

Final Report
Repeat Evaluation of Youth Friendly Clinics in Ukraine

Kyiv
2012

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Summary

This report contains the main results of the repeat evaluation of the Youth-Friendly Clinics (YFC) national programme in Ukraine. There is no doubt that Ukraine has made considerable progress in establishing a youth friendly health services programme within its health system. By deciding to set up youth friendly services as part of the sector's responsibility, it has opened up an area of activity that addresses some of the critical health issues facing the country. The first network of the Youth Friendly Clinics programme was established in 2005 as a collaborative initiative between the Ministry of Health (MoH) and the UNICEF Country Office. The network started with youth friendly clinics YFCs in nine regions of the country. As the programme progressed additional clinics were opened and the Methodological, Organizational and Monitoring Centre of NCSH 'OKHMATDYT' was given the responsibility of providing support and coordination to the programme. Further developments in 2009 included the official adoption of national standards for youth friendly services which are now used in clinic certification, monitoring and evaluation. To date there are now 91 YFCs in Ukraine, 31 of them certified. OKHMATDYT in planning to decentralise the national certification, support and training functions it currently performs to its network of Regional Breast Feeding Support Centres which heralds a scaling up of the programme as certification and other support needs are delivered at a much more local level. This repeat evaluation provides insight into the functioning of the YFC programme and should provide a great deal of information to inform its expansion plans over the coming years.

The repeat evaluation spreads the scope of its investigation wide, from the experiences of young clients using clinic services to the planners and decision makers responsible for guiding the programme's activities. Some of the key observations coming from the assessment indicate that many aspects of the programme are functioning satisfactorily:

- The legislation, although complicated and bureaucratic, provides a suitable base upon which to build the youth friendly clinic programme.
- In general, young clients are satisfied with the scope of services provided by the clinics and the competence of service providers in delivering their services in youth friendly ways.
- The network of clinics operates from within existing health and social services facilities, mainly based in paediatric poly clinics and centres for social services for families, children and youth. For the level of services the network provides now, this infrastructure appears to work.
- The standards that were developed, approved, adopted and are now being applied in clinic certification and monitoring have been widely welcomed, especially by service providers who see them as an effective tool to guide their work.
- Training of service providers, using adapted WHO resources, is in place both at pre service and in service level.
- The coordination centre based in OKHMATDYT is an efficient model for the current level of activity in the provision of training, data collection and certification. There are plans for its expansion.
- Cooperation and collaboration with other services such as Social Services for Youth and the Ministry of Education is practiced, especially at the local level, and there is encouragement for young people to be involved in clinic activities

From these observations, the work of establishing the programme has been accomplished. However there are elements within all the areas mentioned above that will need strengthening if the programme is able to reach all young people and operate successfully as demand increases and the range of clients widens. These include:

- There is an urgent need for the programme to more effectively reach most at risk adolescents and young people. This most vulnerable group needs much greater focus from the YFC national programme. Good practice in youth friendly approaches is already evident within the NGO sector and this should be replicated within the national programme. .
- Costing of the programme at national, regional and local level needs to be clearly identified. Lack of transparency in this area of the programme could lead to financial insecurity. In addition, clarity in matching costs to services is essential in understanding coverage and impact.
- The YFC financing arrangements need to be clarified and made more flexible, allowing YFC managers more autonomy in staffing, procurement and operations.
- The monitoring and evaluation responsibilities of OKHMATDYT should be strengthened to ensure the level of services is maintained, especially in the areas of coverage, quality and cost.
- Training of service providers should be expanded, especially in view of the potential expansion of the programme. Training for YFC managers is particularly important.

These and further recommendations are part of this assessment's findings. There is much to praise in the development of the YFC national programme, but at the same time, the programme should still be seen as in its early stages of development. Much learning is emerging on how the programme can respond effectively to the health and development needs of the generation of youth in the country. With commitment from all stakeholders, the findings of this report will contribute much to the next steps the YFC programme should make in expanding its reach, and building and strengthening quality into the services it provides.

Introduction

This repeat evaluation of the Youth Friendly Clinic Programme in Ukraine attempts a comprehensive assessment of the programme and follows the previous assessment carried out in 2008. It makes comparisons with the previous study and the recommendations coming from that study as well as looking at all the aspects of the current programme. It makes observations on the structure and functioning of the YFC programme as well as gathering opinions and assessments from all the players involved in the delivery of services. This includes experts in the social and medical fields, health service planners and managers at national and regional level, NGOs and IGOs involved in supporting the programme and service practitioners in YFCs. Most importantly it gathers the views of young service users and potential users. The survey methodology included anonymous questionnaires, face to face interviews and “secret patient” techniques where prepared young people observed how they were treated without revealing that they were making subjective assessments of their practice.

In general, there are many models for provision of health service assistance to adolescents in the world: from one-time field activities of doctors and specialists to specialized polyclinics and centres that provide complex medical and social services to adolescents and young people. The first models for the provision of preventive assistance to adolescents appeared in the USA in 1972. Since 1993 others have been established in the UK, Sweden and other European countries.

In 1995, WHO together with UNFPA and UNICEF developed a joint programme for the creation of Youth Friendly Clinics (YFCs) in the European Region. Currently, services that build their work on the principles of youth friendly approaches to young people are being created and function in a number of CIS countries (Russia, Moldova, Belarus, Armenia, Kazakhstan, etc.)

The creation of the YFC programme in Ukraine as a national initiative followed a successful piloting activity by UNICEF. The serious nature of young people’s health needs became apparent during the pilot, especially in relation to HIV/AIDS, adolescent and youth STIs, unwanted adolescent and youth pregnancy and the high level of youth substance use. Subsequently, in 2006 the national YFC programme proper was launched. Since then 91 YFCs are now recognised as functioning YF facilities in the country.

The model that Ukraine has chosen in establishing the Youth Friendly Clinic (YFC) programme is based upon four kinds of facilities, Counselling Rooms, Centres and Departments and Networks of Counselling Rooms. The Counselling Rooms are generally hosted by State Centres for Social Service for Family, Children and Youth (SCSSFCY). Clinics are generally found in existing health facilities, often in paediatric poly-clinics. These host facilities provide funding and frequently are the source from which staff are drawn.

YF Counselling Rooms can be categorised as drop-in centres. They are one to three room facilities and provide a minimum set of services with the fewest numbers of staff in the YFC structure. The kind of services offered in Counselling Rooms are mainly individual and group counselling sessions, lectures, training, referral and information provision. No medical services are provided although some health service staff works in them. Staff in these YFCs is commonly seconded from SCSSFCY or other health service facilities, for two or three hours a week. These facilities are very flexible in nature and are set up to provide services that closely reflect local needs but depend on available capacity for staffing.

YF Departments are larger facilities with multiple rooms and a wider range of services available including medical interventions. The services available in YFC Departments are approved at Region level but are based upon local needs and are both medical and social.

YF Centres provide similar services to those found in YF Departments. The main differences between the two are that YF Centres act as a hub for YF Counselling Rooms and Departments. Centres provide training, technical assistance and organisational support. In some instances the Poly-Clinics hosting Centres have contracts with the NGO Alliance to receive supplies of condoms. In these cases Centres receive condom supplies and also distribute condom to other YFCs in their areas. YF Centres are also responsible for the collection of data from the YF Counselling Rooms and Departments and passing it on to the national YFC coordination centre based in the Methodological and Organizational Monitoring Centre of the National Children Specialized Hospital 'OKHMATDIT'.

Networks of Counselling Rooms can be found in a few areas. They are based within existing facilities that can be either social or medical. An example is the **Counselling Rooms** network in Sevastopol. Here 13 **Counselling Rooms** hosted by different services offer YFC facilities. Each **Counselling Rooms** provides the specialist services that the host facility offers which include HIV/AIDS prevention and response, an STI clinic, two maternal clinics with OBGYN, family planning and reproductive health, a TB clinic, Paediatric psychology and a drugs treatment and prevention centre. There is a coordinator for this network who holds regular meetings of staff and supports their work.

There are some constraints to both the **Counselling Rooms** and the **Networks of Counselling Rooms** as described in the 2008 YFC assessment. They concern lack of specialists when needed by young clients and opening hours that are sometimes inconvenient.

The development of the YFC network in Ukraine was initiated by UNICEF in 1998. As of 01 July 2011, there were 91 functioning institutions for the provision of medical and social services to adolescents and youth. In 2008, UNICEF jointly with MHU conducted the first evaluation of YFCs' activity in Ukraine. Besides positive results of the activity, the evaluation also described a number of problems. The need for a repeat evaluation of YFCs and development of recommendations at the end of the programme cycle was expressed by UNICEF and key interested parties during the mid-term review in 2009.

The goal of this study is to conduct a research evaluation of YFCs services provision from the standpoint of accessibility, acceptability and the response of YFCs to adolescents' and young peoples' needs and also from the standpoint of their relevance, effectiveness, performance, potential sustainability and need for expansion. This is to be accomplished by conducting a comparative analysis of the results of this study with the results of the similar 2008 study.

The audience for this study will be medical and social workers, representatives of youth, public organizations and mass media, and other specialists who are engaged in providing medical and social services to adolescents and youth, and also for all other adults, parents and guardians. In addition, the results will be useful for those decision makers involved in planning and implementing public health programmes involved in health promotion initiatives targeting Ukrainian youth, namely: heads and functionaries of the executive authority bodies, heads and teachers in educational institutions, heads of healthcare institutions, etc.

Implementation of this study was made possible with the cooperation of a wide range of individuals. The Centre of Social Expertise of the Institute of Sociology of NAS of Ukraine would like to express its sincere gratitude to the Ministry of Health of Ukraine, in particular, the Department of Motherhood, Childhood and Health Resorts; State Social Service for Family, Children and Youth; Main Healthcare and Medical Provision Administration of Kyiv City State Administration; Main Healthcare Administration of Lviv Regional State Administration; Main Healthcare Administration of Dnipropetrovsk Regional State Administration; Healthcare Administration of Odessa City Council; Healthcare Administration of Sumy Regional State Administration; National Children's Specialized Hospital 'OKHMATDYT'; Youth Friendly Clinics and healthcare institutions, who host YFCs ; Centres of Social Services for Family, Children and

Youth in the city of Kyiv, Sumy, Lviv, Odessa, Dnipropetrovsk for counselling, organizational support and facilitation in conducting surveys of visitors of YFCs, their potential clients, and also heads of departments and medical specialists, whose assistance significantly eased interviewers' work on the spot.

The Centre of Social Expertise of the Institute of Sociology of NAS of Ukraine would like to express special gratitude to the United Nations Children's Fund (UNICEF) Office in Ukraine that supported the preparation and conducting of this study. Sincere words of gratitude are expressed personally to Olena Sakovych and Yuki Mokuo.

List of abbreviations

AIDS	Acquired immunodeficiency syndrome
CMU	Cabinet of Ministers of Ukraine
FCYSSC	Family, children and youth social service centres
HIV	Human immunodeficiency virus
IRTC	Information and resource training centre
MARA	Most at risk adolescents
MARY	Most at risk young people
MoESYS	Ministry of Education and Sciences, Youth and Sports
MoH	Ministry of Health
MOMC	Methodological, Organizational and Monitoring Centre
MoSP	Ministry of Social Policy
MoYS	Ministry of Youth and Sports
NCSH	National children's specialized hospital ' <i>OKHMATDYT</i> '
NGO	Non-governmental organizations
RDHP	Regional Department of Health Protection
SRHP	State Reproductive Health Programme
STIs	Sexually transmitted infections
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USD	Ultrasound diagnostics
VCT	Voluntary HIV counselling and testing
WHO	World Health Organization
YFC	Youth-friendly clinic
YP	Young people

List of main definitions and terms

Object of the evaluation study: Ukrainian network of Youth-friendly Clinics.

Subject of evaluation: accessibility, acceptability and relevance of YFC services to adolescents, as well as evaluation of YFC from the point of view of their *relevance, efficiency, performance, potential sustainability, and need for expansion of their network*.

Sample population: a section of the general sampling population, the members of which are the primary subjects of the survey. This section of the general population is selected according to specific requirements in order to ensure that its properties are representative of the general population's properties. Therefore, although, only a section of the general sampling population is studied, the results of the study are representative of the general sampling population as a whole.

Recruiter: a person whose task it is to identify a representative of the target group of respondents.

Interviewer: the properly trained person who interviews respondents.

Respondent: a person who meets all the criteria of a given sampling population and agrees to take part in a survey or an interview.

Key informants: representatives of an organization or private persons who possess the required expert knowledge about medical and social services for adolescents in Ukraine and knowledge about facilities which provide such services.

NGO: non-governmental organization: a public or a charity organization legally registered according to the Ukrainian legislation.

Field stage of the survey: data collection through interviews of respondents.

In accordance with the "Guidelines for assessment/re-assessment of a YFC centre (department or doctor's room) , providing medical and social help to adolescents and youth, in respect of its compliance with its status of a "Youth-Friendly Clinic", the following principal definitions and terms, which relate to YFC, have the following meanings:

Youth-Friendly Clinic – this is a structural unit of a healthcare facility, which provides health protection services and social care and help to children and youth based on the basis of a "*friendly approach*" which is recommended by the WHO and the UN Children's Fund (UNICEF). *The main principle, applied in the course of implementation of the YFC ideology, is the provision to adolescents and the youth of assistance on the basis of understanding of their problems and a joint search for ways to change their behaviour aimed at better protection of their state of health.*

The difference between YFCs and other medical institutions lies in the following: a) YFCs provide a comprehensive care package (medical, psychological, and social); b) YFCs' activities are mainly preventative in nature; c) any YFCs must comply with the "friendly approach" principles, such as: voluntariness, friendliness, accessibility, confidentiality, anonymity and non-judgemental attitudes towards a visitor to a YFC.

Accessibility: the youth have a real opportunity to receive required services thanks to a simplified visit application procedure, maximum approximation to the needs of the youth, use of convenient working hours, provision of free of charge and comprehensive services, etc.

Voluntariness: conditions are created to ensure young clients are motivated to independently seek and request services which are provided with informed consent.

Friendliness: services are provided which understand the characteristics of young people and adolescents. Service providers appreciate the needs of young clients for tolerance, respect, confidentiality, encouragement to express personal opinion, and non-judgemental attitudes.

Important components of this principle include *confidentiality, anonymity, and a non-condemning attitude to the visitor.*

YFC assessment methodology consists of self-assessment, assessment and re-assessment in accordance with the respective procedures of their implementation approved by the Order of the Ministry of Health and is carried out according to “Temporary standards” approved by the Order of the Ministry of Health dated No. 382, dated 02.06.2009, on “Approval of the Temporary Standards for provision of medical services to adolescents and young people”.

10 Standards for the provision of medical and social services to adolescents and young people which should be complied with by any medical institution which intends to acquire a status of the “Youth-Friendly Clinic”:

- Compliance of the institution’s internal policy with the “friendly approach” principles in the course of the provision of medical services to young people;
- Availability of required staff and the provision of systematic training to its staff on issues related to the practice of ‘friendly approach’;
- Ensuring the use of “friendly approach”;
- Keeping confidentiality and anonymity;
- Undertaking prevention activities;
- Provision of medical and diagnostic help;
- Provision of social care support and social services;
- Ensuring the comprehensiveness of services;
- Facilitation of the youth involvement and participation;
- Monitoring and evaluation.

Outreach work is work of social and medical workers on streets in places of concentration of adolescents and young people who practice or can practice risky behaviour. Main directions of outreach work are the following: situation monitoring; initial assessment of needs, motivational counselling, informing about types and places for receipt of medical and social assistance, dissemination of information and prevention literature on HIV/AIDS/STIs, adapted to a certain age group.

Mobile team is a field group of social and/or medical workers who work on streets in places of concentration of adolescents and young people and who establish and maintain contact with them, provide individual counselling in regard to medical, social and psychological issues and also conduct training activities.

Information and resource training centres are the units established at the local health administrations for collection and management of data on young people’s health and development. The centres cooperate with the YFCs and produce the information education materials.

1. STUDY METHODOLOGY

The study is based on the UNICEF Principles and Standards for Evaluation (http://www.unicef.org/evaluation/index_13477.html); the list of questions given in the Terms of Reference; the ten quality standards adopted according to the Ministry of Health Order No. 382 (02.06.2009) on “Approval of the Temporary Standards for provision of medical services to adolescents and young people”. The results of the first evaluation report, prepared in 2008, have also been taken into consideration (http://www.unicef.org/ukraine/ukr/Evaluation_Report_full.pdf). Cooperation of the Ukrainian working team with David Rivett, an international expert, was an entirely new aspect of work. The team and the expert jointly discussed all the details of the study, research tools and intermediary results; also, control visits and meetings with the expert were conducted in Kyiv to verify the obtained conclusions.

As the assessment required the processing of a considerable volume of confidential information and the majority of YFC’ clients are underage, the research complies with the Ukrainian ethical principles guiding social surveys among children (http://www.unicef.org/ukraine/ukr/ethnic_principles.pdf). These were adopted at the meeting of the Board of Sociological Association of Ukraine (Protocol № 7 as of December, 10th 2008). The ethical principles were developed with the support of the UNICEF Office Ukraine. They are based on the need to observe human rights, principles of the UN Convention on Children Rights and Guiding Principles of Ethics applied by the UNICEF Regional Office for Central and Eastern Europe and Commonwealth of Independent States (2008).

The Project research team developed the Protocol on the Youth Friendly Clinics assessment which was reviewed by the Commission on Professional Ethics of Sociologists. This Commission is attached to the Sociological Association of Ukraine, which agreed the study methodology.

The goal of the study is to conduct a research evaluation of YFCs services provision from the standpoint of *accessibility, acceptability and compliance* of their services with adolescents’ needs and also from the standpoint of their *topicality, effectiveness, performance, potential sustainability and a need for expansion*; and also to conduct a comparative analysis of the obtained data with the results of a similar study, carried out in 2008.

The goal was reached by combining several types of quantitative and qualitative analysis. In particular, the following were conducted in the process of the study:

- Desk study;
- In-depth semi-structured interviews with experts;
- Standardized interviews with several target groups: 1) specialists and heads of youth friendly counselling rooms / departments / centres; 2) visitors of Youth Friendly Clinics (YFCs); 3) potential clients of YFCs;
- Active participant observation of the work of YFCs;
- Analysis of statistical reports of YFCs;
- Comparative analysis of the obtained data with the results of the previous study (conducted in 2008);
- Discussion of the study’s results in the form of focus group discussions with young people, members of youth organizations and representative of the authority bodies.

Desk study included the following: an analysis of the current national legislation on the provision of medical and social services for adolescents, creation and functioning of clinics, based on friendly approach in Ukraine; collection and analysis of statistical data that demonstrated the scale and specifics of YFCs activity in Ukraine.

The following main sources of information were used for conducting the desk study:

- Normative-legal documents that regulate organization and provision of medical and social assistance to adolescents and youth in Ukraine;
- Documents of the Methodological, Organizational and Monitoring Centre of NCSH ‘OKHMATDYT’;
- Documents of the national interested parties (in particular, the Ministry of Health of Ukraine and State Social Service for Family, Children and Youth);
- Annual reports on the work of YFC centres, departments and counselling rooms of medical and social assistance to children and youth in 2010;
- Analytical report Evaluation of Youth Friendly Clinics (2008);
- Methodological recommendations from the Provision of Medical and Social Services to Children and Youth on the Basis of Friendly Approach (2008);
- Web-sites.

Expert surveys. The following persons were surveyed with the help of semi-structured in-depth interviews: Heads of the Department for Motherhood, Childhood and Health Resorts of MHU; heads and functionaries of regional/city healthcare administrations; members of the Coordination Council of MHU for the introduction of youth-friendly medical services; Head of the Methodological, Organizational and Monitoring Centre of NCSH ‘OKHMATDYT’; chief paediatricians in regional/city levels; experts on assessment/re-assessment of YFCs; chief doctors of healthcare institutions, where YFCs are hosted; heads and functionaries of Centres of Social Services for Family, Children and Youth; functionaries of Centres for Prevention and Fighting AIDS (AIDS Centres) in the studied regions. In total, 30 experts were surveyed in Kyiv and the studied regions. A guide on the in-depth semi-structured interview with experts is provided in Annex 1.

Active participant observation (‘secret patients’) provided an opportunity to evaluate in detail the everyday activity of YFCs specialists and conduct a comprehensive analysis of the process and organization of their work with clients. The following aspects of YFCs work were evaluated: convenience of location; working hours of YFCs; provision of confidentiality for YFCs clients; environment and psychological climate of YFCs; provision of equal opportunities for all clients and friendliness of YFCs staff; list of services, provided in YFCs; no cost basis /affordability of services, provided in YFCs;

Two active participant observation visits were made to each of the studied clinics (50 visits were made in total). Visits were made by young people who were instructed beforehand and whose age corresponded to the age of target audience. Active participant observation envisages direct involvement in the environment of the YF by presenting the specialists, whose work is being observed, with certain situations which made it possible for them to demonstrate their professional skills, knowledge and competence. Having completed their observations, the young active participants filled out questionnaires of YFCs clients, which made it possible to generalize the obtained information in quantitative form.

Surveying YFCs visitors was conducted with the help of a face-to-face questionnaire method – a personal conversation between an interviewer and a respondent. In order to survey YFCs visitors, special tools were developed with a focus on the following issues: respect to young people; observation of privacy and confidentiality; absence/affordability of paying for services; sufficiency/insufficiency of the range of services being provided; convenience of an institution; convenience of YFCs working hours; psychological and social characteristics of young people who refer to YFCs for services; feeling of privacy in an institution; feeling that the visitors are welcome in an institution; feeling of whether confidentiality is observed at YFCs; feeling that the young people are welcome clients of YFCs regardless of their economic, social, family status and gender; feeling that the persons who provide services are attentive to young people’s needs. A questionnaire for surveying YFCs visitors is provided in Annex 3. In total 373 YFCs visitors aged 14-24 were surveyed; both genders were equally represented in the survey.

Surveying YFCs heads and employees was also conducted through a face-to-face questionnaire method according to a specifically developed questionnaire, based on a guide for surveying YFCs

heads and specialists and applied in the YFC study in 2008. *There were two* main emphases to surveying this target group:

1 *characteristics of staff and persons who provide services* (availability of specially trained staff; respect to young people; observation of privacy and confidentiality; sufficiency of time for communication between a client and a person who provides services; availability of consultants on the peer-to-peer basis; and

2 *characteristics of administration and organization of YFCs work* (youth participation; servicing adolescent girls and boys; availability of group discussions; a necessity to refer clients to doctors and medical specialists; affordability/absence of payment; extent and range of services; organization of servicing those clients that refer without an appointment; availability of training, supply of information and education materials on the spot and a possibility for clients to take the materials along with them; advertising of YFCs services and informing young people about them; informing young people's parents/guardians about YFCs services; provision of professional human resources to YFCs; cooperation of YFCs with government bodies and NGOs.

In total 46 heads and specialists of YFCs (26 out of them are heads of YFCs) were interviewed. The questionnaire used for surveying representatives of this target group is provided in Annex 2.

Surveying YFCs potential clients was conducted with the help of a face-to-face questionnaire method through a specifically developed questionnaire, which was based on a guide for surveying YFCs potential clients and applied in the YFC study in 2008. The main survey questions for this target group were the following: sources of delivery of information about YFCs work to young people; level of adolescents' and young people's awareness of the work of YFCs ; young people's attitude to YFCs work; young people's needs for medical services and their readiness to refer to YFCs for them. In total 601 respondents were surveyed; they comprised adolescents and young people who lived in the areas around YFCs in the studied cities and who potentially could become clients of these institutions.

Geography and sample of the study. The study was conducted in 5 regions of Ukraine (Dnipropetrovsk, Sumy, Lviv, Odessa and Poltava Regions) and in the city of Kyiv. The study covered 18 cities in total:

- Dnipropetrovsk Region – cities: Dnipropetrovsk, Pavlograd, Kryvyi Rih;
- Sumy Region – cities: Sumy, Shostka, Romny, Trostianets, Krolevets, Konotop;
- Lviv Region – cities: Lviv, Chervonograd, Stryi, Novoyavorivsk, Sambir, Drohobych;
- Odessa Region – city of Odessa;
- Poltava Region – city of Poltava;
- City of Kyiv.

