Standards for Adolescents' Sexual and Reproductive Health Services for Latin America and the Caribbean

These regional standards are a result of a participatory process led by Alma Virginia Camacho-Hübner, Regional Sexual and Reproductive Health Advisor of the Latin America and Caribbean Regional Office of the United Nations Population Fund (UNFPA/LACRO), Krishna Bose, UNFPA/LACRO consultant, and Ariadna Capasso, Senior Technical Advisor of Management Sciences for Health (MSH) provided technical assistance to this process. We thank the technical contributions of Sonja Caffe, Pan American Health Organization/World Health Organization (PAHO/WHO), Valentina Baltag, World Health Organization, and the following ministry of health representatives who participated in the validation meetings (Panama 2014 and Jamaica 2015): Aira B. Antonio (Antigua), Chloir Springler (Barbados), Natalia Largaespada-Beer (Belize), Thereza de Lamare Franco (Brazil), Lorena Ramírez Concha (Chile), Diva Janneth Moreno López y Diego Alejandro Quiroga Díaz (Colombia), Rosibel Méndez (Costa Rica), Francisca Ruiz Sánchez (Cuba), Terrilia Ranaliere (Dominica), Mario Soriano (El Salvador), Dianna Stanislaus (Grenada), Maira E. Sandoval Rosa (Guatemala), Ertenisa Hamilton (Guyana), Iris Soveida Padilla D. (Honduras), Joi Chambers (Jamaica), Max Ramírez (Panama), Fanny Corrales Ríos y Karen Díaz (Paraguay), María Calle Dávila de Saavedra (Peru), Yudelka A. Lerebours Mateo (Dominican Republic), Kerthney C. Surage (St. Lucia), Atliltha Suelt (St. Vincent), Bianca Jubitana y Marjorne Vredeberg (Suriname), Angelina García (Trinidad y Tobago), Rufino Luna Gordillo (México), Susana L. Grunbaum (Uruguay), Iván Paravisini (Venezuela), and the following UNFPA technical staff: Mario Aguilar and Sheila Rousseau (Caribbean Sub-Regional Office), Anna Cunha (Brazil), Mariela Cortés (Chile), Martha Lucia Rubio (Colombia), Rosa Margarita Alvarado (El Salvador), Hilda Rivas (Guatemala), Javier Domínguez (Mexico), Melissa McNeil-Barrett (Jamaica), Edilma Berrio (Panama), Pedro Marchena (Peru), Aurora Noguera (Trinidad and Tobago), Valeria Ramos (Uruguay), and Ivy Talavera of PAHO/Nicaragua.

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In the report Health for the World’s Adolescents: a second chance in the second decade, the World Health Organization (WHO) recognizes the health sector’s important role in advancing adolescent health, but also notes that health services for adolescents tend to be highly fragmented, poorly coordinated, and uneven in quality. The report further notes that health systems must better respond to adolescents’ health needs and focus on improving the quality of health services for adolescents.

In response to this need, WHO facilitated a global consensus building process for development of global standards for quality health-care services for adolescents. The development process included: 1) a literature review; 2) global surveys with primary health workers and with adolescents; 3) analysis of national standards from 25 countries; 4) review by a global technical working group; and 5) field testing and consolidation. Each of the eight agreed-upon global standards defines the required level of quality in the delivery of services:

- Adolescent health literacy: adolescents are knowledgeable about their own health and know where and when to obtain health services;
- Community support: parents, guardians and other community members and organizations recognize the value of providing health services to adolescents;
- Appropriate package of services: health facilities provide a comprehensive package of information, counseling, diagnostic, treatment and care services;
- Providers’ competencies: health-care providers demonstrate the technical competencies required to provide effective health services to adolescents and protect and fulfill adolescents’ right

Promoting and protecting adolescents’ health is critical to achieving the human development agenda. The Sustainable Development Goals (SDGs) and the Global Strategy for Women’s, Children’s and Adolescents’ Health exemplify a growing global consensus toward prioritizing adolescent health.

Latin America and the Caribbean is the region with the second highest specific adolescent (15 to 19 years) fertility rate worldwide, and the only region where the number of pregnancies in adolescents 10 to 14 years is increasing.”
The regional standards can guide efforts by regional policymakers, program managers, and service providers to strengthen adolescent sexual and reproductive health programs and services in Latin America and the Caribbean.

