of Education (DepEd), Commission on Higher Education (CHED), Department of Labor and Employment (DOLE), Technical Education and Skills Development Authority (TESDA), National Youth Commission (NYC), Commission on Population (POPCOM), Department of Social Welfare Development (DSWD), etc. as well as with NGOs and international agencies.

Capability Building

1. DOH-National Office shall developed AYHDP training module with inputs from other concerned group.
2. Service providers such as doctors, nurses, midwives in the public sector shall undergo training on AYHDP courses in order to maintain the provision of quality of care.
3. Trained service providers shall undergo periodic refresher courses / training at least every 5 years to update on recent development and trends.
4. The DOH shall assist and or provide technical assistance to other national government agencies when necessary in reviewing and updating their health services standards / curriculum and guidelines for implementation.
5. Adolescents and youth shall have life skills training.

Research and Information base

1. Multi and interdisciplinary approaches in research shall be encouraged between researcher and implementers to optimize the efficiency and benefits derived from these researches.

2. AYHDP researches of the DOH shall initially be referred to CFEH for review / comments and for recommendation to Health Policy Development & Planning Bureau (HPDPB).
3. All research finding shall be translated into user-friendly information for full appreciation, dissemination and utilization by all stakeholders and program workers.
4. In coordination with National Epidemiology Center (NEC), AYHDP researches should be part of the RH Data Management System to ensure availability and accessibility of information.
5. DOH-CHD shall provide technical assistance on research capability building at the LGU level.
6. LGUs shall be encouraged to conduct local survey on adolescent KAP.

Monitoring and Evaluation

1. Monitoring and evaluation of the availability and effectivity of services shall be conducted regularly with the participation of adolescents & youth to further enhance the quality of programs and services.
2. AYHDP program review shall be conducted
 - o At least semi-annually at CHD.
 - o Annually at the national level.
3. Annual accomplishment report shall be forwarded to DOH-National Office by the CHD.
4. Annual evaluation and planning workshops shall be conducted in coordination with the national and CHD office.