The studied regions were chosen on the basis of those where the previous study was conducted in 2008, and also geographically: North – South – West – East – Centre. In the north, Sumy Region was chosen where there are 6 operating YFCs; in the south – Odessa Region, where there is 1 operating department that provides youth-friendly medical and social services; in the west – Lviv Region, where there are 9 operating YFCs; in the east – Dnipropetrovsk Region, where there are 4 operating YFCs; in the centre – Poltava Region, where there are 2 operating YFCs. In addition, the sample includes Kyiv, the capital of Ukraine, where there are 4 operating YFCs. In total, the sample of the study includes 6 counselling rooms, 14 departments and 6 centres

The sample of YFCs visitors was created in terms of regions and corresponding population densities. The sample also took into consideration the difference in levels of YFC visits depending on their capacity and the services they provided. Thus, counselling rooms have the smallest capacity in terms of accepting visitors; the capacity of departments is average and centres have the biggest capacity: 11 persons – if the YFC functions as a counselling room for provision of medical and social services; 15 persons – as a department; 20-21 persons – as a centre. The number of YFCs visitors, needed for surveying in the regions, was calculated in the same manner. Table A shows that

in reality the number of surveyed respondents in this group is lower than it was planned, which was related with the low level of attendance of the studied YFCs during the survey period.

The estimation of the sample of YFCs potential clients was conducted on the basis of data from the State Statistics Committee of Ukraine concerning the total population in the studied regions and the share of young people aged 15-24 included in this number. Table 1 shows a planned and actual breakdown of respondents of the two categories by regions: YFCs visitors and YFCs potential clients.

Table A. Planned and actual breakdown of respondents – YFCs visitors and YFCs potential clients – by regions (persons)

Region/place of survey	YFCs visitors	YFCs potential clients			
		Planned	Actually surveyed	Planned	Actually surveyed
Dnipropetrovsk Region		52	34	146	146
Lviv Region		138	138	111	111
Odessa Region		15	9	104	104
Poltava Region		30	30	65	65
Sumy Region		95	92	52	53
City of Kyiv		70	70	122	122
Total		400	373	600	601

Time period of empirical data collection

The field work of the survey was carried out in August – September, 2011.

2. YOUTH FRIENDLY HEALTH AND SOCIAL SERVICES PROVISION TO ADOLESCENTS AND YOUNG PEOPLE: STAGES OF DEVELOPMENT, MAIN OBJECTIVES AND STRATEGIES

2.1. YFC network in Ukraine: development and structure

The social and economic significance of adolescents and young people in Ukraine and in particular their social, emotional and physical health should occupy a prominent position in social and economic development strategy, for it is upon this generation of youth that the intellectual, social, economic and cultural potential of the nation depends. According to the State Statistics Committee of Ukraine, as of 01 January 2010 the population of Ukraine was **45,783,000**; 11 per cent of them are adolescents and young people aged 10-19, and another 8 per cent are young people aged 20-24¹. 65 per cent of adolescents aged 10-19 live in cities and 35 per cent – in rural areas. Most adolescents of this age group are boys (51 per cent) and the number of girls is a bit smaller – 49 per cent.

The adolescent age is considered as one of the most critical periods in human life. This is the age when the development of an individual's physical and social capacity begins to expand, moving the person from being a child to becoming an adult. This rapid development involves physical changes such as secondary sexual characteristics in preparation for reproduction, muscular and skeletal development as well as intellectual and emotional development. It can be a time of turmoil and also one of opportunity and experimentation as individuals begin to form personality, and become more independent. It is a time when habits and other behavioural traits are formed but also a time when learning takes on new dimensions and minds are open to ideas and possibilities for the future. Adolescence can be a time of risk as well, particularly to current and future health, so WHO has defined 9 main areas of health concern that occur in adolescents². All of them are more or less characteristic of Ukrainian adolescents.

- *General health condition.* According to WHO, about two-thirds of premature deaths and one-third of chronic diseases are related to the life styles and behaviours that began in adolescence. In particular, this is related to the negative influence of smoking, alcohol consumption, insufficient physical exercise, violence, and early sex life³. In Ukraine, 30 per cent of adolescents⁴ assess their own health as “mediocre” or “bad” and this number grows as their age increases. 14 per cent report that they have been diagnosed with a chronic disease or have a disability or other medical condition. At the same time, 19 per cent of adolescents experience difficulties in referring for help independently to any accessible medical institution, without their parents.
- *Threat of HIV infection.* According to WHO, about 45 per cent of all people with HIV-infection are young people aged 15-24. According to surveys, in Ukraine more than 52 per cent of adolescents do not understand the risks of HIV infection, believing that it is not a threat to them at all or the risk is unlikely. At the same time, 42 per cent of surveyed student youth aged 15-17 have had a sex (55 per cent of boys; 31 per cent of girls); from 7 to 15 per

1 State Statistics Committee of Ukraine. Statistical annual directory for Ukraine for 2009. – Kyiv.: State Enterprise “Information and Analytical Agency”.2010 – P. 337.

2 10 facts on adolescent health – http://www.who.int/features/factfiles/adolescent_health/en/index.html

3 10 facts on adolescent health - http://www.who.int/features/factfiles/adolescent_health/en/index.html

4Condition and Factors of Health of Ukrainian Youth: Monograph. / Balakireva O.M., Bondar T.V., Artyukh O.R. et al.: Scientific editor – Balakireva O.M.. – K.:UNICEF, Ukrainian Institute of Social Research named after Olexander Yaremenko. – Kyiv.: ‘K.I.C., 2011.

cent of adolescents (depending on the place of studying) had sex before the age of 15; a significant number of girls practiced unprotected sex (among female students of higher educational institutions of the 2nd-4th level of accreditation, 31 per cent of the girls did not use a condom during their last intercourse). According to another study, an adolescent group of 14-19 years comprise 9 per cent of all injecting drug users; 16 per cent of all female sex workers; 10.5 per cent of all men who practice sex with men⁵.

- *Teen pregnancy and birth rate.* According to WHO, every year about 16 million girls aged 15-19 years deliver about 11 per cent of all babies globally. Adolescents in developing countries account for most cases of teen pregnancy. Maternal mortality is much higher in young adolescents than for adult women⁶. In Ukraine, there is also a problem of adolescent pregnancy, complicated by widespread abortions. According to the state medical statistics, in 2010 more than 7 per cent of officially registered abortions in the country were in adolescent girls aged 10-17. Specifically, 0.05 per cent of adolescent girls under 14 and 1.4 per cent aged 15-17 had abortions. At the same time, a high birth rate is observed among adolescents aged 15-19 – it reached 28.8 in 2010 (31.2 – in 2009).
- *Malnutrition.* According to WHO estimates, two extreme tendencies are observed in the world and they both have negative impacts on healthy adolescent development. The first is malnutrition, which mainly affects children in developing countries, and obesity, to which children and adolescents in developed countries are prone. According to a study of the Institute of Social Research, in Ukraine 41-74 per cent of surveyed adolescents (depending on the age and place of studying) have following pattern of food intake; 11-17 per cent do not have breakfast on weekdays; 8 per cent do not have breakfast on weekends; and no more than 22 per cent ate vegetables and fruit daily.
- *Mental health.* According to WHO, at least 20 per cent of adolescents are prone to mental disorders – depressions, mood swings, various addictions, suicidal tendencies, eating disorders, etc. According to a Ukrainian survey, from 41 to 66 per cent of student youth (depending on age) consider themselves happy; from 7 to 15 per cent feel themselves unhappy. At the same time, as age increases, both the share of ‘happy’ and ‘unhappy’ adolescents increase.
- *Smoking.* According to WHO, most adult smokers started when they were teenagers. Currently, the global number of adolescent smokers is 150 million and this number continues to grow. According to the 2010 sociological survey in Ukraine, from 20 per cent to 79 per cent of adolescents (depending on the age and place of studying) have experience of smoking cigarettes; 55 per cent of the boys and 41 per cent of the girls have tried to smoke at least once; 11 per cent of student youth smoke every day and 4 per cent – at least once a week; boys tried their first cigarette at the age of 11 and girls at the age of 13-15. 16 per cent of student youth aged 15-17 have experienced smoking marijuana or hashish (24 per cent of boys; 9 per cent of girls).
- *Alcohol consumption.* According to the sociological survey, during the last month before the survey, 46 per cent of adolescents consumed alcohol; The age young people consume alcohol for the first time is 13-15; 14 per cent of adolescents consume wine at least once a month and 5 per cent – at least once a week.
- *Violence.* According to WHO, violence – rape, domestic violence and war – are among the most widespread causes of adolescent mortality in the world. According to the study, in Ukraine 38 per cent of student youth were involved in a fight at least once a year; 32 per cent sought medical help due to injuries; almost 42 per cent experienced violence against

5 Risk-group Adolescents in Ukraine: Challenges and Time to Act. Advocacy Document /UNICEF, Ukrainian Institute of Social Research named after Olexander Yaremenko. – Kyiv., Verso 04, 2011. – P. 16.

6 http://www.who.int/features/factfiles/maternal_health/maternal_health_facts/en/index3.html ; <http://health-ua.com/articles/3055.html>

them at least once in two months and 47 per cent were perpetrators of violence in their educational institutions.

- *Injuries and road safety.* As in everyday life, carelessness on roads is another threat to adolescents' health and life. Surveys show that 73 per cent of adolescents of older age group spend their free time by walking with their friends on streets and they often meet every day in the evening.

These and other data demonstrate that adolescents are in need of information on what changes are taking place in their bodies and what they can do to protect and support good health. They need health and life skills as well as health services that address their needs. International and Ukrainian experience demonstrates that there is a need for activities and services capable of addressing the needs of adolescent risk behaviour. In order to achieve this, Ukraine has designed a programme for the provision of health services for adolescents and young people through a network of Youth Friendly Clinics. This approach has been adopted by other countries, using a range of models but subscribing to a set of criteria agreed by international organisations including WHO and UNICEF with input from adolescents and young people. According to the international criteria, youth friendly health services are:

- appropriate, acceptable and accessible to adolescents and young people between the ages of 10 - 24 ;
- provided at times convenient to the client group and are positioned in accessible places;
- provided to adolescents and young people regardless of their gender, social or health status, religion or ethnicity;
- provided voluntarily, confidentially and with informed consent;
- intended for the most vulnerable target groups and for those who need help;
- designed to provide comprehensive treatment and care;
- provided free of charge or at affordable prices in institutions that have the right to charge for services according to their license⁷.

The foundation for the YFCs programme in Ukraine were laid in 1998, when the first YFC was opened at the Children's Clinical Hospital № 6 in the Shevchenko district in Kyiv. The objective of this YFC was to introduce modern approaches in the provision of services for adolescents and young people. During the period of 2005-2006 the establishment of YFCs and support for their operation was provided by the Ministry of Health within the UNICEF supported pilot project involving the establishment of YFCs in 9 Ukrainian regions including s Donetsk, Odessa, Poltava, Chernigiv, Lviv, Zaporizhzhia and Khmelnytsky regions and in the cities of Kyiv and Sevastopol. Later on, also with support from UNICEF and thanks to the independent efforts of the Ministry of Health other YFCs were established in nearly all regions of Ukraine, with the exception of 2 - Kyiv and Kirovograd. In 2006 the National Methodological, Organizational and Monitoring Centre of the National State Children's Hospital OKHMATDYT was established. The main role of OKHMATDYT is the provision of methodological support, monitoring, training and coordination of the national network of Baby Friendly Hospitals and Youth-Friendly Clinics. The Centre is also responsible for the certification of youth friendly clinics.

The Ministry of Health of Ukraine Order No. 382 of 02 June 2009 "On Approval of the Temporary Standards of Medical Care for Adolescents and Young People" adopted 10 Standards of Medical Care for Adolescents and Young People. These standards are based upon guidance prepared by WHO on the development of youth friendly health services.

1. Compliance of the institution's internal policy with the "friendly approach" principles in the course of provision of medical services to young people.

⁷ Parkhomenko L.K., Strashok L.A., Meshkova O.M. Innovative Measures on Provision of Medical and Social Assistance of Adolescents and Youth in Ukraine/// Issues of Current Medical Science and Education. – 2010. - № 4. – P. 4 – 8.

2. Availability of required staff and provision of a systematic training of its staff on issues related to use of such ‘friendly approach’.
3. Ensuring the use of “friendly approaches”.
4. Keeping confidentiality and anonymity.
5. Undertaking prevention activities.
6. Provision of medical and diagnostic help.
7. Provision of social care support and social services.
8. Ensuring comprehensiveness of services.
9. Facilitation of youth involvement and participation.
10. Monitoring and evaluation.

According to OKHMATDYT data, as of 01 July 2011 there are 91 YFCs functioning in Ukraine (as compared to 36 clinics as of 01 January 2007), including 21 YFCs established with UNICEF support; and 70 YFCs established independently in various regions of Ukraine.

The majority (22) of the youth-friendly clinics were established in 2006. During the following years, establishment of YFCs was carried out at a somewhat slower speed, but in 2009-2010 the pace increased. In total, 16 new YFC were opened in 2009 and 18 more in 2010 (Figure 1).

Figure 1. Annual Number of YFC opened in Ukraine

Source: Data of Methodological, Organizational and Monitoring Centre of the NSCH “OKHMATDYT”, 2011

Most YFCs operate within existing healthcare institutions for children and young people, as well as in clinics for university students. Four YFCs operate as a part of Centres of Social Services Provision to Family, Children, and Youth (See Table 1).

Table 1. Institutions which include YFC

	Number of YFC	
	2009	2010
<i>Children’s healthcare institutions, including:</i>	37	42
• Region children’s hospitals’ advisory clinics	5	8
<i>Healthcare institutions for adult population, including:</i>	12	18
• maternity clinics	5	7
<i>Central district hospitals</i>	18	25
<i>Clinics for university students</i>	2	3
<i>Centres for social services to family, children, and the youth</i>	4	4
Total number of YFC:	73	91

Source: Data of Methodological, Organizational and Monitoring Centre of the NSCH “OKHMATDYT”, 2011

In general, as of 01 July 2011, YFCs have been established in 25 regions of Ukraine, with the exception of the Kirovohrad and Kyiv Regions. The number of functioning YFCs in different regions varies from 1 to 16. This is largely determined by several factors, including specific structural features of the YFCs models used (See Table 2).

Table 2. YFC distribution by the regions

Region	YFC	Including:		
		Centres	Departments	Counselling rooms
Autonomous Republic of Crimea	5			5
Vinnitsia Region	1	1		
Volyn Region	4		1	3
Dnipropetrovsk Region	4		2	2

Donetsk Region	5	1	1	3
Zhytomyr Region	4		4	
Zakarpattia Region	1	1		
Zaporizhzhia Region	5		1	4
Ivano-Frankivsk Region	1		1	
Lviv Region	9	3	3	3
Luhansk Region	2		1	1
Mykolaiv Region	2		2	
Odessa Region	1		1	
Poltava Region	2		2	
Rivne Region	1		1	
Sumy Region	6	1	4	1
Ternopil Region	2			1 (+ network of rooms)
Kharkiv Region	4	1	2	1
Kherson Region	2	1	2	
Khmelnyskyi Region	5		3	2
Cherkasy Region	2			1 (+ network of rooms)
Chernivtsi Region	16	1		15
Chernihiv Region	1		1	
Kyiv	4	2	2	
Sevastopol	1			1 network of rooms
Kyiv Region	0			
Kirovohrad Region	0			
TOTAL	91	12	32	44 + 3 networks of YF doctor rooms

Source: Data of Methodological, Organizational and Monitoring Centre of the NSCH "OKHMATDYT", 2011

The choice and features of the existing models of YFCs typically depends on the following factors: a) specifics of the region in which they are established; b) feasibility of the host organisation to integrate a YFC into its structure; c) scope of medical services provided and demand for them among the population; d) size of youth population in the area. Taking these factors into account, the structure of the YFC, be it counselling rooms; centres; departments; network of counselling rooms is selected.

Table 3. Dynamics of application of various types of YFCs in Ukraine (2008-2010)

YFC Model	2008	2009	2010
Counselling room	24	37	44
Department	19	23	32
Centre	7	10	12
Network of doctor rooms	3	3	3

If in a city there are several YF counselling rooms, operating at various health establishments, they form a *network of YF counselling rooms* and coordination of their activities is performed by a post holder appointed by the Regional Department of Health Protection or by Centres for Social Services for Youth. A network of such YF counselling rooms can include those that are part of maternity clinics, family planning and reproduction centres, specialized clinics for STIs and skin diseases, drug abuse clinics, city centre for AIDS Prevention and Control, children's polyclinics or students' polyclinics. Such YF counselling rooms usually provide services in line with the medical institutions in to which they are based.

Currently, according to OKHMATDYT, there are 44 counselling rooms, 32 departments, 12 centres, and 3 networks of counselling rooms (in Ternopil, Sevastopol and Uman') providing youth friendly services

National target for YFCs

The State Reproductive Health Programme set up a target of 90 per cent of children's polyclinics having a YFC in existing facilities by 2015. The experts interviewed in this survey have different opinions about the feasibility of reaching this target.

Looking at data from the experts' survey, expressed as a scale "realistic – not realistic", without analysing the differing requirements for achieving this objective, the number of experts who are optimistic are about the same as the number of experts who are pessimistic about achieving this objective. However, even those experts who believe that the goal is realistic still tend to emphasize a number of critical factors such as a need for sustainable financing and steady allocation of premises that if not implemented in the required quantity, might impede the progress in YFCs establishment.

"In principle, the objective is real enough, because so far, more than 90 YFCs have been established in Ukraine. True, in Odessa city and the Odessa region to date, our clinic is the only one so far ... But in the near future two youth-friendly facilities should be opened - one based at the Children's Hospital owned by the railway company and the second one - based at the regional children's hospital ... It would be desirable to ensure a more rapid process for establishing YFCs because there is a potential for that...."(Odessa)

"I think that the objectives are realistic if the work is done systematically. There needs to be adequate systematic administration of implementation of this project by officials, starting from our head office and ending with managers of individual polyclinics. I think that, in principle, time lines are realistic enough.... "(Kyiv)

"The number of YFCs will be somewhere around 400 or even 425-435. Today, there are 91, that is 24.2 per cent of the planned number... It is hard to say how realistic or unrealistic this goal may be because everything depends on funding.... "(Kyiv)

"Knowing the way our National Programmes are developed, when they just set up a goal in principle, but do not plan and allocate necessary funding to achieve the goal, it is hard to view this particular goal as a realistic one...." (Kyiv)

"This issue is already questionable because not all children's polyclinics have the opportunity within their premises or under existing conditions of their operation to establish such YFCs. And the biggest problem slowing down the whole process - is the problem of funding, which exists these days.... "(Lviv)

Some experts believe that the plans to create YFCs in 90 per cent of the existing children's polyclinics are too ambitious, since they do not believe their regions possess the numbers of young people necessary to justify the setting up of a regional YFC network:

«I think that for our region this is too many. We do not have the numbers of adolescents for whom to open such a number of YFCs.... "(Sumy)

"90 per cent by the year 2015 - this is not possible. Though, if we treat this issue in a formal way then we can just write that we had achieved it... "(Odessa)

Among the factors that would facilitate the achievement of this goal, experts most often mention the following:

- level of medical facility managers' willingness to create YFCs;
- availability of the required number of specialists to work in YFCs;
- conducting workshops for health care providers by UNICEF and MoH;
- availability of relevant executive orders issued by MoH, which regulate the creation of YFCs and determine their recommended staffing level and structure;
- increased level of attention of regions that are included in the priority list of regions where the planned reform of the health care system should be implemented;

- increased attention of the MoH to the reported exposure of young people to various infections, particularly STIs.

«There are managers who wish to establish such clinics, there are proactive people and there is a possibility to provide these youth-friendly clinics or branch offices with required medical staff...." (Lviv)

" Well, there are some factors which facilitate such activities – they include training seminars organized by UNICEF and by MoH during the last six or seven years, and the fact that at our clinic which is youth-friendly we also carry out training workshops. Our management supported our activities and allocated medical staff from the student poly clinic reserve."(Odessa)

"There are Executive orders, issued by the MoH - number 382 and 383. These regulate the creation of YFCs and prompt local managers in understanding how to find the resources they need.... "(Odessa)

"Well, contributing factors are the following ones.... Kyiv, together with three other regions of Ukraine are included, under the Law of Ukraine, as a city subjected to reforming its health care system ... and the development of the network of the YFCs fits well into the health care reform concept...We hope that this reform will not only be administrative (meaning, structural), but will also mean the allocation of sufficient resources.... "(Kyiv)

"The factor contributing to the achievement of the goal is the attention that needs to be paid to the problem of STIs in adolescents and young people (Poltava)

Factors which prevent the achievement of the objective are:

- young people's lack of confidence in health care providers and stigma attached to certain infections;
- weak legal framework that makes a child dependent on his parents concerning all aspects of his medical treatment;
- passivity of some heads of medical institutions and health protection departments ;
- lack of premises for YFCs;
- lack of funding;
- lack of legal agreements concerning staffing schedules for YFCs;
- low awareness of young people about the risks and threats related to personal health.

"The main negative factor is one of stigma, because adolescents are afraid ... They are afraid of disclosure; they do not believe that treatment can be anonymous. There is a lack of clarity in the legal system about this. If a teenager comes for an anonymous check-up and gets a negative result - it is very good. But if there is a positive result what kind of medical treatment can be given without parental consent?"(Poltava)

"There is no possibility at our medical facility of establishing a YFC. There are no adequate premises and no financial support..."(Lviv)

"The 33rd executive order of the Ministry of Health... Well...for many years there has been talk that it should be amended in order to ensure that the required medical staff will be allocated for YFCs, but so far nothing has happened... That means everybody tries to find resources at local level in their own way... "(Odessa)

"What hinders this process? Well, I think, first of all, it is perhaps, passivity. "(Poltava)

"The main motivation – it is only the interest of people that will change the approach..." (Odessa)

"Self-awareness is low, yes. Why? Because young people think, this could happen, but not to me. They already know the transmission routes and the threat of HIV infection, or sexually

transmitted infections. But as for the degree of their own risk, they still cannot assess this adequately enough.... "(Odessa)

"Factors that impede the development of YFCs are some organizational issues, including the possibility of carrying out diagnosis through laboratory studies. How fast and how these issues will be worked out and solved is also a question."(Kyiv)

Assessing the current situation of YFC network expansion in Ukraine, experts point out that a more active process in the YFCs programme coincided with the more explicit support from international organizations, social services for families, children and young people and other health care establishments as well as the higher level of enthusiasm among health care workers who understood the importance of YFCs as a social project. At the present time, financial support from international organizations and from public health authorities has declined; there are also more general problems with the financing of the healthcare sector and, therefore, according to experts, the priority should be on attending to the preservation of the current capacity of YFCs.

2.2. Statistical Indicators of YFC' Performance in 2008 - 2010

The annual increase in the number of client visits to YFCs is a good indicator for the possibilities of sustaining this increase. The situation was observed in the 2008 survey and is still observed today. The total number of visits to YFCs in 2010 was more than twice that in 2008: 145,833 visits in 2010, compared with 69,010 visits in 2008.

Repeated visits to YFC make up 41 per cent of the total. However, this indicator is lower than the defined YFC medical care quality level (equal to 50 per cent). At the same time, the breakdown of repeated visits shows significant variation in the number of repeated visits at different YFCs, namely:

- 63 to 65%– at YFCs, attached to City Children's Hospital No 5 of the city of Donetsk; YFC in Stryi; YFC in Sambir and in Dragobych, Lviv region;
- 17 to 20% at the YFC in recently opened clinic in Hertsa, Central District Hospital in Chernivtsi Region.