Facility characteristics: health facilities have convenient opening hours, a welcoming and clean environment, and equipment, medicines, supplies and technology to ensure effective service provision to adolescents;

Equity and non-discrimination: quality health services are provided to all adolescents regardless of their age, sex, marital status, education, ethnic origin, sexual orientation, ability to pay, or other characteristics;

Data and quality improvement: the health facility collects, analyzes and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health staff are able to participate in continuous quality improvement;

Adolescent participation: adolescents are involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care, and as appropriate, in service provision.

These global standards aim to help policy-makers and program planners improve the quality of health-care services that promote, protect and improve the health and well-being of adolescents.

Adolescents' sexual and reproductive health (ASRH) in Latin America and the Caribbean

Sexual and reproductive health (SRH) is a priority area for adolescent health in Latin America and the Caribbean (LAC). While significant progress was made in the reduction of adolescent pregnancy, LAC remains the region with the second highest specific adolescent (15 to 19 years) fertility rate worldwide, and the only region with an increasing trend in the number of pregnancies in adolescents 10 to 14 years. In addition, other undesired SRH outcomes, including maternal mortality, unsafe abortion, HIV and other sexually-transmitted infections, continue to affect the lives of adolescents. Adolescents’ lack of access to information and quality health services remains a challenge in the region.

In 2014, UNFPA developed LAC ASRH Standards to support the availability of, accessibility to, and the acceptability and use of SRH services for and by adolescents in the region. Stakeholders from twenty-six LAC countries participated in two sub-regional consultations respectively, in collaboration with WHO, PAHO and other partners, to review and adapt the global standards for quality SRH services in LAC.

The resulting LAC Regional ASRH Standards, which are presented in this document, can guide efforts by regional policymakers, program managers, and service providers to strengthen ASRH programs and services in the region. The implementation and monitoring of these LAC ASRH Standards will not only strengthen health systems but will also support systematic achievements towards preventing undesired SRH outcomes for adolescents, while fulfilling their rights to optimal sexual and reproductive health.

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This section describes the eight agreed-upon quality of care standards for adolescent sexual and reproductive health in Latin America and the Caribbean with their corresponding criteria. In addition to the standard statements presented below, their underlying criteria are of utmost importance, as described below:

**STANDARD 1**

**ADOLESCENTS’ HEALTH LITERACY**

Adolescents are informed about their rights and about where and when to obtain sexual and reproductive health services.

**INPUTS**
- Health care providers have competencies to provide health education to adolescents.
- Health care providers communicate about health and available health, social and other services to adolescents.
- The health facility implements an outreach plan with community health workers to promote health and the increased use of health services by adolescents.

**PROCESS**
- Health care providers furnish age- and developmentally-appropriate health information and counseling to adolescents.
- Health care providers inform adolescents about the availability of health, social services and other services available.
- Outreach activities to promote health and increase adolescents’ use of services are carried out according to the plan.

**OUTPUTS**
- Adolescents are knowledgeable about health and rights and aware of what health services are being provided, where and when they are provided and how to obtain them.
STANDARD 2

COMMUNITY SUPPORT

Parents, guardians and other community members and organizations recognize the importance and support the provision and utilization of sexual and reproductive health services for and by adolescents.

INPUTS

- Health care providers have competencies and support materials to communicate with parents, guardians and other community members and organizations about the value of providing health services to adolescents and promoting their use by adolescents.

- The health facility keeps an up-to-date list of partner agencies and organizations to increase community support of services for and by adolescents.

- The health facility implements outreach activities to increase gatekeepers’ support for the use of sexual and reproductive health services for and by adolescents.

PROCESS

- The health facility engages in partnerships with adolescents, gatekeepers, and community organizations to develop, implement and disseminate health promotion strategies and materials.

- Health care providers inform parents and guardians visiting health facilities as well as parents and teachers in schools about the value of providing health services to adolescents.

- Health care providers and/or outreach workers inform adolescent-led organizations and other community-based organizations about the importance of adolescent friendly services.