Table 4. Number and structure of visits to YFCs (2008-2010.)

Indicators	2008	2009	2010					
			Number of visits	%	Number of visits	%	Number of visits	%
Total number of visits:	69010	98657	145833					
Including								
First-time visits:			38337	56	55446	56	85571	59
<i>Boys</i>			<i>13467</i>	<i>35</i>	<i>19794</i>	<i>36</i>	<i>31233</i>	<i>37</i>
<i>Girls</i>			<i>24870</i>	<i>65</i>	<i>35652</i>	<i>64</i>	<i>54338</i>	<i>64</i>
Repeat visits:			30673	44	43211	44	60262	41
<i>Boys</i>			<i>10952</i>	<i>36</i>	<i>15756</i>	<i>37</i>	<i>22357</i>	<i>37</i>
<i>Girls</i>			<i>19721</i>	<i>64</i>	<i>27455</i>	<i>64</i>	<i>37905</i>	<i>63</i>

Source: Data of Methodological, Organizational and Monitoring Centre of the NSCH "OKHMATDYT", 2011

The predominant age group of the visitors to YFCs in 2010, as in the previous years, is 14 to 18 who make up 60 per cent of visits; 65 per cent of them are girls. The age group of 18-24 has shown some decrease in the number of visits in 2010 as compared with 2009 - down to 34 per cent from 38 per cent. The number of visits to YFC aged over 24 is gradually increasing from 4 per cent in 2008 to 6 per cent in 2010.

Table 5. Age Structure of visitors to YFCs during the period 2008 - 2010

Visitors' Age	Number of Visitors							
			2008		2009		2010	
	Persons	%	Persons	%	Persons	%		
Age 14 to 18	45427	66	56477	57	87977	60		
Boys	15575	34	17983	32	30741	35		
Girls	29852	66	38494	68	57236	65		
Age 18 to 24	20789	30	37217	38	49453	34		
Boys	6913	33	13300	36	17381	35		
Girls	13876	67	23917	64	32072	65		
Other	2794	4	4963	5	8403	6		
In total		69010		98657		145833		

Source: Data of Methodological, Organizational and Monitoring Centre OF THE NSCH "OKHMATDYT", 2011

The distribution of YFC visits by place of residence is as follows: 83 per cent of YFC clients are urban residents and 17 per cent come from rural areas, although the share of rural adolescents seeking YFC services has nearly doubled since 2008: 9 per cent of YFC visits in 2008 17 per cent in 2011. Today, the numbers of YFCs in rural areas remain low, which significantly limits the availability of medical and social services to these young people.

Table 6. Division of visits to YFC by the place of residence during 2008 - 2010

Place of Residence	Number of Visitors							
			2008		2009		2010	
	Persons	%	Persons	%	Persons	%		
City	62630	91	87943	89	121375	83		
Village	6380	9	10714	11	24458	17		
Total		69010		98657		145833		

Source: Data of Methodological, Organizational and Monitoring Centre of the NSCH "OKHMATDYT", 2011

Most YFC clients come to the clinics by themselves, which indicates a level of awareness in the target group about the availability of medical and social care services. The number of client visits to YFCs who attended after a recommendation of a medical professional, teacher, or by a specialist from social service centres in 2010 decreased, as compared to 2009 and remains at the 2008 level.

Table 7. Types of visits to YFC in 2008 to 2010

Recommended to visit YFC by:	Number of Visitors							
			2008		2009		2010	
	Persons	%	Persons	%	Persons	%		
Came themselves	45164	65	60373	61	94369	65		
Specialists of medical and preventive treatment institutions	12988	19	23677	24	31772	22		
Teachers and psychologists of educational institutions	6683	10	8367	9	11899	8		

Specialists of Centres for social services provision to family, children, and the youth	3041	4	4762	5	6133	4
Other	1134	2	1478	1	1660	1
Total		69010		98657		145833

Source: Data of Methodological, Organizational and Monitoring Centre of the NSCH "OKHMATDYT", 2011

YFCs pay significant attention to medical counselling. The share of YFC clients who received this type of service in 2010 amounted to 80 per cent. During recent years the share of those who seek medical and social counselling has tended to grow at a steady rate: from 62 per cent in 2007 to 73 per cent in 2008, to 78 per cent in 2009, and to 80 per cent in 2010.

The number of HIV prevention-related counselling visits is also growing. The 2010 share was 52 per cent (as compared to 38 per cent in 2008), which, among other factors, is facilitated by the introduction of voluntary counselling and testing (VCT) for HIV at YFCs. The second most popular aspect of counselling is in the use of contraception, followed by counselling on sexual relations. There has been a significant increase in the number of visits to YFC for counselling on issues concerning general mental health which measured 4 per cent in 2008, 17 per cent in 2009, and 8 per cent in 2010.

Half of the YFC visits in 2010 were for the treatment of diseases. Predominant visits were for reproductive health problems (46 per cent). The share of YFC patients with reproductive health problems significantly decreased since 2008 (60 per cent). As compared to 2008, the rate of incidence of mental and behavioural disorders and "other diseases" has increased. The decrease in the number of visits to YFC for psychological and behavioural disorders due to alcohol and drugs abuse was due to the introduction of "other diseases" category of visits.

The only category of YFCs visits which remained unchanged in 2008-2010 are skin diseases (13-14 per cent).

12 per cent of YFC clients received psychological care (as compared to 11 per cent in 2008). As the telephone counselling hotline was introduced and developed, the number of YFC patients' calling has increased: 5338 calls in 2008, 7033 calls in 2009, and 7668 calls in 2010.

Table 8. Nature of visits to YFCs in 2008 to 2010

	Reason for the Visit	Number of Visitors							
				2008		2009		2010	
		Persons	%	Persons	%	Persons	%		
	Complaints in respect of some diseases, including such as:	36129	52	49602	50	75615	50		
1	<i>Reproductive system:</i>	21682	60	27188	55	34704	46		
1.1	Diseases of urogenital system	6831	32	8683	32	10540	30		

1.2.	Inflammatory diseases of uterine adnexa	4872	23	5095	19	6438	19
1.3	Menstrual cycle disorders	4004	59	6652	25	7618	22
1.4	STIs	6295	29	4763	18	5906	17
1.5	Other	*	*	1995	17	4202	12
2	<i>Mental and behavioural disorders, including:</i>	3018	8	8679	18	10799	14
2.1.	Due to alcohol abuse	1998	66	1087	13	1651	15
2.2	Due to narcotic and other psychotropic substances abuse	1020	34	543	6	1040	10
3	<i>Skin diseases</i>	4888	14	6306	13	10474	14
4	<i>Other diseases</i>	5452	15	7049	15	19638	26
	For counselling, including:	50247	73	77115	78	116241	80
1	On contraception techniques	16650	33	23738	31	28077	24
2	On HIV prevention	18935	38	35399	46	60334	52
3	On pregnancy	2497	5	5032	7	6502	6
4	On general mental health	2102	4	12734	17	9116	8
5	On sexual relations issues in teenage years	8840	18	9388	12	14232	12
6	On legal matters	1220	2	1436	2	1232	1
7	On other issues	4848	10	1543	2	12602	11
	Psychological care	7568	11	10576	11	16719	12

	Crisis visits regarding relationships with parents, peers, sexual partners, sexual abuse, etc.	4013	53	4143	39	6237	37
	Other	3555	47	6433	61	4085	24
	Telephone counselling hotline calls			5338		7033	7668
	Total			69010		98657	145833

Note. *: no data

Source: Data of Methodological, Organizational and Monitoring Centre of the NSCH "OKHMATDYT", 2011

2.3. Norms and regulations concerning the establishment and operation of YFC in Ukraine

Ukraine has the appropriate legal basis for the implementation of youth friendly approaches within the health care system. This is reflected in several laws, regulations, and targeted state and national programmes. A detailed description of the regulatory base for the YFCs operation in Ukraine can be found in the Analytical Report on YFCs Evaluation (2008)⁸. During 2008-2010, the development of the network of youth-friendly clinics took place following the requirements of several laws and regulations, including, in particular the following ones:

Laws:

- Law of Ukraine "Fundamental Legislative Principles on Healthcare in Ukraine"
- Law of Ukraine "On Child Protection"
- Law of Ukraine "On Social Work with Children and Youth"
- Law of Ukraine "On Social Services"

State Programme "Reproductive Health of the Nation" for the period up to 2015, approved by the Cabinet of Ministers of Ukraine resolution No. 1849 of 27 December 2006.

Joint orders of the Ministry of Youth and Sports and the Ministry of Health of Ukraine:

- No. 1/135 of 30 March 2005 "On Approval of Measures for Development of Youth-Friendly Medical and Social Services for years 2005 to 2010";
- No. 1209/228 of 17 April 2006 "On Approval of the Procedure for Cooperation between Centres for provision of social services to Family, Children, and Youth with Healthcare Institutions in Providing Medical Care and Social Services for Children and Youth";

Orders of the Ministry of Health of Ukraine:

- No. 383 of 02 June 2009 "On Improvement of Medical Care Organization for Adolescents and Young People";
- No. 382 of 02 June 2009 "On Approval of the Standards of Medical Care for Adolescents and Young People"

The following documents were approved according to the Order of MHU #383 of 02 June 2009 "On Improvement of Medical Care Organization for Adolescents and Young People":

- Model Provisions on Centre/Department for medical assistance to adolescents and youth 'Youth Friendly Clinic';

⁸ Evaluation of YFC: analytical report/ I. Demchenko, N. Pivovarova, M. Kostyuchok, N. Belonosova. – K.: «K.I.S.», 2008. – p. 22 – 24.

- Model Provisions on Counselling room for medical assistance to adolescents and youth ‘Youth Friendly Clinic’;
- Model Provisions on Information, Resource and Training Centre (Department);
- Model Provisions on Head of Centre (Department, Counselling room) for medical assistance to adolescents and youth ‘Youth Friendly Clinic’;
- Model Provisions on Doctor-specialist of Centre (Department, Counselling room) for medical assistance to adolescents and youth ‘Youth Friendly Clinic’;
- Model Provisions on Doctor-psychologist or Psychologist of Centre (department, counselling room) for medical assistance to adolescents and youth ‘Youth Friendly Clinic’;
- Model Provisions on Doctor-supervisor of Centre for medical assistance to adolescents and youth ‘Youth Friendly Clinic’ and of Information, Resource and Training Centre/Department;
- Model Provisions on Nurse of Centre (Department, Counselling room) for medical assistance to adolescents and youth ‘Youth Friendly Clinic’;
- Model Provisions on Receptionist of Centre (Department) for medical assistance to adolescents and youth ‘Youth Friendly Clinic’;
- Model Provisions on Multi-disciplinary team of Centre/Department for medical assistance to adolescents and youth ‘Youth Friendly Clinic’;
- Tentative list of equipment for Centre (Department, Counselling room) for medical assistance to adolescents and youth ‘Youth Friendly Clinic’;
- Indicative staffing schedule of Centre (Department, Counselling room) for medical assistance to adolescents and youth ‘Youth Friendly Clinic’;
- Plan of report on the work of Centre (Department, Counselling room) for medical assistance to adolescents and youth ‘Youth Friendly Clinic’ and of Information, Resource and Training Centre.

However there are still unresolved legislative issues concerning the establishment of YFCs:

- The legal status of the YFC staffing schedule remains undefined;
- The legal status for the funding mechanism of YFC expenses for purchasing test kits still remains undefined;
- The law that requires parental consent for a young person, aged below 14, to attend and seek help from a YFC requires amendment.

Some experts believe that without systematic changes in these areas of state policy, any fully fledged development of the YFC network is not possible:

"I think that we are only at the beginning of the road and we have still not reached the middle ... If we were in the middle, proper regulatory frameworks would have already been in place. Because we do not have a clear regulatory framework, the creation of new YFCs still remains only an initiative. We still cannot talk about a specific strategy for YFC development in Ukraine."(Odessa)

2.4. Role of the Methodological, Organizational and Monitoring Centre of the National Specialized Children’s Hospital “OKHMATDYT”

The Ministry of Health of Ukraine is in charge of the development of institutions that provide youth friendly services to adolescents and youth. The Coordination Council of MHU was created to manage the introduction of youth friendly medical services. The Council comprises the Head and officers of the Department for Motherhood, Childhood and Health Resorts of MHU, representatives of key interested parties, including the State Social Service for Family, Children and Youth, UNICEF, WHO, UNFPA, etc.

The Methodological, Organizational and Monitoring Centre of the NSCH “OKHMATDYT” was established in 2006. This Centre provides methodological, organizational and monitoring support, undertakes training and coordination of activities of YFCs and Baby Friendly Hospitals. It has created the registry of YFCs and of staff trainers and staff working in “youth-friendly social and medical services through YFCs. The Centre is engaged in data collection and analysis of the progress of youth-friendly healthcare services development from the regions. It has also created a database of available information and methodological resources related to the development of youth-friendly medical and social services (methodological guidelines and Web-site materials). With the support of UNICEF, OKHMATDYT’s Web-page was created two years ago.

OKHMATDYT continues to provide methodological assistance and information services related to medical, social, and psychological issues to healthcare institutions, and services dealing with social help to family, children and youth. It cooperates with other organizations dealing with children and youth. It also disseminates information about various types of social, medical, and psychological services provided by the YFC network.

In 2009, OKHMATDYT carried out 23 monitoring visits to various regions for the following purposes:

- analysis of YFC’s operation (in cities of Lviv, Zaporizhzhia, Chernihiv, Odessa, Shostka, and Kyiv);
- establishing a YFC for presentations at training seminars in the cities of Lviv, Zaporizhzhia, Chernihiv, Odessa, and Shostka;
- provision of organizational and methodological assistance to healthcare facilities seeking to get certified as new YFCs, namely at: Children’s Clinic # 9 in Kyiv which is used as a clinical base for the Chair of Paediatrics and Adolescent Diseases of the National Medical Academy of Post-Graduate Education, YFC in Krolevets Central District Hospital in Sumy Region, and YFC for most at risk adolescents in Mykolaiv;
- Assessment of 10 Centres and departments, seeking certification as YFC.

Similar visits were also carried out by the staff of OKHMATDYT in 2010, including 37 monitoring visits to healthcare institutions, including:

- 12 visits for organizational and methodological support for creating youth-friendly clinics in the regions affected by the Chernobyl nuclear accident (Zhytomyr, Rivne, Chernihiv, and Sumy Regions,) as well as to the city of Kyiv, Mykolaiv and Dnipropetrovsk Regions
- 8 training and coordination seminars;
- 17 assessment visits to healthcare institutions to certify their YFC status.

Monitoring visits were also held by the staff of OKHMATDYT in 2011.

On 20 October 2011, the MHU issued Order # 715 that approved the creation of Regional Methodological, Organizational and Monitoring Centres, to be situated within the regional breastfeeding support centres. OKHMATDYT plans to expand the capacity of these centres to carry out training seminars for YFCs staff and conduct monitoring and assessment of regional YFCs. In this way, breastfeeding support centres staff will cooperate with local institutions that provide youth friendly services and certify them in terms of compliance with the Youth Friendly Clinic national standards and evaluate their current activity (that is, carry out monitoring on the spot). The results of the study show that it is necessary that OKHMATDYT gives additional attention to the standardization of data collection. Currently this data is received directly from YFCs and include information on general characteristics, procurement, staff of clinics, training, services and medical treatment and attendance. These data are submitted according to national standards and indicators. Although the plan for data reporting is approved by Order #383 of MHU, it is necessary to have these data recorded in a more integrated form in order for it to accurately evaluate the quality of YFCs services and the needs of adolescents and young people who refer for such services in cities and rural areas.

The main, generalized source of information on YFC performance and activities, their location and services provided is the OKHMATDYT Webs-site - <http://kdm-ldd.org.ua>. In order to improve the dissemination of information about YFC activities, in 2011 OKHMATDYT together with the community organization “On-line School Donetsk” started work on the development of individual YFC Web-pages. Plans call for information on all YFCs in Ukraine to be presented on the Web-page of the School Online web site (www.shkola-online.ua).

2.5. Certification of centres and departments to achieve YFC status and the use of National YFC Standards

In the Order No. 382 of 2 June 2009, the Ministry of Health of Ukraine approved the Standards, Criteria and Indicators of Medical Care for Adolescents and young people by the Centres, Departments and Counselling rooms.

The Order identified 10 Standards of Medical Care provision to adolescents and young people:

1. Compliance of the institution’s internal policy with the “friendly approach” principles in the course of provision of medical services to young people.
2. Availability of required staff and provision of a systematic training to its staff on issues related to use of such ‘friendly approach’.
3. Ensuring the use of “friendly approach”.
4. Keeping confidentiality and anonymity.
5. Undertaking prevention activities.
6. Provision of medical and diagnostic help.
7. Provision of social care support and social services.
8. Ensuring provision of comprehensiveness services.
9. Facilitation of the youth involvement and participation.
10. Monitoring and evaluation.

Moreover, the Ministry also approved the Certification procedure for the assessment of YFCs, be they Centres, Departments or Counselling Rooms; and adopted the “Guidelines for Assessment/Re-assessment of a Centre (department, counselling room)”, providing medical and social services to adolescents and young people in terms of compliance with the status ‘Youth Friendly Clinic’. Also approved was the composition of the Coordination Council of the Ministry of Health of Ukraine dealing with the introduction of the YFC programme.

In accordance with the requirements of the MoH Order on YFCs 2009, Ukraine initiated a procedure for the certification of YFCs. In order to enable the implementation of the certification process, OKHMATDYT provided training for 12 national specialists in assessment and re-assessment of health care facilities and 27 regional specialists in assessment of healthcare institutions for certifying facilities as Youth Friendly Clinics.

In 2010, 17 Centres, Departments and Counselling Rooms were certified using the ten approved YFC standards. According to the certification records the clinics all scored in excess of the 85.5 per cent necessary for certification. The certified YFCs were located in the following towns and cities. in Novoyavorivsk and Chervonograd (Lviv Region), Yuzhnoukrainsk (Mykolaiv Region), Donetsk, Makiivka, and Horlivka (Donetsk Region), 3 YFCs in Kharkiv, Zhytomyr, and Novohrad-Volynskiy (Zhytomyr Region), 2 YFCs in Khmelnytskyi, 2 YFCs in Kyiv, and 2 Counselling Rooms in Ternopil. At the time of this survey, 32 Centres, Departments and Counselling Rooms had received YFC certification. Almost all the experts interviewed during the survey were positive about the impact of the introduction of the YFC standards. They conclude that these standards facilitate the work of professionals and YFC managers, by defining directions which should be followed by the YFCs in the provision of services to their clients.

“Now we are guided by clinical protocols which mean that we have defined procedures to follow and we know where we are moving to and to what extent we should be providing

medical care to a client with a particular disease. The standards help managers of youth-friendly clinics and, in general, managers of all medical institutions to guide them in choosing the best ways to provide the necessary medical help.” (Lviv)

"I think that the impact of the standards is positive, because if there is a benchmark, then it is easier to follow it or at least to try to reach it... the standards also help to understand and to analyse when standards are not complied with... So it seems that these standards are compelling medical institutions to carry out their work in a more optimal way..."(Kyiv)

"Thanks to these standards it was possible to systematize the principles for rendering youth-friendly medical services and it became a lot easier to work... All our activities became systematic and well planned. Now we developed each standard, in line with the provisions of the statute of our students' polyclinic.”(Odessa)

"When we opened the clinic which is youth-friendly, we were given some basic concepts. We had been trained; we had 15 doctors at that time who were trained in the provision of "friendly" services. But now, after the development of these standards it is possible to systematize the work of our YFC.”(Odessa)

"Yes, the efficiency is already visible.” (Odessa)

At the same time, according to some experts, the standards of medical care provision are more relevant and valid in the treatment of diseases. A standardization of the YFCs' activity in the area of HIV prevention and healthy life styles promotion remains a concern:

"Standards are standards in respect of a disease and its treatment. But disease prevention and education which are the main goal of YFCs is more difficult in prescribing to a standard... Though, a disease information and prevention activity is a very important component..." (Odessa)

2.6. YFC management

The management of YFCs is performed by appointed managers. According to the Typical Regulation concerning the functions of a YFC Manager the post holder should be a specialist with higher education and a Specialist or Master degree in Medicine or specialist training in Medical Treatment, or Paediatrics and who has completed a postgraduate course in one of the specialties of paediatrics. The post holder should have professional job experience of at least 3 years and should understand the principles of youth friendly approaches in the provision of medical services.

The head of a YFC is appointed and managed by the Chief Doctor of the host medical facility, in compliance with the current labour legislation of Ukraine. The YFC manager's task is:

- a) To be responsible to the Senior Doctor of the host facility;
- b) To be guided by the requirements of the current legislation of Ukraine, industry-specific norms and regulations, by the Statute of the host medical facility, by the Typical Regulation concerning the functions of the Manager of the YFC and by his job description;
- c) To carry out duties in compliance with the principles of the youth-friendly approach.

The list of the main responsibilities of a YFCs manager includes:

- Adherence to the principles of professional ethics, safeguarding the medical confidentiality and anonymity of services to clients;
- Effective performance of tasks requested of the YFC and the organization of its work and activities;
- Organization of medical service provision for the YFC client target group;
- Creation of conditions for effective multidisciplinary team work;
- Exercise control over the quality of services provided by the YFC in compliance with the principles of the youth-friendly approach, ensuring the rights of clients to health in accordance with Ukrainian legislation;

- To ensure cooperation with the Family, Youth and Children Social Service Centre, including the creation of conditions for providing social services in YFC's;
- To ensure cooperation between the YFC and other health care facilities, educational facilities, state agencies, departments, NGOs and the mass media;
- Organization of advanced job training and to ensure the certification of YFC employees;
- Supervision of the YFC's human resources professional performance;
- Management of finances and financial bookkeeping related to medical documentation;
- Analysis of the YFC's performance;
- Study, generalization and implementation of the best practices related to the youth - friendly approach application and undertaking efforts aimed at sharing good experience.
- Organization and implementation of supervisory activities.

Within the framework of this re-assessment study, 26 YFCs have been surveyed, including interviews with their specialists and managers. The majority of the YFC managers and acting managers are paediatricians (17 YFC heads). Specialisms of other YFC managers included gynaecologists, drug abuse doctors, infectious disease doctors, skin and venereal diseases doctors, therapists, psychiatrists, child psychologists and surgeons.

The average work experience of YFC employees is about 3 years, although it varies from 1 year (at newly established YFC) to 13 years (at a YFC established in 1998). YFC managers have similar durations of job experience. The majority of the YFC staff and managers interviewed had been working in their YFC since its opening. This being the case, this section of the study only records the work and skills of staff members and the YFC managers relating to their specialization and job experience. It does not discuss here the particular features of YFC staffing issues discussed further on in this report.

The major issues most frequently faced by YFC managers are staffing and financial management. Resolving these issues depends mainly upon the level of managerial experience. Interviews among experts, YFC managers and chief doctors of the YFC host facilities in the later assessment showed that YFC managers cope well enough with their responsibilities. They work within the rules and conditions of the system and have acquired skills needed to ensure the provision of the youth-friendly services despite challenges posed by lack of staffing, limited resources and insufficient budgets required to ensure efficient operation of YFCs.

Clinic managers are, by and large, appointed from the staff of the host organisation, often a paediatric poly-clinic. It is likely that newly appointed YFC clinic managers will not have management experience of an organisation, its staff and budget. Management may not be the main reason they took the post. It is more likely they wanted to expand their experience in medical care and maybe offer a service that they feel strongly about. The managers met in the final part of this assessment were not a random selection, but had been in post for some time, ranging from 3 to 13 years. The fact that they had found ways through some of the difficulties expressed by other clinic managers in earlier studies raised the question about clinic managers' needs for management training and governance as well questions about whether there is a need for greater investigation by OKHMATDYT into the inequality in access to resources.

Dissemination and sharing of good practice plays an extremely important part in building capacity in YFC managers. The experience acquired within the YFC network is substantial. It is also quite unique for Ukraine from the point of view of the integration of new medical approaches into the health system. Experiences of the YFC management also differ depending on where they have been established (in cities or rural areas) as well as on the groups of young people using the YFC's services. It is important that the experience gained in YFC management is viewed as a resource in supporting the implementation of the whole programme.

2.7. Issues of YFC Staffing: training and development activities

As in previous years, common practice in the organization of YFC activities is to re-allocate the workload of medical specialists who work full-time in other departments of the host facility in which the YFC is situated. According to the experts interviewed, the major work load of medical staff who is also assigned to the YFC is still within the host facility, leaving them less time to concentrate on YFC activities.

"In my opinion, YFCs operate as if they are outside the main working hours of other medical workers. They work at YFCs either on a volunteer basis or for a small extra charge. If these medical workers could be directly employed by a YFC as their main place of work then it would be a better option." (Lviv)

In 2009, the Order of the MOH of Ukraine № 383 (dated 02.06.2009) was issued which approved the indicative staffing schedule of a YFC and the staffing schedule of "Information and resource training centres". However, this Order did not make any significant changes to the staffing model of YFCs, although it made it somewhat easier for YFC managers to address some specific personnel employment issues concerning the type of specialists they may employ. In some regions, where local authorities actively support the creation of YFCs, some additional employees can be appointed for work at YFCs (for example, in the Zaporizhzhia, Sumy regions).

"The Ministerial Order number 383 concerning temporary staffing schedules does not allow YFCs to fully staff themselves with necessary specialists. There are a growing number of psychologists in the country, but they are not employed by YFCs because psychologists are not employed in hospitals. It is difficult therefore to find employment for them. They could be employed in YFCs but the problem is who will pay for their work? And therefore, in fact, we have to involve psychologists who are employed by the Centres for Social Services for Families and Children." (Lviv)

As before, YFC staffing schedules are structured within the model of the YFC set-up. If a YFC functions as a Counselling Room, its staffing schedule usually consists of the part time employment of doctors, whose selection depends upon the profile of the Counselling Room's host facility. In these cases, many medical specialists receive clients of the YFC at their main place of employment (e.g. Students' polyclinic, city of Odessa) and they do not receive any additional payment for this additional job. A full-time employment salary is only provided to the doctor who is the formal manager of the YFC.

Table 9. Indicative staffing schedule for different YFC models including Information, Resource and Training Centres (IRTC)

Job title	Number of employees			
	Centre	Department	Doctor's room	IRTC*
Medical staff				1,0
Head	1,0	1,0	1,0	
Paediatrician / physician / children therapist, general practitioner / family medicine specialist	1,0	1,0	1,0 According to profile of YFC	
Obstetrician-gynaecologist (gynaecologist for children and adolescents)	1,0	1,0	1,0 According to profile of YFC	
Doctor-dermatologist – venereologist/STIs	1,0	1,0	0,5 According to profile of YFC	
Doctor-urologist	0,5	0,5	0,5 According to profile of YFC	

Doctor-psychologist or psychologist	1,0	1,0	1,0 According to profile of YFC	
Doctor-Methodist	1,0			1,0
Non-medical job positions requiring employees with medical education:				
Senior medical nurse	2,0	2,0	1,0	
Midwife	1,0	1,0	1,0 According to profile of YFC	
Medical Statistics specialist	0,5			1,0
Other non-medical staff				
Junior nurse	1,0	1,0		
Other staff:				
Lawyer	1,0	1,0		
Software Engineer				0,5
Medical Registrar	1,0	1,0		
Total	16,0	14,5	1,75	3,5

Note. * IRTC use services of employees of YFC (centre / department) for provision of training and education services during working hours assigned to them for fulfilment of information and educational activities.

Source: Order of MOH of Ukraine dated 02.06.2009, № 383

If a medical institution is a YF centre or department it usually has more full-time doctors - 5-6 people depending upon the YFC. However, staff can only work within the time they have been employed to work according to their contract. This includes the time they have to work as part of their YFC duties. Some experts pointed out that there has been a steady decline in the numbers of staff available to the YFCs since clinics were first established.

"I remember that when the first YFC opened in Kyiv there was a bigger staffing model: there were psychologists, social workers and psychotherapists. But now all these staffing schedules have been reduced ... So, I can say that, as far as staffing is concerned, the staffing model has not been changed for the better..."(Kyiv)

At YFCs created within FCYSSCs, clients are consulted by the centre's psychologists who can direct their clients, according to their needs, to other medical professionals, and social workers and lawyers at the FCYSSCs. Similarly, the YFCs functioning within a host medical institution solve their personnel issues through re-deployment of the existing staff resources without the need to secure additional funds to pay staff salaries. Those YFCs hosted within health care institutions increasingly need staff that can provide non-medical services such as counselling and legal help.

"YF counselling rooms - yes, we are creating them, but we have no financial motivation to do it.... Making any changes to Order 383 regulating staffing of YFC? Well, so far, there have been no such changes... So, the situation will remain the same..."(Odessa)

"Recently the number of requests for legal assistance concerning domestic violence and similar issues have increased... That is, clients are coming facing not only medical problems, but also others problems requiring advice on legal matters. But we have no trained lawyers who can work in this particular sphere."(Dnipropetrovsk)

"It would be good if at the beginning, a lawyer would receive a client at YFC and YF clinics employed a lawyer able to give advice to a client."(Kyiv)

During the interviews some experts raised concerns about the future development of YFCs within the primary health care reforms taking place in the country. This reform is already underway in some pilot territories of Ukraine within the on-going health care reform. This aims to rationalise the state health care services including a revision of the budgetary model. According to the

respondents to this study, the reform will result in a revised workload for general physicians and changed (merged and abolished) health care structures. Therefore the role of YFCs, their integration into the new systems as well as their staffing issues, require further discussion and clarification at the level of MoH and with other concerned stakeholders.

"I think that we will have to cancel the use of some provisions of the Order 383 on staffing. If YFCs are to be integrated into other centres of health and social care, in an area where family medicine is already practiced, then YFCs would be completely irrelevant. ..."(Dnipropetrovsk)

As found in 2008, the data from this study is showing that staff related issues are of high importance. According to data collected by OKHMATDYT, the level of YFC staffing is currently 85 per cent of the total needed. Most of the personnel work on a quarter-or half-time basis, with physicians and psychologists accounting for the major numbers of those who work part-time. Social service centres specialists (social workers, psychologists, and lawyers) also frequently work at YFCs. 50 per cent of specialists employed by YFCs have undergone training in YFC approaches and in adolescent medicine.

As presented in Table 10 below, in the end of 2010, there was 348.6 permanent staff positions created in YFCs, which is by 161.5 positions more than in 2009. As some of those positions had been shared in practice by several staff working part-time, which appears to be the regular practice in the YFCs, a total of 637 people worked at YFCs in 2010. They included: 337 medical doctors and 108 nurses, but 192 were not medical professionals (lawyers, social workers, non-medical psychologists, etc.). At the same time, these permanent staff positions had been created in only 57 of 91 currently functioning YFCs (in 2009 this was only done in 23 YFC). The remaining 34 YFCs outsourced the personnel from the local medical facilities.

In Ukraine, there are 3 higher education facilities which provide training courses dedicated to youth-friendly approaches in medical services provision:

- Since mid-2008, *Kharkiv Medical Postgraduate Academy* has run courses on youth-friendly approaches;
- Since the beginning of 2009, *Lviv Medical University* has held 2 week cycles on thematic courses for improvement of YFC workers knowledge;
- Since 2010, the *National Medical Academy, Department of Adolescents Medicine*, has run distance learning courses on medical and social services (covering 9 regions, in which there are YFCs with the information technology equipment necessary for such courses).

The following measures were taken in 2010 to ensure that Ukrainian YFCs will provide comprehensive and high-quality medical care based on youth-friendly principles:

- Training of YFC specialists in medical care for adolescents using youth friendly approaches: with the support of UNICEF, 8 training seminars were held to train specialists for work in YFCs. One of the seminars was devoted to HIV voluntary counselling and testing (VCT). A total of 665 specialists, including 58 paediatrics, general practitioners and family doctors, have been trained at these and previous training workshops. 224 specialists were trained in 2010, with 28 of them receiving training in VCT. Of the total number of specialists, 395 of them are still employed by YFC.
- The adolescent medicine department of Kharkiv Medical Academy of Postgraduate Education carried out 4 monthly advanced training sessions and 1 two-week advanced training programme for physicians for adolescents' diseases and YFC specialists. The total number was 143 specialists.
- Activities of the national training team, composed of 12 specialists working directly with YFCs, have been continued.

- Two information resources and education centres currently operate in Kyiv and Sevastopol, established with UNICEF support.

Table 10. Human resources employed by YFC (2008 to 2010)

Specialists	2008	2009			2010					
		Staff positions	Occupied positions	Persons	Staff positions	Occupied positions	Persons	Staff positions	Occupied positions	Persons
Medical Personnel		70.5	64	212	99.25	88	303	230.1	222.25	445
Total medical doctors, including:		45.5	41.25	164	62.25	52.75	229	145.85	143.25	337
• paediatrician/internist/adolescents' physician/general practitioner/family physician		11.75	11	51	17	13.5	61	64.75	63	123
• obstetrician-gynaecologist / child and adolescent gynaecologist		14.25	14	51	16	15.5	68	42.85	40.5	91
• STI and skin diseases specialist		8.25	8	30	10	9	42	21	21	64
• urologist/ andrologist		4	3.5	15	5	3.75	18	9.25	8	31
• psychiatrist		3.25	2.75	11	6.75	5.75	16	2.25	2.25	11
• psychologist		1	0.5	5	4	2.7	7	4	3.25	8
• substance abuse specialist		0	0	0	0.5	0.25	7	3.5	3.5	9
• methodologist, department head, medical services coordinator		1.5	1.5	5	3	3	10	-	-	-
Nursing staff, total		24	21.75	41	37	35.25	74	84.25	79	108
Non-medical personnel, total, including:		16.75	14.5	57	26.25	25.75	84	49.5	47.5	105
• psychologist		13.5	12.25	32	19	18.5	46	37	35	67
• social service centre specialist		3.25	1.25	15	7	7	27	7.75	7.75	26
• lawyer		0.75	0.25	7	0.25	0.25	11	4.75	4.75	12
Other personnel, total, including:		26	25	36	36	35	64	69	69	87
• medical registrar		12.75	11.75	20	15	14	33	31	31	43
TOTAL		115.25	106.25	300	161.5	148.75	451	348.6	338.75	637

Source: Data of Methodological, Organizational and Monitoring Centre of the NSCH "OKHMATDYT", 2011

- In 2010 – 2011, the department of child and adolescent health of the P. L. Shupik National Medical Academy of Post-Graduate Education organized 5 monthly training courses for 133 doctors. In 2010, for the first time in Ukraine, with the support of the MoH, 2 week-long distance training courses were held on the subject of youth-friendly medical and social care services. These were delivered by YFC staff with the help of telemedicine services. These two training sessions were attended by 112 specialists in different spheres of medicine from 9 regions and Kyiv city. The participants included 15 psychologists and 28 doctors who work in YFCs. Other courses included one-day training seminars on the provision of medical and psychological help to children and adolescents at YFCs. The Ministry of Health of Ukraine has recommended to Rectors of higher medical education institutions and post-graduate education facilities to incorporate youth-friendly approaches into initial training academic curricula. Training courses have already been introduced at a number of education establishments which include - the P.L.Shupik National Medical Academy of Post-Graduate Education, the M.Gorki, National Medical University Donetsk, the S.I.Giorgiev Crimean State Medical University, Dnipropetrovsk State Medical Academy, Bukovyna State Medical University, and the M.I.Pirogov Vinnytsia National Medical University.
- The YFC methodological and educational basis has been developed for trainers and specialists. With the support and participation of WHO, orientation-type programmes were held on the issues of *Adolescents' Health* and *Most At Risk Adolescents* with the support and participation of WHO and the adaptation of the Organizations Orientation Programme on Adolescent Health for Health Care Providers.

In 2009 the Ministry of Health of Ukraine with support from UNICEF organized the 1st All-Ukrainian Conference “Medical Care for Children and Youth: Development of Youth-Friendly Medical and Social Services for Children and Youth of Ukraine” in Kyiv. This was attended by YFCs managers, national trainers, chief regional paediatricians, social workers, NGOs, and employees of paediatric, family medicine, and general practice departments of higher medical and postgraduate education institutions. The conference included implementation of a number of master-class sessions devoted to such issues as:

- YFC work experience;
- Interaction between healthcare facilities and social service centres;
- School medicine;
- Work with MARA/YP using youth-friendly approaches.

In September 2010, a Ukrainian delegation, which included some employees from YFCs, participated in the International Conference “Youth-Friendly Clinics - 10 years – Story to be continued” which was held in Saint Petersburg, Russia. In the same year, 10 Ukrainian specialists from YFCs were trained at the Summer School seminar held in Saint Petersburg with support of the UNICEF.

According to experts' estimates, the training of YFC staff still remains one of the major issues for HR management. In particular, experts point out the necessity for the simultaneous solution to problems concerning the establishment of new YFCs and the availability of suitably trained staff. There is a need to improve their skills and knowledge and provide for their continued professional development, especially of nurses and non-medical YFC staff. Some experts mentioned the problem concerning the provision of doctors for YFCs as there is a general shortage of children's medical specialists in the country.

“All our employees underwent education and participated in UNICEF training and workshops. They all have certificates that confirm participation. By the way, specialists from FYCSCC and junior medical staff, as well as social workers also participated in

workshops. I would say the principle of staff training and education is 100 per cent implemented.” (Lviv).

“Training for employees of newly created and existing YFCs is carried out annually... All employees of our centre, including doctors and junior medical staff, were trained for voluntary counselling and HIV testing... But at district levels it still should be improved.” (Lviv)

“This issue is very important. We need to secure synchronous opening of YFC and simultaneous training of specialists required for them. It is important not only to have good premises but it is also important to have good medical staff. But, I think that this issue is treated as if it is something of average importance.... This means that now there is some training of specialists but the volume of such training is still not high enough. It is especially true when we talk about non-medical staff of YFCs. I try again to stress the importance of this issue because there is a limited number of educational institutions.”(Kyiv)

“Sumy Region is the region with the lowest level of provision with medical staff, especially with children's medical specialists.” (Sumy)

Some experts say that despite the fact that there is a system of training and advanced training for medical staff employed by YFCs, the level of this training is still not good enough and there is a need to introduce multi-disciplinary approaches to the arrangement of such training.

2.8. YFC Funding

Ukrainian YFCs are mainly departments of existing health care facilities, although four are established within Family, Youth and Children Social Services Centres. YFCs are financed from regional and local budgets. According to experts, since 2008 few changes have been made in setting priorities for funding allocations to the national health care system. As in the past, the emphasis in the distribution of funds is on the allocation of funds for medical treatment. The financing of prevention measures including the prevention of infectious diseases amongst adolescent and young people continues to be done through budget underspends. The view of experts interviewed for this survey is that the current administrative reforms will not lead to new priority setting in the financing of the health care system.

“... no changes have taken place.... The principles of funding allocation remain the same as they used to be...”(Odessa)

“Being a specialist in this field, I can say that there were absolutely no changes in financing. There was a conceptual review of management approaches, but in the sphere of the health system financing nothing has changed. In our country disease prevention programmes tend to be of a declarative nature...”(Kyiv)

“As before, greater emphasis is on treatment of diseases rather than on disease prevention measures. But in reality it should be the opposite. YFCs are one of the factors promoting disease prevention trends and the training of adolescents in healthy lifestyle skills... It is sad to say that today the lion's share of medical funding is used to pay for salaries, energy and the maintenance of hospitals, but not for treatment of diseases and patients' meals.”(Lviv)

“With regard to sanitation and education measures - almost no money is allocated. When it comes to disease prevention, it is still somehow financed though measures on prevention of HIV and AIDS which is more or less fully funded. As to other prevention measures the volume of funding is inadequate....”(Sumy)

“It is common to view disease prevention as some kind of additional service to be provided by medical experts in conjunction with medical treatment ... Although, in

principle, disease prevention funding could be identified as a separate public budget item... for now, there is no money, each institution carries out prevention measures at its own discretion and as deemed appropriate by a doctor or health worker. As a result, disease prevention is simply a formal measure or, at least, is motivated by personal aspirations of medical employees."(Kyiv)

At the same time, the MHU has introduced a new programme called ‘Health-2020: Ukrainian Dimension’, with the purpose of “improving the health and well-being of citizens by creating a new healthcare system which will move the emphasis away from treating disease to promoting health and well-being.”⁹ The new programme is based on a new European Strategy ‘Health-2020’, whose main priority is the prevention of diseases. It creates the conditions for development of healthy environments and build the population’s positive attitudes to their health. It is expected that Ukraine’s healthcare system will undergo a re-orientation. This will include the reform of primary medical care institutions to work more on preventive activities and different types of rehabilitation and restorative treatment.

As part of this new health care initiative an analysis of the budgetary needs and activities for medical and social services to children and youth in the period of 2013-2020 was developed and submitted to MHU. According to experts, the inclusion of these needs and activities in the State Programme ‘Health-2020: Ukrainian Dimension’ will change the emphasis in setting the priorities in financing of the healthcare sector. The Programme also envisages expenses for information and educational work among adolescents and youth within the state budget. Other health care expenses will be financed from local budgets.

According to the experts the level of YFC funding, both in 2008 and now is viewed by them as very low. The main sources of YFC funding still remain the same:

- Regional and local budgets;
- NGO funding;
- International HIV/AIDS Alliance.
- Host facility funds.

According to the results of the study, the size of the current year’s budget allocated for different YFCs differs very significantly. The largest budget allocation reported by the YFC managers for the current year was 338,948 UAH. Below are representative examples of funding levels in some of the YFCs represented in this survey:

- Around 20,000 UAH: 3 clinics;
- Up to 70,000 UAH: 2 clinics;
- 155,000 to 180,000 UAH: 4 clinics; and
- 338,948 UAH: 1 clinic.

Data on the size of YFC staff salaries also varies significantly, depending on the YFC model and staff number. On average, according to the data provided by the YFC managers, the salary fund of a YFC is 84,301 UAH. The majority of the YFC managers interviewed did not want to (or could not) answer the questions regarding the financial standing of their facilities and that is why these figures are approximate.

The following funding items cause the biggest problems for YFC managers:

- salaries;
- stationery;
- payment for specialists’ services, not stipulated by staffing schedule;
- purchase of advertising materials;

⁹ Goal of the Programme ‘Health-2020: Ukrainian Dimension –prevention of diseases and not treatment of patients’. – Electronic resource. Access mode: http://www.moz.gov.ua/ua/portal/pre_20111025_2.html.

- purchase of diagnostic equipment;
- purchase of required medications.

An overwhelming majority of YFC managers (19 out of 23 who agreed to reply) reported having no delays in getting funding. Those YFC managers who stated that they experienced delays in getting funding reported the following frequency of such delays: (1) twice a year - 1 manager; (2) in the last 2 months – 1 manager; (3) all the time – 2 managers. The managers believe that these financial difficulties are mainly caused by the insufficiency of local budgets as well as by the general national economic difficulties including in its health care system.

Only 6 of the 26 surveyed YFCs were granted discounts on payments for some services they receive. These include discounts on payment for office rent, public utility fees, communication fees, and discounts for the purchase of stationery goods. Some YFCs have budget items that require no payment. In reality, none of YFCs rent premises as they are based in an already existing health or social services facility. Costs for communal services are also covered by the host facility. Therefore, there are doubts about whether managers of YFCs possess all the costs information concerning the functioning of their YFC.

According to the experts' opinions the main ways to improve the financial situation of YFCs can be divided into 3 major groups:

- independent funding sources through grants and other self-financing measures;
- attracting sponsor support from institutions and organizations; and
- increasing the level of state support for the healthcare sector.

Taking into account limited budgetary resources, especially in view of the current restructuring of the health care system, it is becoming clear that there is great need to ensure that the management skills and competencies of YFC managers are improved, especially in identifying sources of extra-budgetary funding as well as in fundraising and in general YFC management and organisation.

2.9. Information and Educational Activities

A significant responsibility of YFC activities is in information, dissemination, education and awareness raising. The volume of such activities and their scope of population coverage have increased over time.

In 2010, the number of people covered by various prevention-oriented activities, increased by 78 per cent. During 2010 individual-oriented preventive measures involved 116,241 YFC clients (80 per cent), as compared to 77,155 (78 per cent) in 2009. The predominant type of group-oriented health education activities are in the form of discussions. Health education materials in 2010 were prepared by 45 YFC.

Table 11. YFC Information and Education Activities carried out during 2008 -2010

Activity description	Number of Visitors						
	2008	2009	2010				
		Participant s	Covered	Participant s	Covered	Participant s	Covered
<i>Individual-oriented prevention activities</i>		50247	50247	77155	77155	116241	116241
<i>Group preventative activities</i>		16588	215137	15881	284043	17055	341030
• discussions		11675	60601	9230	73506	9185	75156
• training seminars		891	12501	1298	13217	1626	21379

• round- table meetings	187	6097	181	7096	445	9858
• video lecture courses	1060	23195	1931	40203	1609	39939
• lectures	2724	86802	2989	115652	3878	140721
• other events	51	25941	252	34369	312	53777

Source: Data of Methodological, Organizational and Monitoring Centre of the NSCH “OKHMATDYT”, 2011

HIV and STI prevention and the promotion of healthy lifestyles remain the priority activities of YFCs. Although all YFCs organize and carry out these activities, their number and periodicity varies.

Among the 26 YFCs surveyed 9 clinics carry out prevention and promotion activities several times a month (most frequently – each week); at 14 YFCs these activities are carried out once a month; at 3 YFC – only once every three months. For group-oriented activities, the most widespread are discussions, lectures, group discussions, round-tables, topical evenings, other events, interactive sessions, etc. For individual-focused activities with YFC clients, the most common are individual consultations, medical examination discussion of the patient’s medical records, specifics of their behaviour and other individual-focused activities.

Group-oriented activities are carried out mostly in the premises of YFCs or at the host facility, at educational facilities or at partner organization’s premises. Managers of YFCs have used the following effective ways for ensuring young people’s involvement in activities by:

- conducting workshops and seminars by the YFCs specialists in schools, colleges, etc. as initiatives of the YFC itself;
- responding to the individual and group requests to conduct counselling sessions or workshops if any such request is received by the YFC from individual client(s) or educational establishments.

2.10. Social Partnership

The YFCs carry out their activities through intensive social partnership with workers from FCYSSC. This cooperation is stipulated by the joint order of Ministry of Health and Ministry of Youth, Family, and Sports of Ukraine, No. 1209/228 of 17 April 2006 “On Approval of the Procedure for Cooperation between Family, Children, and Youth Social Services Centres with Healthcare Institutions in Providing Medical Care and Social Services for Children and Youth”. This cooperation is operationalized locally through the cooperation agreements signed between healthcare institutions and centres of social services for family, children and youth.

The primary areas of their joint activities are as follows:

- Information and educational activities for the promotion of a healthy lifestyles, disease prevention at educational institutions and student’s dormitories;
- Prevention activities in educational institutions and dormitories on sexually transmitted infections, including HIV;
- Organization and implementation of comprehensive activities by mobile teams, involving staff of YFC, in the rural areas;
- Educational activities aimed at the protection of reproductive health and parenting skills as well as the formation of responsible sexual and interpersonal behaviour ;
- Dissemination of public service information leaflets promoting healthy lifestyles, reproductive health protection, and the prevention of infectious diseases
- Organization of counselling centre activities aimed at the provision of psychological, social, pedagogic, and information services for school and university students;
- Referral of children and young people to YFCs,
- Training of volunteers;

- Support for telephone counselling hotlines with a focus on reproductive health and sexual education of adolescents and young people;
- Providing social care and support for vulnerable YFC clients, referred by other healthcare institutions;
- Organization and implementation of information and educational events on World Health Day, International Family Day, World “No Tobacco” Day, etc.;
- Joint development, production and dissemination of methodological, information, public information and health education materials concerning the issue of reproductive health protection, prevention of sexually transmitted diseases, etc.;
- Raising the awareness and knowledge of parents, children and youth about medical care and social services opportunities;
- Involving governmental and non-governmental organizations, public organizations, including international agencies, aimed at the promotion of the youth-friendly approaches and principles.