OUTPUTS

- Parents, guardians and other community members and organizations recognize the importance and support the provision and utilization of sexual and reproductive health services for and by adolescents.
### STANDARD 3

**PACKAGE OF SERVICES**

The health facility provides a comprehensive and integral package of services, including information, counselling, screening, diagnosis, treatment and care, referral and counter-referral that responds to the needs of all adolescent boys and girls.

<table>
<thead>
<tr>
<th>INPUTS</th>
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<tbody>
<tr>
<td>• Health managers and providers guarantee a health package for adolescents that includes health information, counseling and comprehensive care, and ensure the availability and provision of sexual and reproductive health supplies.</td>
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<tr>
<td>• Policies, guidelines and protocols are in place to ensure the provision of comprehensive quality sexual and reproductive health care provision in all health facilities, schools and community centers, among others.</td>
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<tr>
<td>• The health facility has a referral and counter-referral system in place to ensure comprehensive care to all adolescent boys and girls.</td>
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<tr>
<th>PROCESS</th>
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<tbody>
<tr>
<td>• Health care providers offer the required comprehensive package of sexual and reproductive health services to all adolescents, according to policies, guidelines and protocols.</td>
</tr>
<tr>
<td>• Health care providers comply adequately with referral and counter-referral protocols and procedures.</td>
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<th>OUTPUTS</th>
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<tbody>
<tr>
<td>• The health facility provides a package of health services that fulfils the needs and demands of all adolescent boys and girls in the facility and/or through referrals.</td>
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</tbody>
</table>
STANDARD 4

PROVIDERS’ COMPETENCIES

Health care providers and support staff have the competencies to provide skilled sexual and reproductive health services to all adolescents in accordance with the established package of services, including psychosocial, physical and holistic care. Providers also respect, protect and ensure that adolescents can exercise their sexual and reproductive rights.

INPUTS

• Health care providers and support staff have the necessary training to provide skilled care to adolescents.

• Health care providers have the technical competencies in terms of knowledge, skills, abilities and attitudes to provide the established package of services.

• Health care providers and support staff have been trained in sexual and reproductive rights of adolescents, including the right to information, respect for intimacy, confidentiality, non-judgmental care and non-discrimination.

• Providers’ obligations and responsibilities as well as adolescents’ sexual and reproductive rights are clearly displayed in the health care facility.

• Up-to-date evidenced-based tools to support decision-making (such as guidelines, protocols, algorithms) that cover clinical care topics in line with the package of services are in place.

• A system of supportive supervision and continuous in-service training program is in place to improve health care providers’ performance.

PROCESS

• Health care providers and support staff follow evidence-based guidelines and protocols in delivering health care to adolescents.

• Health care providers and support staff treat adolescents in a friendly and respectful manner, and respect their rights to information, respect for intimacy, confidentiality, non-judgmental care and non-discrimination.

OUTPUTS

• All adolescents who seek care in health facilities receive evidenced-based appropriate information and care, and are treated in a friendly, supportive, respectful, non-discriminatory and non-judgmental manner.
STANDARD 5

FACILITY CHARACTERISTICS*

The health facility has convenient operating hours, a welcoming and clean environment, and maintains privacy and confidentiality. It has the equipment, medicines, supplies and technology needed to provide effective adolescent sexual and reproductive health services within the facility and in the community according to the established package of services.

INPUTS

- The health facility has norms and policies in place that—conforming to local requirements (labor policies, organizational structure and security norms, among others) and based on the needs and recommendations of adolescents—ensure a welcoming and clean environment, offer convenient operating hours and minimize wait times.

- The health facility has basic amenities (electricity, water, sanitation and waste disposal).

- The health facility has policies and procedures to protect the privacy and confidentiality of adolescent boys and girls.

- The health facility has a medicines, supplies and equipment procurement and stock management system to deliver the required package of services.

PROCESS

- Health care providers offer services at times that are convenient to adolescents, do not require an appointment, and follow norms and procedures to protect privacy and confidentiality.

- Health care providers follow infection prevention and control guidelines.

- Sufficient quantities of medicines and supplies are available to prevent shortages and are used equitably.

- The equipment necessary to provide the required package of services to adolescents is available, functioning and equitably used.