According to data received from OKHMATDYT, in 2010 a total of 105 social service centres specialists (as compared to 84 specialists in 2009) were engaged in providing medical and social services for adolescents and young people at YFCs. Involving the following professions:

- 67 psychologists (who provided care for 16,719 clients);
- 26 social workers who were providing support to 1230 clients; and
- 12 lawyers.

Together with social service centres, YFCs held 445 round-table meetings, 930 video lecture courses, 1,120 lectures, 312 social and cultural events, and 845 training seminars.

The YFC managers also underline the importance of reaching agreements of cooperation between YFCs and different local institutions and organizations in joint activities like spreading information about the activities of YFCs. The organisations most often involved were city and district social services; educational facilities; NGOs; charities; hospitals, city health centres, other medical facilities; criminal police; mass media; regional social service departments; state administration departments for family, children and youth; education department; AIDS Centres; drug abuse treatment clinics; palaces/houses of children and youth, and central children’s libraries.

In relation to the YFCs interaction with government partners and institutions, experts point to the widespread practices of cooperation in the regions involved in the study. The YFC Standards require that YFCs should have cooperative agreements with social service centres for family, children and youth at various levels, In addition, if a YFC, cannot provide some particular services due to lack of staff expertise, it should seek out centres where specialist services exist. These might include venereal and skin disease treatment facilities or drug-addiction treatment centres and HIV/AIDS prevention centres. Also, newly established YFCs should as soon as possible build cooperative agreements with other medical institutions

Most YFCs receive support from the FCYSSC, public health care departments, local health centres, HIV/AIDS prevention centres, and skin and venereal treatment centres. There are examples of YFCs established in children's hospitals, student polyclinics, maternity welfare centres, and drug-addiction treatment centres. Quite often the FCYSSCs are involved in training volunteers to work in YFCs. However, although cooperation is widespread some experts commented that co-operations are often not established as a matter of course but more likely opportunistically.

The active participation of specialists from the FCYSSCs and from NGOs in providing individual consultations at YFCs and the involvement of doctors in working with mobile counselling centres still remains urgent. None of the experts gave examples of mobile consultation centres going to rural areas, though this activity was included in the

recommendations adopted in 2008. It may be that those mobile counselling teams operate in other regions that have not been covered by the current survey.

VCT is free of charge in YFCs. Also provided at no cost are the medical consultation services included in the list of services YFCs are required to provide. If a YFC does not have a treatment room, then the client is often referred to another specialist working in the host facility or to another health service provider with which the YFC has an agreement. The trend in YFC development is however to ensure that each YFC has the space and the staff necessary to carry out all the basic services it is required to deliver.

"We carry out free anonymous counselling, both pre-test counselling and HIV testing. We produce posters letting clients know that they can take a test for free, and anonymously. We have six staff members at the student health centre and YFC who have received special training and attended special seminars and training courses where they were trained to provide such assistance."(Odessa)

"In this respect, we cooperate with public medical institutions such as CSSFCYs, with whom our cooperation is quite normal. We have some volunteers working at a number of other medical establishments. Maybe it would be desirable to ensure wider involvement of volunteers into the work of YFC..."(Lviv)

"The Regional public health care department quite often supports us and tries to lobby for some of our projects. But some deputies of our city council, which also has a department of youth affairs and reviews different competitive project proposals, seem to be less motivated in provision of support to us..."(Lviv)

"Some Kyiv YFCs have cooperation agreements with us. We get in touch with each other, but this communication was more intense at the time the YFC was opened. Now it seems to be of an episodic nature although it is a very important factor. In relation to institutions of other sectors, I think that cooperation tends not to be active..."(Lviv)

"During last three years our cooperation with social service centres intensified" (Lviv)

Where the experts say that cooperation with government and partner organisations is weak or lacking they state as a reason that the leading specialists of YFC - paediatricians – are more inclined to just provide common medical services and they often do not have the required organizational and managerial skills. To a greater degree inter-sector cooperation is maintained by chief doctors or deputy chief doctors of the YFC host facilities. However, even for them the more common type of activity is to respond to requests from higher-level management officials, reporting to authorities rather than the generation of initiatives aimed at undertaking joint measures involving representatives of various organizations and institutions.

"The majority of specialists of YFCs are paediatricians, medical specialists or clinicians. That is, they are the people who are more aimed at providing common medical services. When it comes to the cross-sectorial cooperation and interaction, in this case YFC employees simply lack the required skills; they also lack managerial and organizing skills. Only chief physicians or deputy chief medical officers of clinics may have the required experience, but I would not say that all of them are ready for it... The main reason is that we are used more to respond to requests, to reporting to higher authorities. There are direct managers and direct job performers; such is the existing administrative chain and the most important link in this chain is to observe the pre-set hierarchy. But when it comes to establishing a relationship with another institution there is not enough time available. Sometimes we even lack an understanding of what such cooperation may bring to us or how really necessary it can be... Thus, it is necessary to take on this new, unusual duty. And, of course, it does not encourage interaction and even more, an attempt to improve it..." (Lviv)

Finally, some major restructuring of the health and social services has had a heavy impact upon cooperation. In 2011, the scope of joint activities between YFC and FCYSSCs has decreased, mainly caused by the two major restructuring activities, one of the health care systems which is a part of the administrative reform and the other is the restructuring of Social Services.

2.11. Volunteering

In almost all YFCs surveyed, young volunteers are active. Young volunteers are, in the majority of cases, selected by the YFC manager, psychologist or specially trained specialists. Selection is carried out through questionnaires and interviews. The training and selection of young people by already trained volunteers is less widespread.

Table 12. Volunteers training (according to results of interviewing of the staff and managers of YFC, N=46)

Volunteers are trained by:	Number of answers
YFC staff	36
YFC manager	25
Young people who had already been trained for such activities	15
Other	21

According to data received from OKHMATDYT, 907 students were trained and involved as volunteers in 2010 (as compared with 614 in 2009). The training of volunteers for taking part in activities promoting responsible health behaviour and the prevention of infectious diseases, including HIV among youth, was carried out within the programme called Volunteer Schools. This programme is run by the Centres of Social Services for Children, Families and Youth and involves YFC specialists. The programme includes education and training programmes for volunteers who will become engaged in health campaigns and “peer to peer” training sessions. Volunteer instructors are selected from student youth. The list of principal topics and subjects addressed in the programme include:

- “Healthy lifestyle: fiction or necessity?”
- “Youth awareness of tobacco, alcohol, and drugs abuse problems, HIV, STIs, and risky sexual behaviour”.
- “Affection, love, and sex. The spiritual and moral basis for sexual relations. Safer sex as a norm of sexual behaviour.”
- “Reliable information about modern contraception techniques”.
- The Development of responsible attitudes to personal health and behaviour skills.
- “Peer to peer” education.

3. YFC ACCESSIBILITY, ACCEPTABILITY AND RELEVANCE AND THE HEALTH NEEDS OF ADOLESCENTS AND YOUNG PEOPLE

3.1. Compliance of the internal policy of YFC facilities with principles of services provision within the “youth- friendly approach”

The YFC Standards are based upon the World Health Organization’s 2002 recommendations on youth friendly health services. These are:

- **Equality** – services are provided for any person seeking them;
- **Accessibility** – services are easily accessed;

- **Appropriateness** – services meet the expectations of clients;
- **Adequacy** – services are provided to the maximum possible extent;
- **Effectiveness** – services contribute to positive changes in health status and improve young people's quality of life¹⁰.

Equality Young people can receive health services with the knowledge that their membership of any group, especially a group that may cause stigma or marginalisation within the community, or because of their ethnic group, gender or sexual orientation, will in no way bar them from being offered and given treatment. Each young person attending a YFC will be treated exactly the same way.

Accessibility – meaning young people have easy access to facilities because they are situated where young people can easily attend; that opening times are convenient to them; that attendance is free from overburdening bureaucracy; that services are free or affordable and that the services they provide are comprehensive.

Appropriateness – Services are provided in comfortable and appropriate settings. Services are appropriate for the age and stage of development of the young person. Appropriate referral services are available that will also be provided in youth friendly ways. Services will be provided that are culturally appropriate. Services take appropriate account of gender differences and where possible provide services appropriate to the gender wishes of the client

Adequacy Service providers are adequately trained. The YFC is provided with adequate equipment and commodities. Adequate time is given for consultations. Adequate space is available for privacy and confidentiality. Adequate sanitation is provided.

Voluntariness – The YFCs create the conditions for young people to make voluntary informed choices about their use of YFC services; that their participation is voluntary and they are not obliged to answer any questions they do not want to or provide information not necessary to the treatment they receive.

Friendliness – services are provided to young people with understanding and acceptance of their different needs, taking into account age, gender, and social situation. Service providers will offer services with tolerance, respect, confidentiality and support which encourage young people to feel confident about expressing their concerns which are received in an unbiased and non-judgemental way.

These principles and characteristics have been designed in partnership with young people to fit with their expressed needs, taking into account that young people are not a homogenous group and have individual needs that change as their emotional, social and physical development progresses. Youth friendly health services are geared to work in collaboration with young people to support them in improving and protecting their health. To do this, service providers and the administrative and legislative infrastructure that supports them need to take into account the specific health needs of this age group and develop flexible and effective ways of addressing them by introducing innovative and comprehensive approaches, monitoring and evaluating their impact and keeping an open dialogue with young people as active partners in their continued development.

¹⁰ The MOH Order as of 02.06.2009 № 382 «On adoption of Temporary standards of medical help for adolescents and young people». - <http://zakon.nau.ua/doc/?code=v0382282-09>.

3.1.1. Convenience of working hours

According to the survey findings, the most appropriate working schedule for YFCs seemed to follow this pattern: reception of clients in the morning and afternoon working hours and on one day at the weekend. It must be noted though that each YFC should operate in the most suitable way for its clients. Most experts believe that the YFCs working hours are fully convenient for their clients.

“In Pavlograd, the YFC decided to arrange the reception of clients during the second half of the day when students go home from school or technical colleges... At that time it is more accessible to them to visit the YFC without missing school lessons... Therefore, some YFC staff members work the second shift and they get additional salary for doing so...” (Dnipropetrovsk)

“The YFC operates from 8 am to 5 pm. Those who wish may come in the morning, but those clients who do not want to be seen by anyone like friends or acquaintances tend to visit it in the afternoon...”(Poltava)

In the majority of cases, YFC working schedules coincide with the working schedule of the medical facilities - from 9 a.m. till 6 p.m. Most YFCs also work on one weekend day (most often Saturdays), usually the morning. YFC staff, as well as clients stated that the YFC working schedule was convenient for them.

At the same time, YFC staff members have reported that there are periods when the numbers of young people’s visits vary noticeably, depending upon the season or the day of the week. In particular, the largest number of YFC visits happens in spring and in autumn and the lowest number in summer. During the week, the largest number of YFC visits is on Mondays, with somewhat fewer visits on Tuesdays and Fridays. Only a small number of young people visit YFCs during weekends.

Table 13. Periods with the Highest Number of YFC visits (According to the data collected during interviews with YFC managers and specialists, N=42)

	Number of responses
<i>Seasons:</i>	
Winter	19
Spring	28
Summer	1
Autumn	33
<i>Days of week:</i>	
Monday	10
Tuesday	8
Wednesday	4
Thursday	4
Friday	7
Saturday	0
Sunday	0

According to YFC managers and employees, YFCs experience a so-called “dead season” when almost nobody visits them. This happens most often in the summer. The length of these “dead” periods varies from 3 to 90 days. Though, most often the “dead season” may last for 2 to 3 months. The majority of experts’ reported that the lowest number of visits was made in July and August, when young people are on holiday and away from home. The number of clients starts to increase in the last days of August, just a few days before the beginning of the school year.

The majority of YFC managers and specialists do not experience any problems in receiving large number of clients. Only one fifth of them experience problems. The YFC personnel act differently in situations when the number of clients seeking YFC care is especially large. In some cases they reduce the time devoted to each client; in other cases they direct some of the clients to another specialist. However, most often the YFC employees just prolong their working hours until all clients are seen.

However, some clients stated that sometimes one day is not enough to get to see a doctor. According to the survey data, most of YFC clients (76 per cent) were able to be examined by a specialist on the day they came to the clinic, but a quarter of clients (23 per cent) stated that they could only see a YFC specialist another day (Figure 2).

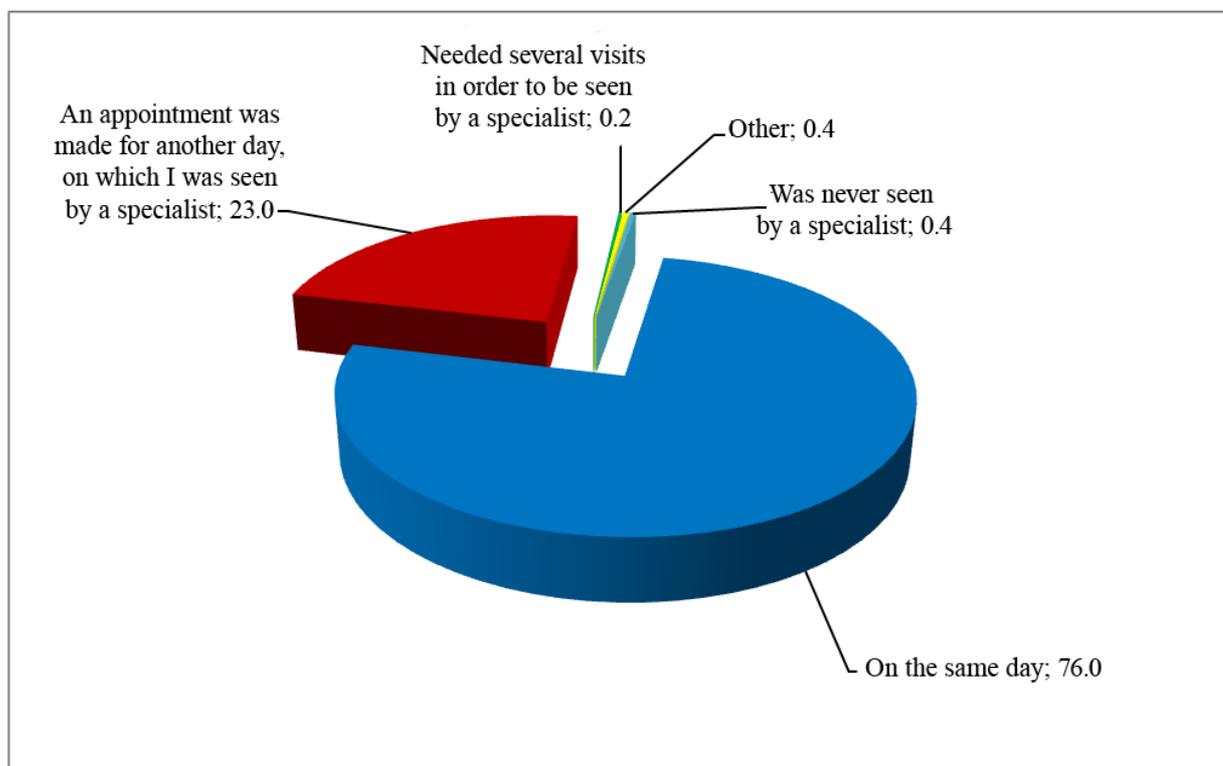


Figure 2. Distribution of YFC clients Responses to the Question “How quickly were you seen and examined by the requested specialist?”, %

One respondent reported that he had to visit the YFC several times in order to be seen by the specialist, and 2 respondents reported having never been seen by a specialist.

3.1.2. Convenience of location

One of the principle requirements of the YFCs location is its convenience. This can be judged by its proximity to major transport routes or to the centre of a settlement, as well as by good visibility of the building or by signs used to indicate its location. The majority of YFCs in the survey have convenient locations. There are signs on the way to many YFCs and signboards on buildings where the YFC is located (those signboards can be specific for a YFC or they may also contain the name of the YFC host institution). In only one case, interviewers faced difficulties in finding a particular YFC.

However, the presence of signboards does not always act as an encouragement for clients to enter them. Some reported feelings of embarrassment that they needed to ask for services from the YFC or even from its host medical facility. Also, not all clients could easily reach the YFC.

“There is no separate entrance, so everyone can see where we are going.”

“The YFC is located in a maternity clinic.”

“There are no clear directions; I had to ask several people in order to find the YFC.”

“There were no signs showing the way to the room or the schedule of working hours.”

“The YFC is located too far away, and it was difficult to find.”

The rising number of visits to YFCs from young people may be an indication that YFC locations are, in general conveniently situated and accessible. According to the findings on visit frequency, on average one client visits a YFC four times though there were those who visited a YFC only once, but there are also clients, who visited their YFC up to 25 times.

3.1.3. Working space and confidentiality

Recommendations made after the 2008 survey stated that there was a need to “create conditions” for greater privacy in communication when a client seeks YFC services, starting from the reception desk. Particular attention should be paid to ensuring that YFC receptionists have skills in youth-friendly communication and if possible to separate the YFC reception desk from the host medical institution.

The opinions of experts varied in 2011. Some argue that all YFCs now have their reception desks located separately from the host facility reception desks. Other experts argue that this recommendation is fulfilled in those cases where YFCs are created in the form of centres or departments, but if they are in the form of a counselling room it is almost impossible to achieve.

“Today, all new YFCs have their own reception desk.” (Kyiv)

“The principle of reception desk operation is to have it always open.... A room can be allocated for the reception office so that a client can be treated alone... reception desk staff still ask clarification questions like why are you visiting the clinic, with whom do you want to have consultation... And if there is somebody nearby, even friends, then their presence may prevent an adequate explanation of the client’s needs...” (Kyiv)

“To pay more attention to the procedures of application by a client for a service provision, namely to create conditions ensuring the possibility of private communication...if it is a YFC department then there is every possibility – for everything like compiling an application, private communication and anonymous application... In principle all of it is possible and ensured...However, when we talk about YFC counselling rooms it is less acceptable... and does not ensure meeting accessibility expectations of a client... Still, we can say that 90 per cent, of this requirement is met adequately.”

Generally, receptionists are informed about the principles of YFC operation and adhere to the principles of anonymity, friendliness and confidentiality when receiving young clients. However, there is still difficulty in assuring complete privacy at reception desks where conversations between the client and the receptionist could be overheard. This can lead to young people being inhibited and leaving the facility.

“I was afraid of meeting friends or parents in the YFC.”

“It is uncomfortable because of all those people nearby.. It would be better if nobody could see you.”

“The receptionist had no idea what is a YFC is and where it is located.”

3.1.4. Voluntary health seeking behaviour

A principle of youth friendly clinics is that young people attend and use their services voluntarily. YFCs need to create the conditions for young people to seek the services of a YFC independently, consciously and with informed consent. The YFCs regulation states that YFCs are created to provide services to clients on their own request or through a confidential referral process, or at the request of the social services centres for families, children and youth, or other health care institution, etc.

It is also pointed out that medical care at a YFC is provided to patients on the condition of “informed consent” taking into account cultural, ethnic and religious backgrounds and on the principle of a youth friendly approach

According to the experts’ views, the principle of voluntary consultation is observed by all YFCs, and practical compliance with it does not cause any particular problems among YFCs’ managers and medical staff.

“Accessibility and goodwill attitudes – these principles are observed... As to the principle of voluntarism - well, young people seek help at their own wish... There are no obstacles precluding compliance with those principles...”(Lviv)

"In general the principle of voluntary consultation is observed ... But I also remember some medical institutions and children's clinics where children do not always understand advice provided by people and they do not comprehend where they go, what an application to a YFC means, and why children need it..."(Kyiv)

There are cases when young people come to an YFC for services and after that continue to attend by participating in its activities and becoming a voluntary staff assistant or volunteer who support other young people, who came to the clinic for the first time.

“We are happy to visit this YFC and to act here as volunteers.” (From notes of the meeting with YFC volunteers in Kyiv)

3.2. Staffing and training of the YFC personnel in youth - friendly approaches to services provision

3.2.1. Availability of specially trained staff

Every YFC has specially trained workers who can provide youth friendly services. However, their number may differ, depending on the YFC model, similar to how YFC staff numbers vary. The survey showed that YFCs tend to employ more psychologists, gynaecologists, adolescents’ physicians, dermatologists and STIs specialists; there are less drug abuse treatment specialists. As well as the above list of specialists, the following specialists are also employed by YFCs: paediatricians, general practitioners, ultrasound diagnostics physicians, lawyers, psychologists, infectious disease specialists, and social workers.

Most YFC staff, specialists, receptionists, nurses, etc., are seconded from the host facility and work their hours in the YFC as part of their formal allocation of hours allocated in their host facility contract, not in addition to. It is rare for YFCs to have dedicated staff on a YFC pay roll as the pay roll they are on is the host facility pay roll. However, many clinics have the staff on their own pay roll, and the numbers of these job positions differ from one YFC to another. Some YFCs may have up to 11 such job positions, but on average, there are 5 specialists job position per one YFC. It should be also mentioned that there are 2 YFCs out of the 26 surveyed that do not have staff on pay roll and operate with seconded staff positions.

YFCs typically employ 1 to 20 persons (on average, there are 9 workers per YFC). But only some of them work as full-time employees (on average around 50 per cent). The remaining employees work either on the basis of limited working hours per day (in the range of 1 to 12 employees per YFC and with the average being 5 employees per YFC), or on the basis of a special working hours schedule (usually 1 to 14 employees per YFC, the average being 3 employees per such clinic). Some professionals work at YFCs on a part-time basis (typically their number varies in the range of 0 -7 specialists per YFC.)

Table 14. Staffing Schedule of the Surveyed YFC

	<i>Minimum</i>	<i>Maximum</i>	<i>Average</i>
Total number of employees	1	20	9
Including:			
Full-time workers	1	13	4
Employed for limited working day	1	12	5
Working according to individually agreed working hours schedule	2	19	11
On a part-time basis	1	14	3

The surveyed clinics rarely have the required number of employees available for the patients throughout the whole working day. This situation becomes even worse when doctors take vocation with no replacement system.

“There is no one to replace the doctor during his vocation.”

“At this YFC, because the majority of doctors were on vocation, there was only one specialist acting as a consultant.”

The YFCs reported staff numbers do not include volunteer staff who often work unpaid in the clinic fulfilling many tasks in providing services to YFC clients. The number of volunteers involved varies from 2 to 19 persons in different YFCs (on average there are 11 volunteers per one YFC).

Taking into consideration the high number of visits during the year and the fact that this number of visits has significantly increased in comparison to the previous year, it is likely that the number of specialists employed by YFCs is not enough to completely cover the needs of all clients.

An important component of the efficient operation of any facility is the training and continuous education of employees. This component is especially important in medical facilities due to the rapid development of the medical field (equipment, prevention and treatment techniques) and emergence of new practices. In addition, YFC employees are also trained to work with adolescents and young people. Managers of 24 YFCs stated that specialists working in their clinics at the moment of interview underwent YFC specialized training. The main sources of education and training for the YFC staff are:

- Workshops and training courses implemented by the Ministry of Health and UNICEF;
- Thematic training events and instructions received by a person following appointment to a post;
- Career enhancement courses at a number specialized higher education institutions.

Training courses for YFC specialists in youth friendly approaches have been implemented in Zaporizhzhya, Kyiv, Kharkiv, Dnipropetrovsk, Odessa, Lviv, Kamyanyets-Podilsky, Shostka, Khmelnytskyi, Chernigiv and abroad in Saint Petersburg.

The majority of YFC Managers surveyed reported that their clinics’ employees have a sufficient level of knowledge and skills. Some reported a lack of some essentials, such as:

- Knowledge of legal aspects;
- Art-therapy skills;
- Internet use skills;
- Skills in proper pre-test and post-test HIV/AIDS counselling;
- Organization and implementation of training activities; and
- Knowledge of adolescent age individual differences and experience of working with the most at risk adolescents.

Almost all of the interviewed YFC managers have reported that specialists working at their clinics have opportunities to receive training and to obtain the required knowledge and skills necessary to properly provide the required services to adolescents and young people.

The recommendation of the 2008 assessment, stating that each employee should have a name badge, is not fully in place. Each YFC tries to implement this from own resources. Currently badges for employees were found only in the YFCs in Kyiv city and partially in more remote cities and regional centres.

3.2.2. Respect toward young people

Respect toward young people means the staff displaying attitudes of respect toward them. In order to evaluate the acceptability of YFC services, YFC clients, when interviewed, were asked a series of questions to fully assess the level of respect when providing YFC services.

Clients of YFCs gave a generally positive evaluation of the way in which they were treated when making an appointment and during actual visit to a doctor (Fig. 3) 90 per cent of the visitors reported having been treated in a respectful and friendly way while making their appointments, and 95 per cent mentioned similar treatment by physicians and psychologists during the visit.

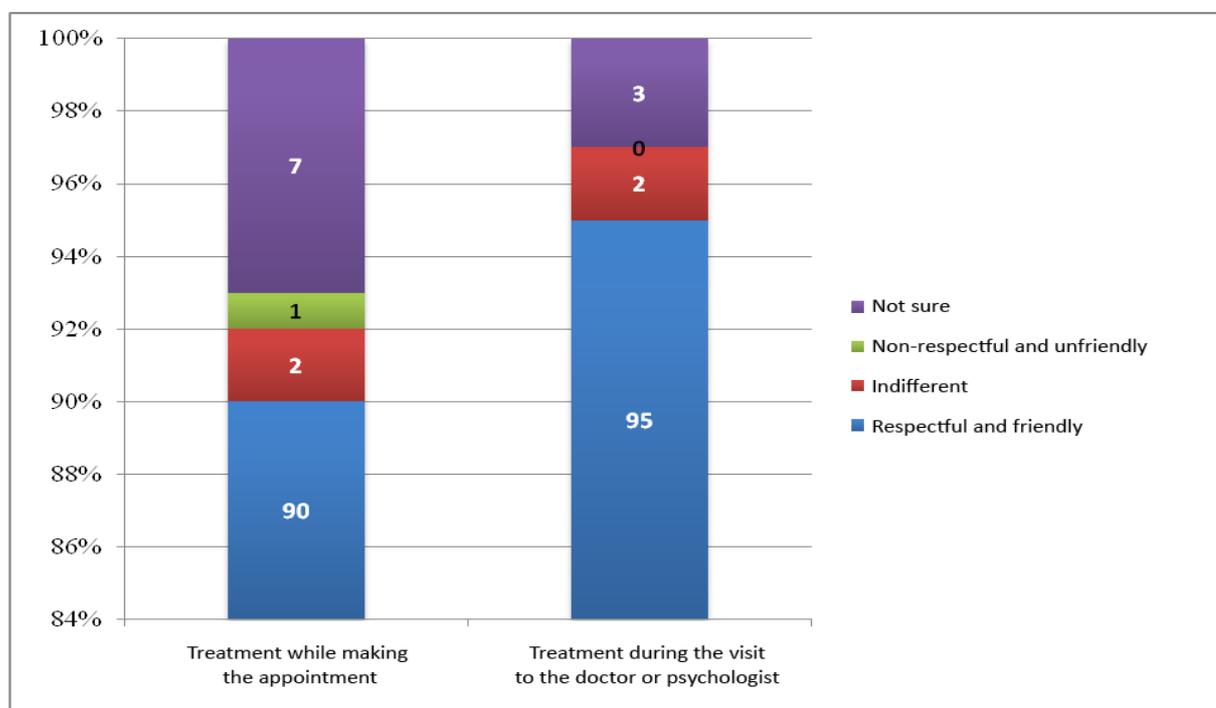


Figure 3. Distribution of Responses to the Questions “How were you treated while making the appointment” and “How were you treated by the doctors and psychologists during your visit?”, %

Generally more friendly treatment while making an appointment was reported by male respondents belonging to the younger age group (14 to 16 years), and residents of Dnipropetrovsk and Odessa Regions (Table 15).

Table 15. Distribution of YFCs clients. Responses to the Questions “How were you treated while making your appointment?” by Gender, Age and Region, %

	In a respectful and friendly way	Indifferently	In a non-respectful and unfriendly way	Not sure
<i>Gender</i>				
Male	92	2	1	5
Female	88	3	0	9
<i>Age Groups</i>				
14 to 16	92	1	0	7
17 to 19	90	0	0	10
20 to 22	89	6	0	5
23 to 24	90	3	3	4
<i>Regions</i>				
Dnipropetrovsk	100	0	0	0
Lviv	84	4	0	12
Odessa	100	0	0	0
Poltava	90	3	0	7
Sumy	97	2	0	1
Kyiv City	88	0	2	10
<i>TOTAL</i>	90	2	1	7

Concerning the kind of treatment they received, 14-16 year old clients in Dnipropetrovsk, Odessa, and Poltava Regions scored highest in how they felt about the treatment they received from specialists, both when applying for a visit and during actual visit to doctor (Table 16).

Table 16. Distribution of YFCs clients. Responses to the Questions “How were you treated by doctors and psychologists during your visit?” by Gender, Age and Region, %

	In a respectful and friendly way	Indifferently	In a non-respectful and unfriendly way	Not sure
<i>Gender</i>				
Male	95	1	0	4
Female	96	1	0	3
<i>Age Groups</i>				
14 to 16	98	1	0	1
17 to 19	94	2	0	4
20 to 22	94	3	0	3
23 to 24	93	0	0	7
<i>Regions</i>				
Dnipropetrovsk	100	0	0	0
Lviv	91	4	0	5
Odessa	100	0	0	0
Poltava	100	0	0	0
Sumy	98	1	0	1
Kyiv City	94	0	0	6
<i>TOTAL</i>	95	2	0	3

3.2.3. Compliance with anonymity and confidentiality principles

In the majority of YFCs surveyed the principles of anonymity and confidentiality when providing medical services were adhered to including when mailing, recording and filing medical documentation, during telephone talks, etc. with the exceptions being made if required by the law¹¹. Practical adherence to privacy and confidentiality followed these procedures:

- documentation about clients is usually stored in a safe place, accessible only to employees of the facility;
- information about clients is not disclosed (for example, to family members, teachers) without clients' own consent (except for the cases envisaged by the law);
- YFC clients are informed about the fact that services provided to them are confidential, except for the cases envisaged by the law.

The national YFC standards expect that all YFC employees are informed about the need to adhere to confidentiality and are informed about measures to be taken to achieve this during pre-employment courses. This information is also presented to new employees when they are first employed. A log book which contains instructions on YFC client confidentiality and privacy is signed by each YFC employee.

In order to provide client confidentiality the health care provider meets the client in the examination room, one client at a time; there are no signs describing the doctor's specialisation on their consultation room door; the examination or counselling of a client is carried out without the presence of a third party

YFCs also guarantee anonymity if it is requested by the visitor:

- Clients are not identified; there are no requirements to provide passport data, addresses or inform about source of the referral to the clinic; a coding system has been established to maintain the medical records;
- There is information explaining the range of services available at the YFC which can be administered to clients anonymously;
- Passport data and residence address are not filled in on any documentation;
- Client's data on medical cards, statistical sheets or into any other documentation are entered by code.

All experts but one reported that their YFC has rules ensuring client confidentiality. They state that these rules are observed in the following way:

- Client can visit the YFC, without parents/guardians (40 responses);
- Client does not need documents to make an appointment with a specialist (44 responses);
- Specialist examines the clients on a "one-to-one" basis (42 responses); and
- YFC keeps results of the client's diagnosis and health status confidential (44 responses).

Among other ways of ensuring client confidentiality, the experts mentioned separate entrances to YFCs and the possibility of anonymous counselling.

There are still some problems connected with securing confidentiality in YFCs. These are to do with personal visits of unaccompanied minors (young people aged below 14) (6 responses); Sometimes documents are required when making an appointment with a specialist (2 responses); other persons may sometimes be present during the client's visit to the specialist (4 responses);

¹¹ YFCs staff have to report to the authorities/parents in the cases when the Law obliges them to report, such as: the child under 14; pregnancy or STIs under 14, reported threat to life, reported violence, revealed rape etc.

and YFCs may not consistently observe confidentiality on the results of clients' diagnoses and other problems they experience (2 responses). Difficulties in confidentiality also arise when a client is referred to a YFC by the Family, Children, and Youth Social Services Centre.

Typically, young people seek YFC assistance on their own, although the YFC specialists do not deny the fact that parents/guardians of children may send them in order to check their health: Four experts mentioned cases from their own medical practice when the client's parents/relatives were notified by YFC doctors about the client's problems. In one case this was done on the parents' request and with the client's consent; in the second case this was due to the pregnancy of a client under the age of 14; and in two other cases, it was done as the client was a minor.

3.2.4. Client Consultation Time

The time allocated for a single patient's consultation differs from one YFC to another and between specialists. According to the experts, it may vary between 20 minutes (1 person) and 60 minutes (8 persons). Most often, a specialist spends about 45 minutes per consultation (13 persons) (Figure 4).

Figure 4. Time Typically Allowed for YFC Specialist to devote for consultation of one YFC Patient

Almost all YFC specialists interviewed reported that the allocated amount of time is sufficient for them to work with a client. Two specialists stated they will spend some extra time with the client if necessary.

Situations when an YFC specialist needs to hurry in order to see all the clients are quite rare: Of 46 interviewed heads of YFCs 41 of them said they experience such situations "less than once a month"; 3 of them experience it "once a month"; and only 1 specialist said it was once a week.

Most experts said that individual consultations for the clinic's patients were performed in private (2 experts did not). During a client consultation, doctors typically do not allow themselves to be distracted by talking to other people, using phones, etc. Only 1 out of 46 interviewed specialists reported being distracted during a consultation.

The majority of YFC clients interviewed (98 per cent) stated that time spent by the YFC staff was sufficient for dealing with their private issues. No noticeable differences in the answers to this question were found due to difference in gender, age, or region of residence of the respondents.

3.2.5. Availability of "Peer- to- peer" counselling

Experts and YFC specialists pointed out that despite the high level of YFC attendance by young people, only a few of them were from most at risk groups. Respondents said that 'peer-to-peer' methods were not effective in their work as the personnel of the YFCs had limited access to target population groups such as street children etc. due to the lack of outreach activities.

The cases when most-at-risk young people attend a YFC are episodic. The majority of cases mainly happen when outreach services of the FCYSSC working with MARA/YP make referrals.

It is therefore important to work more closely with the schools, colleges, NGOs and other civil society organizations in establishing on-going peer education programmes. It is also necessary to involve young people, including MARA/YP as peer educators or through peer to peer programmes in outreach work, referral and even service provision through 'peer-to-peer' counselling and other activities.

Experts interviewed in the course of the survey, also underline the necessity of a wider cooperation between other health care facilities (for example, drug addiction treatment clinics, harm reduction programmes, etc.) and YFCs, especially those located at such medical facilities. Attention should also be paid to YFC's work on the development of the programme of volunteer training in "peer-to-peer" approaches.

"Here in Ukraine, for several years there has been a "peer to peer" school programme which promoted healthy lifestyles. Some children were selected as active volunteers. But this program was not coordinated with the work of youth-friendly clinics, which would be very important to do. In the programme, good social contacts were made with adolescents who had already received medical services which helped them to solve some of their problems...Such adolescents can act as really good PR ambassadors, able to influence other adolescents. This approach so far has not been implemented here... Maybe it is applied elsewhere but on very rare occasions...I cannot talk on behalf of everyone but this issue requires attention, because, so far it was kind of neglected..." (Kyiv).

3.3. Particular features of administration and organization of YFC' work

3.3.1. Young people's participation

According to different estimates, the number of young people involved in youth related activities on issues of importance to them is extremely low. According to findings from the 2009 survey among young people of Ukraine, which was conducted as part of the 2010 Review of Youth Policy¹², only 2 per cent to 4 per cent of all Ukrainian youth participate in the work of a youth organization. One of the consequences of this is a low level of awareness among young people about existing youth policy and an absence of policy areas in which young people would like to be personally involved.

On some levels, young people's participation in YFCs is widely practiced. According to the findings from interviews with YFC managers and specialists, currently there are many young volunteers working at the majority of YFCs (23 YFC out of 26 surveyed).

Experts interviewed in the survey point out that the involvement of students from higher and secondary medical schools in the organization of educational activities at schools, and in running group sessions in YFCs is quite an important aspect. However, such practices are not widespread in all regions. According to experts, young people's participation in the work of YFCs might be one way to enhance students' use of services and could be formally considered as a part of a students' course work. Practical work could include the study of methods of work based on the principles of youth-friendly approaches in health settings.

"Here, students of higher and secondary medical schools are all involved. Maybe such involvement should be wider; but, anyway, students are involved."(Lviv)

"Involvement of students of medical colleges in volunteer work at YFCs is still at the stage of an idea...To practically implement such an idea it is necessary to include work at a YFC as a part of the scheduled practices of students so that they would have an opportunity to undertake practical lessons at such a YFC...They should have lessons here and be involved in various significant events organized at the clinic, such as: training for children and invite practicing medical students... Maybe someone who is well prepared can be invited to help in carrying out training or simply to be present as an observer... In this way students can be really involved in the activities of the clinic."(Kyiv)

12 The Center of Social Expertise at the Institute of Sociology NAS Ukraine. Youth Policy review. – K., 2010.

None of the experts were able to identify examples of young people involved in the process of decision making or of other practical involvement in YFCs. The main reason for this is the absence of the necessary organizational skills in managers of YFC, as well as the lack of desire expressed by youth groups perhaps because their participation and involvement was not explained by skilled workers.

3.3.2. Service provision to male and female clients

Although YFCs cater for male and female clients, the number of female client visits to YFCs is twice the number of males. In 2010 the share of male clients was 35 per cent and that of female clients 65 per cent.

At the same time, medical staff and nurses of YFC are also predominantly female. Only in 19 clinics out of 26 surveyed are there male employees. YFC managers point out that their clients can choose a medical care provider of their choice based on his/her gender. However, given the limited number of male employees, such statements are doubtful. Especially during vacation time, when it becomes difficult even to find another doctor with the same specialty, it is almost impossible to find a male replacement. The problem of choice of a doctor by gender remains problematic for young male clients and can impose a serious service access barrier.

Male clients more often mention a friendlier attitude towards them when registering for a consultation than females (92 per cent of male respondents versus 88 per cent of female respondents). However, this tends to change when clients assess attitudes towards them when they get a doctor who treats them with respect and friendliness. These are the characteristics mentioned by male clients in 95 per cent of cases and by female clients in 96 per cent of the cases.

Female clients feel themselves to be more comfortable during communications with YFC specialists than young men do. 65 per cent of female clients felt themselves "comfortable" while being received by a specialist, and only 29 per cent of them were "somewhat nervous". Indicators of the level of comfort among male clients were lower: only 56 per cent felt themselves "comfortable" and 37 per cent were "somewhat nervous".

Male clients are more often prone to be victims of personal information disclosure without their consent (4 per cent of male clients versus 1 per cent of female clients).

Taking all these facts and data into consideration, it can be concluded that certain problems exist in the area of YFC staffing and gender equality:

- There are clinics which have only female employees (every 4th clinic in our survey). In such clinics clients do not have the possibility to choose specialists according to their gender preferences.
- Taking into account the limited number of YFC employees, even at those clinics where there are both male and female specialists, clients can select only certain specialists according to their gender preferences.

3.3.3. Group discussions

In youth-friendly clinics which use young volunteers, periodical group discussions are organised where problems, faced by young people concerning their personal health and behaviour are discussed. Young people themselves propose topics for these discussions. According to the data received from OKHMATDYT, the number of prevention-oriented group activities and the number of young people involved in such activities has increased during the period of 2008-

2010. In 2010 17,000 group events were held by all YFCs, involving more than 340,000 adolescents and young people.

Lectures and talks are the most widespread forms of group activities, but different kinds of group activities are also conducted in YFCs. These include workshops, training, round tables, video-lectures, interactive games, presentations concerning healthy ways of life, growing up, dangers of alcohol and drugs use, prevention of communicable and non-communicable diseases, etc. All these activities are held with YFC staff involvement at venues proposed by various educational establishments.

Together with YFC staff, young people take part in mass public events aimed at the promotion of healthy lifestyles and the prevention of communicable and non-communicable diseases. In the majority of cases these activities are held with support from municipal authorities or international organizations. The degree of involvement of young people at such events often depends on the nature of the event itself and the resources available to YFC for the event.

3.3.4. Referrals to other doctors and specialists

Most YFCs refer their clients to other medical facilities if necessary. From 46 interviewed YFC managers and specialists, only 2 respondents reported that they do not refer clients.

The most frequent way of client referral to another medical facility is by making an appointment with a specific specialist by phone. The second way is by providing YFC clients with the contact details of the clinic/hospital where they can receive specialized medical care.

**Table 17. Ways of Referring YFC Clients to Other Medical Facilities
(Based on interviews with specialists, N=46)**

	Number of responses
The client is provided with the clinic's/hospital's contact details	24
The patient's medical records are transferred to a different clinic/hospital	3
We contact the referral facility by phone and make an appointment with a specific specialist	36
Other methods	6

'Other methods' of client referral as mentioned in the table above include:

- YFC personnel accompanying the client to the referral facility;
- Provision of the patient with referral papers bearing the logo of the YFC so that the client can make an appointment with a doctor at the referral facility ("*There is 100 per cent guarantee that such clients will receive consultations free of charge, anonymously, and voluntarily*");
- The client's doctor makes an arrangement directly with the referral specialist. The client receives the contact phone number of specialist and may get detailed directions to the referral facility.

3.3.5. Fees and charges for health services

Services free at the point of delivery are a key indicator of YFCs being accessible to young people. All YFC managers and specialists involved in assessment interviews stated, without exception, that services at their clinics are provided free of charge. One expert, though, mentioned that YFC clients are charged when they are referred to diagnostic centres, which charge for their services, although charges for diagnostic services for young people are lower. Also, there is a system of discounts for those clients who cannot afford to pay the full amount.

At the time of the survey, YFC clients were asked “Were you requested to pay for services you received at the YFC?” Almost all respondents (97 per cent) reported that no payment was requested; 2 per cent of the respondents could not recall whether they paid for the services or not.

YFC services were paid for by 1 per cent of YFC client-respondents (5 persons). Three respondents reported that payment was a fee for medical tests (*Kyiv*), and one person reported that it was a general fee for an ophthalmologist’s diagnostic service (15 to 20 UAH, *Odessa Region*). Four out of these five respondents who were charged for services paid the fee, which they found affordable. One person did not make the payment but still received the necessary services (*Lviv Region*).

It should be noted that voluntary HIV testing and counseling, either client or provider initiated, in YFCs is provided at no cost as laid down in YFC rules.

3.3.6. Range of services provided to clients

The range of services provided at YFCs varies, largely depending on the model of the YFC, its tasks and objectives. According to the National YFC Standards, services provided in YF Centres/department include:

- Counselling;
- Prevention;
- Treatment and diagnostics ;
- Organizational and methodological support (only for YF Centre).

The following are the main objectives of the **YF Centre/department**:

- To promote healthy lifestyles;
- To protect reproductive health and to build parenting skills ;
- To support young people in developing responsible sexual behaviour and personal relationships;
- To advise on the prevention of risky behaviour and to mitigate effects;
- STI and HIV/AIDS prevention;
- Voluntary HIV counselling and testing according to the protocol;
- To promote mental health, particularly in crisis situations;
- To help in acquiring health and lifestyle skills,
- To provide counselling for children, young people and their families;
- To provide referral, if necessary, to other healthcare facilities for diagnosis and treatment;
- To diagnose and treat diseases according to the protocol approved by the Ministry of Health of Ukraine;
- To participate together with FCYSSC representatives in the development and dissemination of information materials;
- To provide referrals to FCYSSC for clients who are in need of social support;
- Together with FCYSSC representatives to train volunteers;
- To provide organizational and methodological support to healthcare facilities aimed at introducing new social and medical services;
- To conduct round-tables, workshops, training, lectures, etc jointly with specialists from other institutions and facilities;
- To involve young people by ensuring their participation in the development and dissemination of information and awareness raising materials, as well as their participation in the implementation of workshops, training, and counselling services for adolescents and young people through a peer-to-peer approach.

Activities of **YF counselling rooms** are also expected to include these activities, though it depends upon their specialization (drug abuse, gynecology issues, and psychologist services) these activities will follow the 3 main directions: a) counselling; b) prevention; c) diagnosis and treatment.

According to the experts, the list of main activities and services, provided by **all YFC** include the following:

- Counselling;
- Organization and implementation of prevention activities;
- Rehabilitation;
- Referrals for treatment and / or diagnosis;
- Involvement of young people in YFC activities;
- Development and distribution of information materials.

There are 4 priority directions concerning diagnosis, treatment and prevention activities implemented by all YFCs in Ukraine:

- Preservation of reproductive health;
- STI and HIV prevention;
- Help and support in crisis situation;
- Social support.

Since the 2008 evaluation of YFCs, these priorities have remained practically unchanged. At the present time, YFCs provide services of gynaecological and STIs specialist, and other specialists, make necessary tests, provide referrals to other health care facilities. The range of services provided by YFCs largely depends upon their available resources. Therefore, the **YF counselling rooms** limit their activity to the provision of counselling services and so-called “medical management” – that is re-direction of patients to specialized doctors.

YFCs do not provide abortion services. However, if a female client attends a YFC because of an unwanted pregnancy, she can be examined by a gynaecologist, and receive the necessary tests, as well as psychological counselling. If her final decision is to terminate the pregnancy, she can be referred to a clinic that will provide her with unbiased assistance (current Ukrainian legislation requires parental consent for termination of pregnancy for minors).

The preventive activities of YFC are intended to protect against adverse events in young people's lives and support them in the formation of healthy lifestyle habits, the prevention of HIV, STIs, the prevention of unintended pregnancies, the provision of counselling on safer sex, use of contraception, and parenting skills. Data on visits to YFCs shows that 60 to 65 per cent of the clients request information from YFCs on: unintended pregnancy prevention; prevention of sexually transmitted infections; HIV/AIDS prevention; domestic conflicts and relationships with parents; relationships with peers; sexuality, hygiene; and the initiation of sexual activity.

According to the YFC managers and specialists, services provided to young people that were of most interest included HIV/AIDS/STI prevention, protection of reproductive health, as well as diagnostic, treatment and counselling services. The services that were attended the most by YFC clients are those of information. In response to these areas of interest, YFCs prepare and disseminate brochures and leaflets on HIV/STIs and reproductive health. They also organize seminars and training. The experts reported that the least popular of the YFC services are consultations on drugs and alcohol abuse problems.

**Table 18. Types of Services Provided by YFC
(Based on YFC managers and specialists assessment, N=46)**

	Number of responses

Seminars and training sessions on HIV/AIDS, sexually transmitted infections, and reproductive health	42
Consultations by Psychologist	43
Consultations by adolescents' physician	39
Consultations by gynaecologist's (for Girls) / urologist's (for Boys)	43
Consultations by dermatology and venereal disease specialist	37
STI diagnostics	31
STI treatment	27
Voluntary HIV counselling and testing	40
HIV testing	31
Drugs and alcohol abuse specialist's consultations	15
Dissemination of brochures and leaflets on HIV/STIs and reproductive health	44
Distribution of free condoms	38
Other	10

As well as the above list of services, specialists of individual YFCs perform telephone hotline consultations (3 responses); provide ultrasound diagnostics services (1 response), consultations by a general practitioner and infectious disease specialists. Additionally, there are YFCs where one can obtain a consultation with a lawyer and/or a social worker as well as receive remote counselling on the YFC Web-site (2 responses). Clients can also take part in healthy lifestyle training sessions or attend a young parents' school.