OUTPUTS

- Adolescents that visit the health care facility receive the required package of services at all times, privately and confidentially, in a safe and welcoming environment.

*The health facility includes intramural and extramural services.
STANDARD 6

EQUITY AND NON-DISCRIMINATION

The health facility provides quality services which are inclusive and equitable to all adolescents.

INPUTS

- The health facility implements norms and policies that establish the obligation of staff to provide sexual and reproductive health services to all adolescents, regardless of their ability to pay, age, sex, marital status, schooling, race, ethnicity, sexual orientation, disability or other characteristics.
- The health facility implements norms that guarantee access to services that are affordable or free of charge, as needed.
- Health care providers and support staff are aware of these norms and policies and know how to implement them.
- The policy and commitment to provide sexual and reproductive health services to all adolescent boys and girls without discrimination is displayed prominently in the health facility.
- Health care providers know who the vulnerable groups in their communities are.

PROCESS

- Health care providers and support staff treat all adolescents, regardless of their ability to pay, age, sex, marital status, schooling, race, ethnicity, sexual orientation, disability or other characteristics, in the same friendly, respectful and non-discriminatory manner.
- Health care providers deliver services to all adolescents without discrimination and in line with policies and procedures.
- Health facility staff involves adolescents, particularly those from vulnerable groups, in planning, monitoring and evaluation of health services, as well as in certain aspects of health service provision.

OUTPUTS

- Every adolescent, regardless of his/her ability to pay, age, sex, marital status, schooling, race, ethnicity, sexual orientation, disability or other characteristics, reports similar health care experiences.
### DATA AND QUALITY IMPROVEMENT

Management Information Systems are in place in health facilities to collect data. Data, disaggregated by age and sex, are analyzed and used to support, evaluate and improve service utilization and quality of care. Health facility personnel are supported to participate in continuous quality improvement processes.

### STANDARD 7

#### INPUTS
- The health facility has a system to collect and analyze data on service utilization, disaggregated by type of service and relevant sociodemographic data, including age and sex.
- Health care providers and support staff are trained to collect and analyze data to inform continuous quality improvement processes.
- The health facility has tools and systems for monitoring the quality of sexual and reproductive health services for adolescents.
- The health facility has systems to link supportive supervision to priorities for improvement identified during monitoring the implementation of standards.
- The health facility has a system to recognize and reward high-performing staff.

#### PROCESS
- The health facility collects, analyzes and uses data on service utilization and quality of care, disaggregated by type of service and relevant sociodemographic data, including age and sex, and conducts periodic assessments of the quality of health services provided to adolescents.
- Health care providers and support staff collect, analyze and use information to plan and implement quality improvement plans.
- Health care providers and support staff receive supervision and reinforcement in the areas identified during monitoring the implementation of standards.
- High performance is recognized and rewarded (according to accreditation systems in each country).

#### OUTPUTS
- Health facility reports (statistical and other available data) on utilization and quality of sexual and reproductive health services for and by adolescents, disaggregated by type of service and relevant sociodemographic variables, including age and sex, are submitted periodically to superior administrative authorities (district, province, etc.). *
- Health facility management and staff develop and implement quality improvement plans.

* according to country’s structure
**ADOLESCENTS’ PARTICIPATION**

Adolescent boys and girls are actively involved in the design, implementation and improvement of adolescent sexual and reproductive health services in health facilities and in the community.

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<tr>
<td>- The governance structure of the facility includes adolescents.</td>
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<td>- The health facility has an explicit policy that promotes engagement</td>
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<td>of adolescents in planning, monitoring and evaluation of services.</td>
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<tr>
<td>- Health care providers are aware of norms and policies on informed</td>
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<td>consent. The consent process is clearly defined by the facility’s</td>
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<td>norms and policies.</td>
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**PROCESS**

- The health facility regularly carries out activities to identify adolescents’ expectations about the service, assess their health care experiences, and promote adolescent participation in planning, monitoring and evaluation of health services.

- Health care providers apply procedures of informed consent.

- The health facility carries out activities to build adolescents’ capacity on service provision, monitoring and evaluation.

**OUTPUTS**

- Adolescents are involved in decisions regarding their own care.

- Adolescents and young people are involved in certain aspects of health service provision and follow-up.