3.3.7. Unmet needs

Out of 46 experts surveyed, 31 believe that the scope their YFC's services *fully corresponds to their clients' needs*, and 15 experts describe this scope of services as "*only partially meeting demand*". So far, the needs that still remain unmet include the following:

- laboratory diagnostics;
- services of a nutritionist, urologist, STIs specialist, substance abuse specialist, and adolescents' physician;
- legal services;
- no "on-site" treatment of STIs at the YFC clinic;
- occasional lack of contraceptives;
- absence of pregnancy tests;
- absence of a social worker.

Some experts commented that the needs of MARAYP were not being met by YFCs, and there is a lack of connection to the internet and telephone by some YFCs as well as shortages of information about YFC services.

According to YFC managers and their specialists, the services provided to adolescents at YFC can be improved in the following ways:

- by acquiring better equipment for YFCs;
- by providing laboratory diagnostic services at YFCs;
- by ensuring legal counselling for clients;
- by ensuring free laboratory diagnostics for clients (through coverage of their costs from other sources of funding);
- by increasing staff of YFCs;
- by additional training for YFC personnel;
- by carrying out adequate supervision;
- by detaching YFCs from host medical facilities;

- by the sharing of experience between YFCs and carrying out joint training seminars for the specialists;
- by improving the funding of YFC activity;
- by boosting the status of doctor rooms providing youth-friendly services to the level of YF departments or centres;
- by increasing the number of narrowly-specialized medical specialists employed by YFC;
- by improving the YFC waiting rooms with TV and internet connection;
- by increasing the amount of public service advertising of YFC on TV;
- by conducting regular meetings of YFC personnel with high school and university students.

3.3.8. Service provision to clients without an appointment

The Temporary National YFC Standards propose that young people will access YFC health services with or without a preliminary doctor's appointment. According to the survey data, the most popular way to receive services from a specialist is to make an appointment with a specialist through a personal visit to the YFC. About 59 per cent of respondents indicated that they have used this type of arrangement.

Making an appointment by phone was shown to be the second most popular way (22 per cent). Referral by another specialist to a YFC was much less frequent. (9 per cent) The share of appointments made with the help of other persons was 7 per cent. Another 3 per cent of the respondents reported other ways of making appointments for visits to a YFC, and in this case they were accompanied by friends or relatives.

The ways to make an appointment varies among boys and girls as well as among representatives of different age groups and among different regions. Boys tend to more often make an appointment by a personal visit to the YFC (64 per cent of boys against 55 per cent of girls); girls tend to make appointment by phone more often (27 per cent of girls versus 17 per cent of boys).

As for the age groups, the trend is that older clients tend to visit the YFC to make appointments or make phone appointments and less frequently visit accompanied by friends, relatives or specialists.

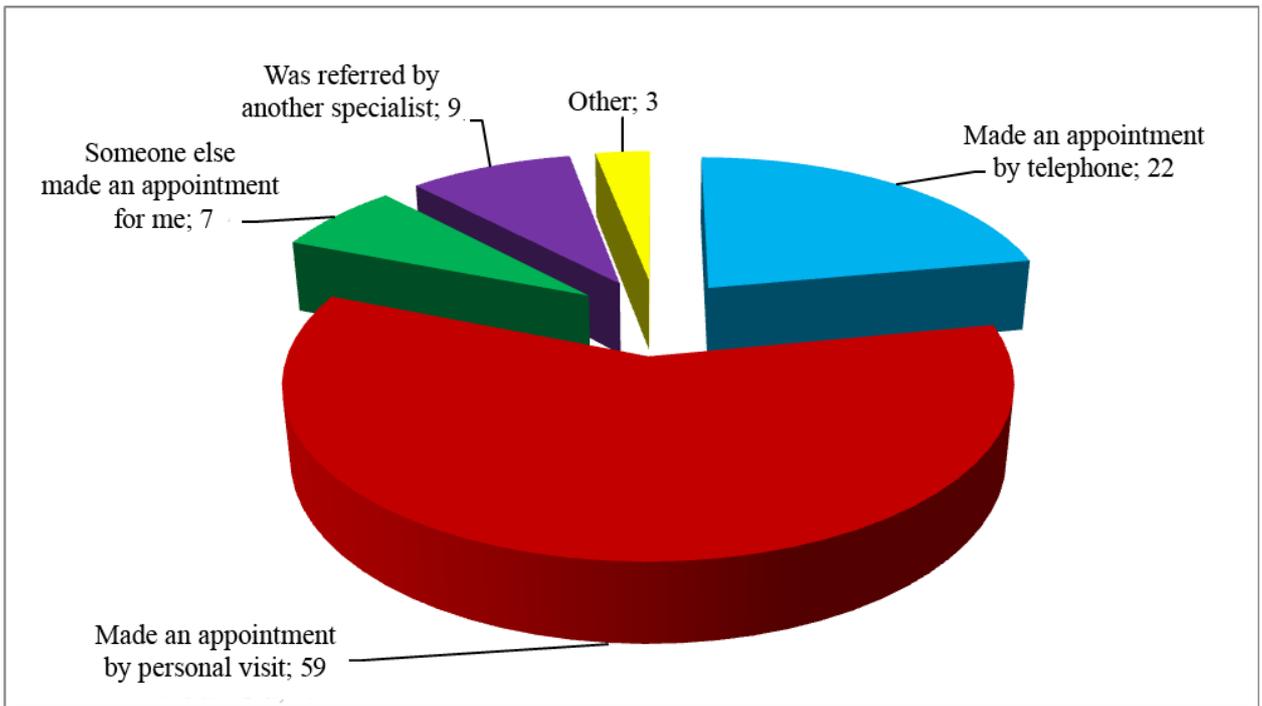


Figure 5. Distribution of YFCs clients responses to the Question "In what way did you make your appointment with a specialist", %

Making an appointment with a doctor also has regional variations. For example, in Kyiv almost equally popular are appointments made by phone (34 per cent) and by personal visit to YFC (41 per cent). In other regions, appointments made by personal visits to an YFC remain the most popular.

Table 19. Distribution of YFCs clients responses to the question "In what way did you make your appointment with a specialist?" by Sex and Age, %

	Appointment by phone	Appointment through personal visit	Someone else made an appointment for me	I was referred to by another specialist	Other
<i>Gender</i>					
Male	17	64	8	9	3
Female	27	55	7	9	4
<i>Age Groups</i>					
14 to 16	19	50	11	17	3
17 to 19	22	61	5	8	5
20 to 22	24	65	7	3	1
23 to 24	28	72	0	3	0
<i>TOTAL</i>	22	59	7	9	3

3.3.9. Availability of Educational and information materials

The priority areas addressed by YFCs are prevention of HIV and STIs as well as the promotion of healthy lifestyle. One of their tasks is information dissemination and educational work among adolescents and youth.

All surveyed YFC managers stated that the specialists employed at their facilities conduct classes and training seminars with adolescents and youth on subjects of health protection, HIV/STI prevention, etc.

The regularity of such training events differs from clinic to clinic. About one half of interviewed YFC managers reported that their facilities hold classes each month (such regularity was

reported by 14 persons). Three other heads stated that such training events are held once every three months. All other respondents reported that the training classes are held several times a month, or even every week and include:

- Lectures, discussions;
- Individual consultations, individual types of activities;
- Clients examination, study of disease history;
- Group therapy (discussion);
- Interactive types of activities;
- Round-tables;
- Trainings;
- Video lectures;
- Thematic evenings;
- Thematic events.

Such events are typically conducted at the YFC’s premises, at an adjacent medical facility, at educational institutions, or at the premises of partner organizations.

The interviewed YFC managers generally indicated that they use two ways of recruiting participants for such events:

- on the initiative of the YFC personnel, when the specialists themselves make an offer to other educational institutions or organizations to carry out seminars and they themselves inform and invite potential participants;
- upon application from people who want to participate in events and upon requests made on behalf of educational institutions.

3.3.10. Dissemination of Information on YFC’ activities and information provision for young people

Generalized information on YFCs’ addresses, principles underpinning their operation and services they provide can be found on the OKHMATDYT website (<http://kdm-ldd.org.ua>). But it is mainly the responsibility of the YFCs themselves to ensure dissemination of more detailed information about their activities and promotion of their objectives. For this they use different sources and ways of information dissemination. In some cities, YFCs post their information on billboards situated in busy streets (such as found in Shostka).

Information about YFC activities are different in nature, both within the clinics, in the form of individual discussions, lectures, workshops, trainings, and outside clinics using information events and social advertising through mass media and dissemination of information leaflets amongst young people.

Table 20. Dissemination of information about YFC activities among young people (according to YFC managers and specialists interviews, N=46)

	Number of responses
Through personal conversations	41
At lectures, seminars, and training events carried out at YFCs	42
During information events outside YFCs	35
Through pro – social advertising in the mass media	35
By distribution of special hand-out information materials among youth (brochures, booklets, leaflets, etc.)	37
Other	11

Other ways mentioned for disseminating information about YFCs include:

- in collaboration with Family, Children, and Youth Social Services Centres;
- through municipal children’s affairs services;
- at schools, technical colleges, and academies;
- during parents’ and students’ meetings;
- at music schools;
- at employment offices;
- at health rehabilitation and recreation camps;
- at educational institutions and out-of-school learning facilities;
- at municipal level seminars and conferences;
- at different hobby clubs;
- at concerts, various competitions for children and the youth, etc.

Almost all of the YFC employees carry out information activities amongst parents. They take place during personal meetings and conversations with the parents who come to YFCs; through special meetings for parents arranged by YFCs and held inside or outside YFCs; by the distribution of specialized information materials among parents and by appealing to parents through social advertising. The survey also found YFC information Internet sites, such as “VKontakte”

<http://vk.com/club9684444>

“Odnoklassniki”

http://www.odnoklassniki.ru/#st.cmd=altGroupMain&st.groupId=eoyr1fjlceziljkyoo0rsgckwmngnoireznnih&st._aid=LST_AltGroup

Table 21. Dissemination of information on activities of YFC among parents provided by YFC managers and specialists, N=46

	Number of responses
Personal meetings, conversations at YFC	33
Special meetings for parents at YFC	17
Special meetings for parents outside YFC	29
Special information materials disseminated amongst parents	24
Through mass media	22
Other	2

Interviews with potential clients of YFCs revealed that most of them received information about YFC services from their peers and bulletin boards placed within medical institutions. The next most popular source for this group was through information from psychologists or teachers and advertisements placed in schools. Advertising of YFCs as sources of information plays approximately the same role as advice received from strangers. Centres of Social Services for Youth are the least likely sources of information about YFC activities for this group. Other answers (9.5 per cent) indicate that YFC information was obtained as a result of lectures or from visits made by YFC specialists to schools.

Table 22. Sources of information about YFC services for its potential clients, %

<i>Sources of information</i>	<i>Male, N=84</i>	<i>Female, N=106</i>	<i>Total, N=190</i>
Friends/acquaintances	29	24	26
Bulletin board at YFC , hospital	15	24	20
Advice of school teacher, psychologist	14	14	14
Bulletin board at school	11	11	11
Strangers	11	9	10

Advertising (printed booklets, posters, calendars, etc.)	13	6	9
Internet, Mass Media	8	4	6
Parents/relatives	6	4	5
I've found this clinic by accident	4	4	4
Centre of social services for youth	4	0	2
I don't remember	7	8	7

There are few resources for YFCs which they can use to publish printed materials or disseminate information about their activities. Moreover, YFC specialists and managers are not always those who should be responsible for these activities or who should be sources of funding.

"When our web site was run by a working group we developed information leaflets on the operation of the YFCs that were widely disseminated amongst various institutions such as the Department of education, Service on affairs of children, criminal police....But this particular website is not devoted specifically to YFCs...In general, it is devoted to everything..."(Dnipropetrovsk)

" I was told that they found information about YFCs on the Internet page "Odnoklassniki." (Kyiv)

"All information-education work here originates not from the youth environment, but it seems that such work goes on above it and is initiated only by specialists." (Dnipropetrovsk)

"Word of mouth methods also work: boys who come here tell their friends about it and of course they also may visit us...." (Odessa)

"Our clinic tries to place advertisements in newspapers. We also used TV to advertise the work of our clinic, and we produced some video clips. On the Internet we have now created an information blog about our clinic. We try to encourage young people of our city to come to visit us... "(Odessa)

"We distributed booklets near educational institutions and we also distributed condoms... We also carried out consultations and invited listeners to come to our clinic ... We also, make video clips that we show at our training courses. "(Odessa)

"In 2010 there were some failures in this respect..., but in 2011, we visited some discos in our city and we gave some information by showing videos and handing out condoms." (Odessa)

"We distribute envelopes full of booklets and condoms. Boys like these They also contained info about contraception methods, leaflets with HIV and STIs prevention information... A young person comes to us and at each doctor's room finds a bucket containing condoms. There are some guys who are embarrassed to take them, but there are others who just come here and request them...."(Odessa)

"In some areas printed information about the YFC can be found in many places... It is just everywhere... But it is not quite clear who should make these ... And who should pay for them... "(Kyiv)

3.3.11. Provision of YFC with premises, equipment and commodities

This survey used the same criteria as the 2008 survey, to assess the provision of commodities in YFCs:

- availability of premises, furniture, office equipment;
- availability of medical equipment and tools;

- provision of HIV rapid test kits and the availability of laboratory facilities at the host medical institution;
- provision of medicines and consumables (gynaecological sets, syringes, etc.);
- provision of free condoms .

The requirement criteria for YFC premises are almost fulfilled to the full extent. But the question of the number of rooms for each YFC still remains open. In youth – friendly counselling rooms, only 2 – 3 examination rooms are typically available. In a YF department, there are more rooms and they have not only individual specialist rooms, but they also have treatment rooms, a reception hall for visitors, premises for group events, etc. As a rule, these rooms and premises are equipped with furniture.

The provision of office equipment in YFCs is more problematic. The situation is better if the YFC is established with UNICEF support. The rest of the YFCs are provided with necessary equipment and office equipment by healthcare institutions where these YFCs are created and operate.

Differences can also be seen between YFCs in the level of provision of medicines, medical equipment, and consumables. According to the estimates of YFC managers and specialists, there are clinics where the level of supplies is 5 per cent of what is required, while there are other YFCs which get 100 per cent of required supplies. Generally speaking, the scope of supplies and equipment, medicines and consumables depends upon the resources its host medical facility is able to provide and upon the managerial skills of the YFC manager.

“I wish we had money for diagnostic tests. Yes, we have a diagnostic centre, because we are in a students’ health centre. The tests that we make in our clinic, we can perform for free to our visitors. But, of course, if there is a need for more careful examination or diagnostic tests, and these services are provided somewhere by other city institutions and they are not free, then, of course, this causes difficulties. Of course, we have established relationships with other institutions of the city, and we are trying to refer our clients by making proper arrangements by phone calls or by using personal contact to negotiate arrangements ... There is an agreement that our clients receive some kind of a discount if it's an expensive test. But this, again, is all arranged individually; these are isolated cases but we would like it to be systematic so that adolescents could really get such help. Well, maybe not exactly fully free, but at least affordable.... But in this respect we sometimes face difficulties because we cannot provide all the necessary tests and examinations ourselves...”(Odessa)

In the majority of YFCs surveyed (15 YFC out of 26), managers reported that their YFCs are supplied with everything to enable them to operate at 90-100 per cent of the required level of service. 4 YFC’s level of provision with equipment, medicines and consumables was at 70-85 per cent. The remaining YFCs operated at 5-50 per cent levels of required supplies.

The supply of HIV rapid test kits is inconsistent. Some clinics lack enough rapid test kits while other managers stated that their YFC tends to be better supplied. However, not all YFC’s host facilities have laboratories for analysing and testing. Few YFCs provided pregnancy testing; these had to be purchased by clients.

“Today, it is somewhat difficult to test for pregnancy, because no test-kits are available at YFC. Free pregnancy tests are not available...”(Lviv)

«It would be good, if clients of YFCs could receive pregnancy test-kits or rapid drug use test-kits ... So, that free services would include not only free condoms patients should feel that they can come to a YFC not to be treated as a child but to receive help from the YFC...In this respect, the free distribution of rapid test-kits would be viewed as good proof of such an attitude...” (Kyiv)

“No, we do not have rapid tests at the moment. We have run out of them.” (Kyiv)

If a rapid HIV test is positive, the YFC client is brought to the treatment room where a blood sample is taken and sent for additional analysis. If there is no treatment room the client is referred to the nearest medical facility (policlinic, hospital, AIDS centre, etc.).

Although the Temporary National YFC Standards state HIV counselling and testing should be free in YFCs, not all YFCs have treatment rooms where testing can be carried out. This means that often, YFCs have to refer their clients to other health facilities. Experts say that they ensure proper referral of their clients to other medical facilities, if it is necessary. The referral practice is facilitated by signed agreements between YFCs and other healthcare providers (such as HIV/AIDS centres).

“We can provide tests at our youth-friendly clinic but if it is impossible then we make arrangements by phone, for example, with some treatment centre or with the HIV/AIDS prevention centre. After that we give clients the address of where to go for testing ... Employees of that institution know about it... Then young people decide for themselves how they want to be examined – anonymously or not - and they will always be received at that institution.” (Poltava)

Adolescents requesting an STI diagnosis are, as a rule, referred to specialized medical facilities. Free STI tests are only provided on an “if possible” basis. Predominantly STI tests are not free of charge because these tests are performed by private laboratories. Typically, at YFC reception desks there is relevant information about which institution provides STI testing services, its address and level of fees for the tests.

“Testing for STI infections for clients is arranged by sending clients to the hospitals where it is provided.... But these tests are rarely made free-of-charge...” (Lviv)

“Close to the YFC reception desk there should be a list of tests that are conducted by other facilities including addresses of the facilities and the range of fees.” (Kyiv)

Almost all YFCs distribute condoms free of charge to visitors (24 YFC out of 26 surveyed). As one of the respondents pointed out, “This is not an issue at the moment”. Free condoms are provided by the International HIV/AIDS Alliance, through funding from the Global Fund. In 2010-2011, the Alliance signed 20 agreements with YFCs (with one leading YFC in each region). The YFCs are Departments with the responsibility of distributing Alliance condoms to all other YFCs in the region. Three more agreements (with YFC located in the Autonomous Region Crimea, city of Sevastopol and in the Cherkasy Region) are currently being prepared for signing. According to these agreements, Alliance supplies YFCs in Ukraine with 2,478,000 condoms for free distribution among adolescents and young people annually.

YFC managers and specialists have different views on the level of interest shown by their clients in free condoms. Among 46 respondents of this target group, 35 stated that their clients were “very interested” in receiving free condoms; 7 of them stated that their clients expressed “medium interest” and 2 stated that there was “low interest”.

According to the experts’ estimates, all YFCs receive the necessary quantity of condoms. Their managers only have to send their request for condoms to the leading regional YFC in time or to OKHMATDYT.

3.4. Perception of YFC services by young people

3.4.1. Clients perception that they are welcomed at YFC

Responses obtained during interviews with clients show that they feel welcome in clinics, and were more eager to talk about positive aspects than negative aspects of their treatment by YFCs.

14 per cent of respondents mentioned negative aspects of YFC work and 93 per cent of respondents mentioned positive aspects of clinic performance.

The most appreciated aspects of their YFC experiences were politeness, friendly attitude and understanding of their concerns (48 per cent), level of confidentiality (20 per cent), degree of professionalism and competence (11 per cent).

Table 22. Distribution of YFCs clients' responses to the question "What Did You Like in the performance of YFC", %

<i>What they liked</i>	<i>Examples of the respondents' statements</i>	<i>%</i>
Polite and friendly treatment and understanding	<ul style="list-style-type: none"> • <i>"nice treatment, understanding, and good communications"</i> • <i>"tactful service and friendly treatment"</i> • <i>"respect and understanding by the personnel"</i> 	48
Anonymity	<ul style="list-style-type: none"> • <i>"I liked not having to provide complete information about myself"</i> • <i>"I'm not afraid of meeting people who know me here"</i> • <i>"I can identify myself by any name I want"</i> 	20
Liked everything	<ul style="list-style-type: none"> • <i>"I liked everything, the consultation and the care I received"</i> • <i>"I liked everything, the reception and the appearance of the clinic"</i> • <i>"everything: the treatment, the services, and the warm-heartedness"</i> 	14
Professionalism and competence	<ul style="list-style-type: none"> • <i>"the doctor was competent, explained everything very clearly, really 'got through' to me"</i> • <i>"the consultation was very substantial and help me solve my health problems"</i> 	11
Free of charge basis (for materials, services, HIV testing, condoms)		8
Comfortable environment	<ul style="list-style-type: none"> • <i>"you feel respected, as if you were in a foreign country, not as if you were in the Soviet era"</i> • <i>"it's calm and peaceful"</i> 	6
Client's time management efficiency	<ul style="list-style-type: none"> • <i>"I was examined very quickly "</i> • <i>"no queues"</i> • <i>"no queues, unlike a regular hospital"</i> 	5
High value of information provided	<ul style="list-style-type: none"> • <i>"a lot of information materials were provided"</i> • <i>" seminars and visual aids were very rich in content"</i> • <i>"explanations are very clear"</i> • <i>"I got answers to all the questions I had"</i> 	4
Physician, counsellor, specialists		3
Convenient working hours and appointment times	<ul style="list-style-type: none"> • <i>"convenient working hours"</i> • <i>"you can select the time of your appointment"</i> 	2
Booklets, posters, promotional materials		1
Nothing special		1

Seminars, training sessions, video games	<ul style="list-style-type: none"> • “I like that they hold lectures, trainings, etc.” • “I liked the video and the game” 	1
Way in which the consultations are performed	<ul style="list-style-type: none"> • “game-like presentation of problems” • “the way in which the psychologist’s consultations were conducted” 	1

14 per cent of respondents reported that, in general, they liked everything: attitude of the YFC staff, comfort at YFC premises, quality of services, and their free-of-charge nature.

Training and responding to client feedback may account for the positive perceptions young people have of the treatment they receive in YFCs. Experts point out that all YFCs work hard in implementing youth friendly approaches, though they did not exclude the possibility that some staff still need to improve their practice through further training.

“Benevolence - well, basically it exists, but because of our mentality, this issue still needs to be worked on and it is necessary to continue to train to teach medical staff. If even one YFC staff member is responsible for a client having a bad experience, then their first contact with the clinic may turn out to be the last one... it is very important that goodwill attitudes should be demonstrated by absolutely all staff members...”(Kyiv)

“Well, in general, we try, of course, to adhere to these principles. Every employee who works in the YFC clinic is subject to appropriate instructions. We also organize, both for newly employed staff and for those who have worked here for a long time, periodical trainings. But if a staff member forgets something we try to remind them... We conduct seminars and training on this issue. There is always some work going on. We conduct seminars and trainings for our employees working at the students’ health centre.”(Odessa)

“We regularly carried out polling of our clients. We asked them whether they believe that our doctors and staff adhere to these principles and then we analysed how our work is evaluated by young people. It also helps us in our work. Of course, there are some flaws in our work but we try to deal with them.”(Odessa)

“I think these principles exist in each clinic, and, in any case, if disputes arise, colleagues from these clinics get in touch with me and we consult on the issue... Quite recently there was a call concerning a young man who came to a clinic and wanted to be examined... Yes, there is an attitude of benevolence in clinics... Knowing these colleagues, I am sure that they adhere to positive attitudes, because they all were trained...”(Poltava, HIV/AIDS Centre)

3.4.2. Confidentiality and anonymity

Confidentiality in YFCs was surveyed in the course of this study by surveying YFC clients’ experience at registration and of information disclosure.

3 per cent of the respondents were required to present their documents in order to get a consultation. 53 per cent of respondents mentioned that in order make an appointment they had to be registered and to obtain a medical card although they were not obliged to present any document and the name provided for registration did not have to be their real one. 44 per cent of respondents were not required to register at all in order to make an appointment (See Figure 6).

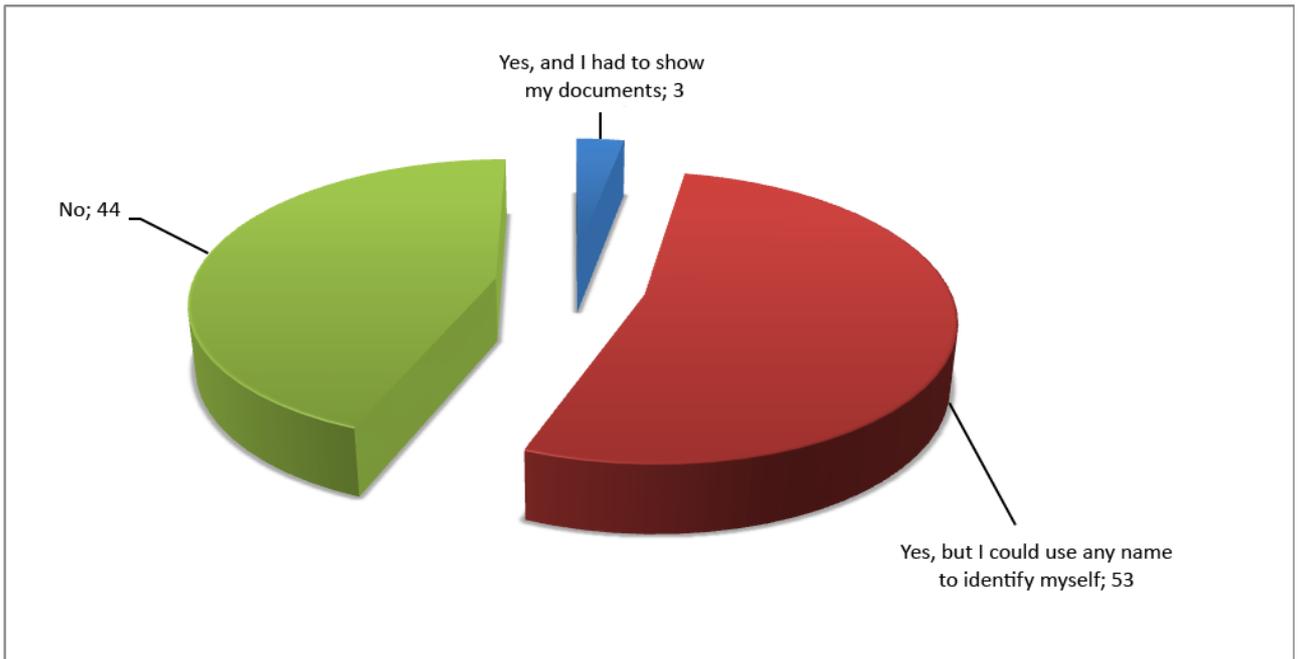


Figure 6. Distribution of YFGs clients responses to the question “Did you have to be registered or have to get medical card issued in your name in order to get a consultation of the YFC physician or psychologist?”, %

Responses to confidentiality and anonymity show some variation between YFCs in different regions (Figure 7). Despite a generally high level of client anonymity during registration (more than 90 per cent), in 3 regions from 7 per cent to 11 per cent of YFC clients stated that they were asked to show documents during such registration.

Client privacy during examinations by specialists and non-disclosure of the client information appear to be high (See Figure 8). Almost all YFC clients interviewed (97 per cent) reported that they had been consulted without any other people present during the consultation. 98 per cent of clients confirmed that they had no experience of disclosure of personal information without their consent.

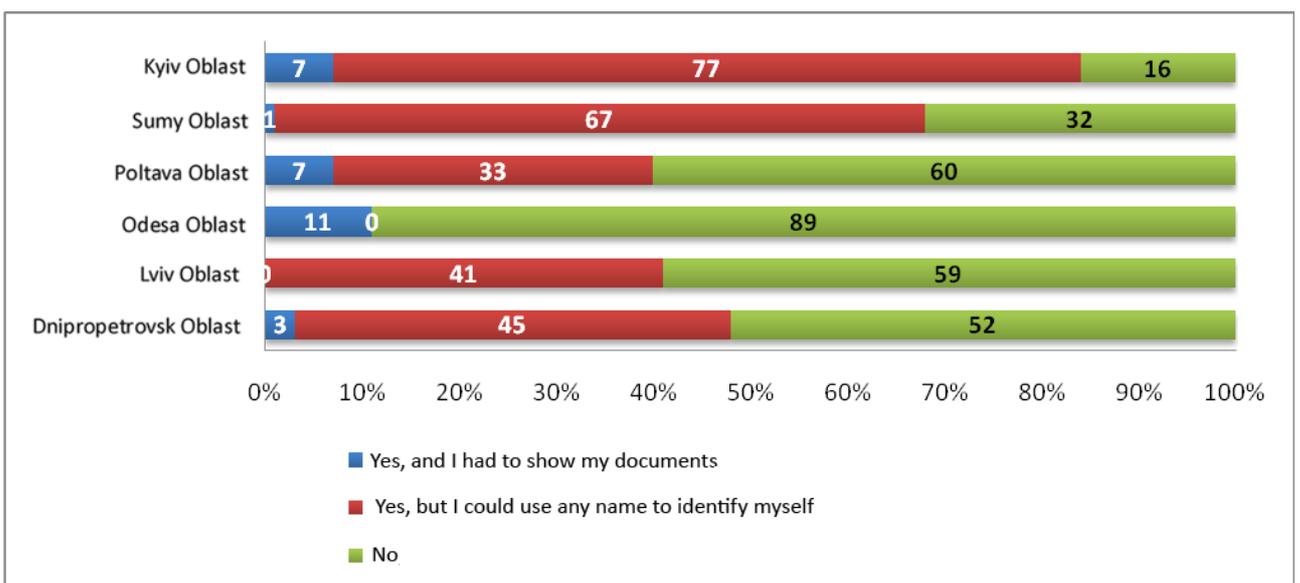


Figure 7. Distribution of YFGs clients responses to the question “Did you have to be registered or have to get medical card issued in your name in order to get a consultation of the YFC physician or psychologist?” by Region, %

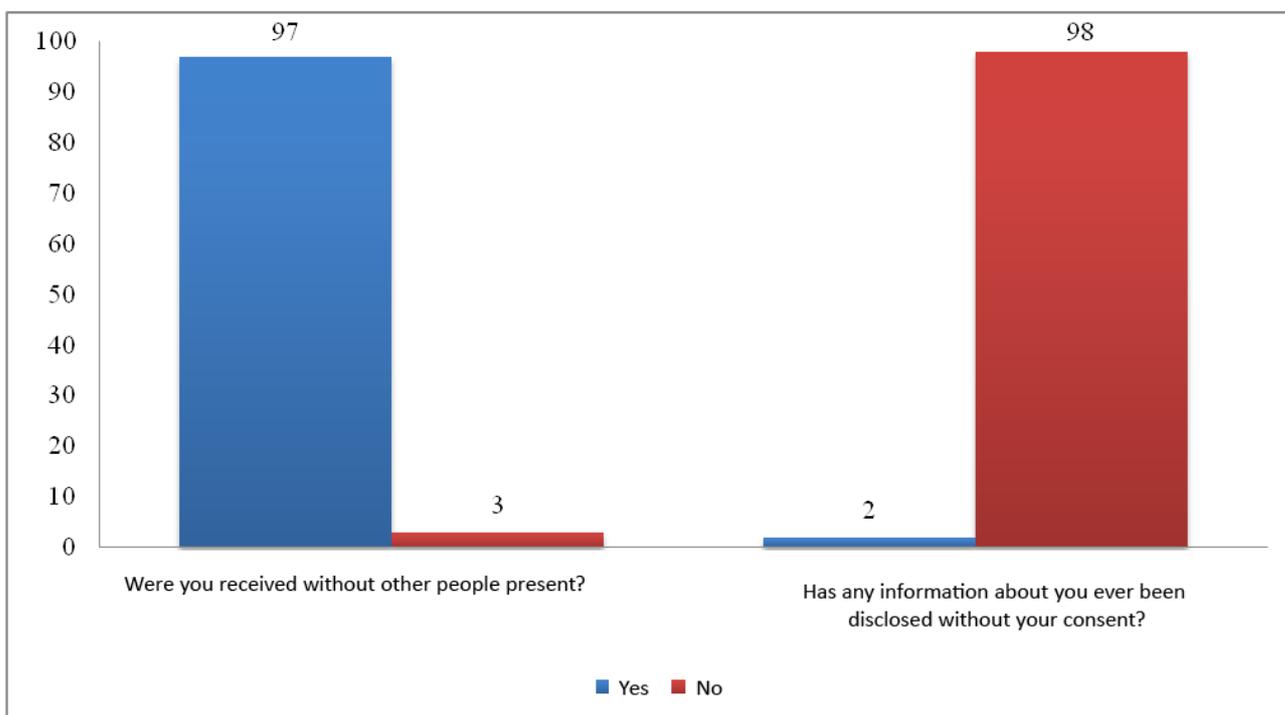


Figure 8. Distribution of YFCs clients responses to questions “Were you received without any other people present?” and “Has any information about you ever been disclosed without your consent?”, %

The variation in responses to this question by gender and age was negligible. A certain degree of variation by region can be noticed. In particular, a slightly lower level of confidentiality was observed by some visitors to YFCs and during their visits to YFC specialists in Odessa and Sumy regions.

Table 23. Distribution of YFCs clients responses to questions about their examination by specialists, %

	Were you received without any other people present?		Has any information about you ever been disclosed without your consent?	
	Yes	No	Yes	No
<i>Gender</i>				
Male	99	1	4	96
Female	96	4	1	99
<i>Age groups</i>				
14 to 16B	98	2	1	99
17 to 19	97	3	2	98
20 to 22	99	1	2	98
23 to 24	93	7	7	93

The unauthorized disclosure of information was more frequently reported by male respondents (4 per cent against 1 per cent among females) and by the clients of the older age group of 23 - 24 years (7 per cent), as well as those clients who were serviced at YFC of the Sumy region.

3.4.3. Equality in YFC Services Provision

The Temporary National YFC Standards state that the nationality, religion, gender, place of residence and social status of a young person should not prevent them from receiving YFC services. Experts confirm compliance with these principles and also state that services are available for all adolescents and young people who seek services.

“Adolescents and young people have equal access to clinics. Those who want to receive services do not feel any restrictions. The main criterion is the desire to receive the service.” (Lviv)

Young people’s right to services at YFCs for all adolescent and young clients is also confirmed by the results of interviews with YFC clients. Among those surveyed 96 per cent reported that they received all the services they requested. 4 per cent failed to receive the required services.

The main causes of failure of some clients to obtain services were as follows:

- need to make several visits to the physician/specialist, which meant that a client needed to visit the YFC several times in order to resolve his or her personal health issue;
- absence of the necessary specialist at the YFC (*Kyiv*),
- absence of any YFC-type facility at the medical facility visited by the respondent (*Dnipropetrovsk Region*);
- temporary unavailability of the necessary physicians/specialists due to vacations (*Kyiv*);
- failure to see the physician/specialist due to the requirement to make a preliminary appointment (*Kyiv*) or because of visiting the YFC during non-working hours (*Dnipropetrovsk Region*), or because the client came to the YFC which serves only those clients who are under the age of 18 (*Kyiv*).

The above list of reasons is due to the organizational nature of the particular YFC and these reasons do not imply that these cases were due to any forms of discrimination.

According to the results of interviews with clients of YFCs, the following services have shown to be the most requested and used: provision of printed hand-outs on HIV/AIDS/STIs and reproductive health problems (45 per cent), availability of free condoms (43 per cent), psychologist’s consultations (42 per cent), advise of gynaecologists (for females) and consultations with urologist (for males) (41 per cent).

* Note Total sum of scores may be not equal to 100 because respondents were allowed to pick several answers.

Figure 9. Distribution of responses to the question “Which of the following YFC services have you used?”, %*

The second most popular set of services provided by YFCs was the opportunity of attending seminars and training sessions devoted to issues of HIV/AIDS and seminars on the issue of sexually transmitted infections or reproductive health problem (28 per cent). These were followed by client consultations by YFC experts in adolescent health problems and by experts on STIs (27 per cent each).

Lesser use was shown in YFC services on voluntary HIV/AIDS counselling and testing (18 per cent), diagnosis of sexually transmitted infections (14 per cent).

3.4.4. Level of comfort in the working environment at YFCs

Securing an appropriate level of comfort for clients has a major influence on the degree of openness shown by YFC clients and their willingness to cooperate with specialists. Discussions with client, which are held in a separate room, where the specialist is not interrupted by phone calls or by other colleagues' clients, greatly contributes to the maintenance of a positive attitude by the client and facilitates better concentration of both client and specialist on the concerns the client wishes to discuss.

The level of the clients' confidence is also influenced by the manner in which they were received by the YFC and how their worries and concerns were treated. To estimate how YFCs were able to set clients at ease during their visit, clients were asked about their level of concerns. It was found that during communication with YFC personnel, over 60 per cent of clients felt themselves at ease and comfortable, however, 33 per cent of them mentioned that they were slightly nervous, and 4 per cent of them were ill at ease (Figure 10).

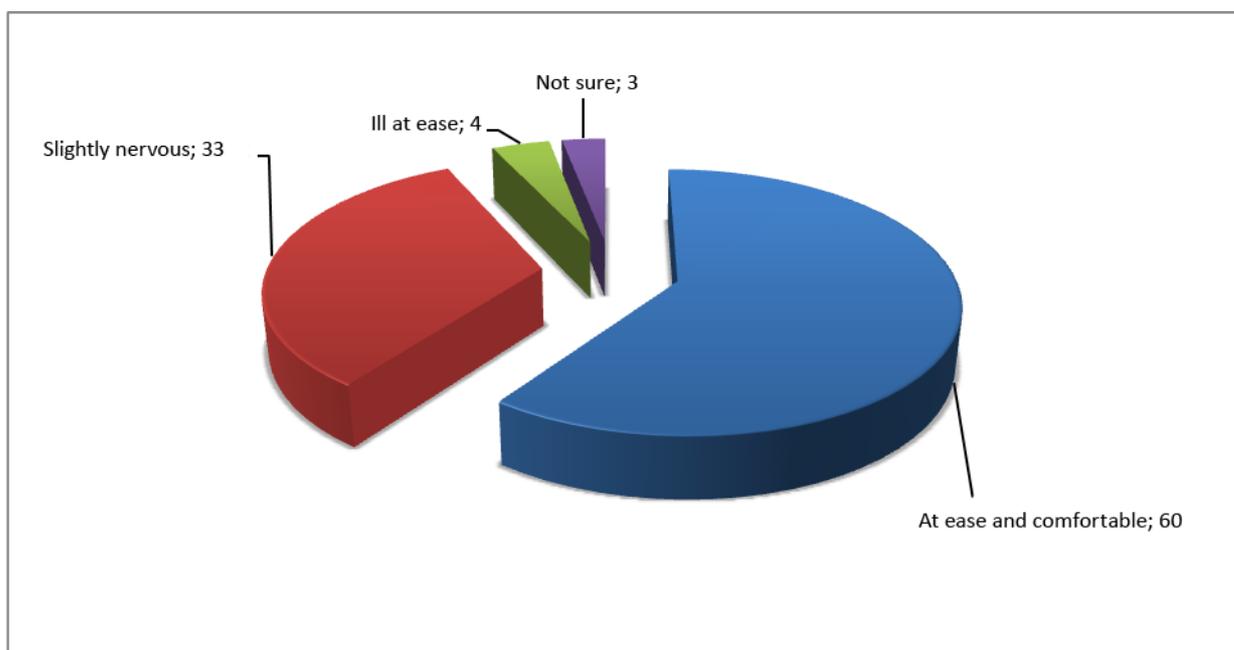


Figure 10. Distribution of YFCs clients responses to the question "How did you feel during communication with the YFC personnel", %

In general, girls or older young people tend to feel more comfortable during visits to YFCs. Clients in Odessa and Poltava regions felt most comfortable, while respondents from Dnipropetrovsk, Lviv, and Sumy Regions reported having felt the least comfortable.

Equally, the level of attention of YFC specialists towards their clients' problems seemed to be high as reported by clients. Thus, 97 per cent of clients reported that during their consultation, specialists were not distracted by external interruptions. Only a few cases were reported where specialists were distracted by the need to address some issues faced by other visitors to the YFC (2 per cent) and by phone calls (1 per cent).

3.4.5. Perceptions that the YFC staff are attentive to the needs of their clients

Different findings show that in general the YFC staff members are attentive to their clients' problems, confirmed by the number of return visits by YFC clients. The average number of visits to YFC is 4, but more than half (56 per cent) visited the YFC several times, namely 23 per cent

visited YFC 2 times; 17 per cent - 3 times; 11 per cent - 4 times; 6 per cent - 5 times. Among those interviewed 29 per cent were young people who attended an YFC clinic for the first time.

96 per cent of the YFC clients stated that when necessary they would prefer to use an YFC again, and 97 per cent of respondents stated that they would advise (or had already advised) their friends / relatives to use YFC services.

There is a high level of satisfaction with the quality of services among clients of YFCs and/or at FCYSS centres to which clients were referred by YFC specialists. The total share of clients who were re-directed to other YFCs or to FCYSS facilities was 11 per cent, and 95 per cent out of this group of clients were satisfied with the quality of services at referral facilities.

85 per cent of clients, who received medical treatments at YFCs, evaluated them as “good” quality, while 14 per cent found their quality “satisfactory”. No YFC clients evaluated the quality of services as “unsatisfactory”.

Table 24. Distribution of YFCs clients responses about their evaluation of the Medical Treatment what they have received in the YFC, by Gender and Age, %

	Good	Satisfactory	Not sure
<i>Gender</i>			
Male	86	13	1
Female	84	15	1
<i>Age Groups</i>			
14 to 16	84	16	0
17 to 19	89	8	3
20 to 22	82	17	1
23 to 24	82	18	0

4. EVALUATION OF RELEVANCY, EFFECTIVENESS, PERFORMANCE AND SUSTAINABILITY POTENTIAL OF YFCs

4.1. YFC relevance to needs of young people of Ukraine

Practically all clinics (25 out of 26 clinics whose managers were surveyed) keep statistical records of client visits. All clinics showed an increase in the number of visits compared to previous years.

Survey results show that demand for the services that YFCs can provide adolescents and young people is high. The information gathered from young people interviewed for this survey indicates that adolescents and young people have low levels of knowledge about healthy behaviour, and lack the knowledge of where to get services and counselling on the issues that concern them the most.

Thus, 33 per cent of potential clients of YFCs noted that they had questions concerning their health which they were not comfortable or embarrassed about discussing with parents or adults, 40 per cent of the respondents recognized that there were times when it was not possible for them to find the information about their personal health that they wanted or to know the right person to consult. That is why it is important to assess attitudes to YFCs among those adolescents who had never before used YFC services. It is also important to evaluate the situation concerning their safety and state of health.

From 2008 till 2011 the share of those potential clients of YFCs who experience a number of problems which they are uncomfortable about or which they are unable to discuss with their parents because of embarrassment, including personal health problems, has increased from 26

per cent –to 33 per cent. During the same period, the share of those young people who do not experience such problems went down from 74 per cent to 67 per cent.

Respectively, the share of those respondents who experienced situations when they could not find the required information and had nobody to discuss their health problems with has increased from 30 per cent to 40 per cent. The changes between the health issues young people seek advice about from specialists between the 2008 and the 2011 survey can be seen at the Table 25.

Table 25. Dynamics of changes in subjects, which potential clients would like to have free consultations on by specialists, %

<i>Relevant issues</i>	<i>2008, N=1320</i>	<i>2011, N=600</i>
How to preserve health	50	43
How to avoid HIV	28	33
Where and how can I have HIV testing	21	27
STD diagnostics and treatment	18	27
How to settle conflict with parents	25	22
When and how is it better to start sex life	19	22
Contraception (selection of contraceptives)	18	22
How should I act in case of suspected pregnancy	14	22
How to create friendly relations with contemporaries	21	19
Consequences of drug abuse, treatment of drug addiction	13	10
I don't want to have any advice	23	26

In general, the need for advice on protecting personal health saw a small decrease between 2008 and 2011. However, the list of health issues is still relevant and in particular, the needs of young people for information about HIV-prevention, HIV-testing, STI diagnostics and treatment, when and how to start sex life, etc. have increased. The need for advice services on these topics has increased.

In terms of young people's health seeking behaviour there appear to have been some changes. Fewer young people in 2011 felt confident to seek help from parents or an older relative, but are now more likely to go to a local health facility, although not a YFC. Friends, brothers or sisters and private health providers are more popular as sources of information and support rather than any of the other information sources such as teachers, tutors or school psychologists. A large number sought no help at all, although this number was lower in 2011 compared to the 2008 survey.

Table 26. Dynamics of the change in the number of intentions and practical cases when clients of YFC wanted, in the case of a need, to seek for help from other subjects and entities or even did so, %

<i>Person /entities to which it is planned to apply for help</i>	<i>Intentions</i>	<i>Practical cases</i>			
		<i>2008, N=1320</i>	<i>2011, N=600</i>	<i>2008, N=1320</i>	<i>2011, N=600</i>
Parents/adult relatives		45	39	27	26
Local health centres		18	36	15	32
Friend/brother/sister		30	34	21	30
Private doctor/private medical facility		10	18	7	9
Youth-Friendly Clinic (YFC)		7	7	4	1
Centres of social services for youth		2	7	1	1
School Psychologist		0	5	0	2
Teachers, Tutors		1	2	1	1
I'll not apply for anybody's help		4	3	48	27

I don't know/It's hard to tell	7	9	0	5
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In those young people not using YFC services, their health seeking behaviour has seen a slight change in that they have greater intentions to seek help, although action to do so is still low. This group shows few signs that they know of the services provided by YFCs and so are more likely to attend a normal health poly-clinic, possibly due to lack of information about the YFC activities in their neighbourhood. This may be an indication that they are becoming more aware of their need for assistance with their health.

4.2. Level of YFC services use and their main clients

Mainly, YFC clients are adolescents and young people who live or study near an YFC and know about its activities. Despite a significant increase in the number of visits to YFCs, there are still many young people who do not use their services. To a great extent this is because they lack information about YFC activity and also because they are not seeking health care or health information.

From the information gathered from potential YFC clients it is seen that 57 per cent of them do not have enough information about YFC activities (females tend to cite this reason more often than males, namely 60 per cent versus 54 per cent, respectively). 36 per cent of respondents in this group do not feel a necessity to visit a clinic (39 per cent of males and 33 per cent of females). Every 10th potential client could not answer the question. Only 3 per cent of respondents are afraid that their parents would find out about their visit to an YFC, and another 3 per cent do not believe that YFC specialists can help them. However, none of the potential clients expressed explicit distrust in YFC specialists.

Table 27. Reasons why potential clients of YFC still do not visit such clinics, %

<i>Reasons</i>	<i>Male</i>	<i>Female</i>	<i>14-17 years old, N=234</i>	<i>18-24 years old, N=367</i>	<i>Total</i>
There is no need	39	33	39	34	36
I don't have enough information about this institution	54	60	53	59	57
I don't think that this institution can really help me	4	2	1	4	3
I don't trust YFC staff- members	0	0	0	0	0
I'm afraid that my parents will become aware of that	1	4	5	1	3
It's hard to answer	9	10	10	10	10

The survey tends to indicate that the non-use of services by young people highlights the need the country has for a strong response to young people and their health. While the majority of young people currently not using YFC services (67 per cent) had no health-related problems which they say they could discuss with their parents or adult relatives, one third of them had questions concerning some health issue. Females (36 per cent) had more questions than males (29 per cent). There is no difference between age groups of 14-17 and 18-24 years old in this respect.

40 per cent of potential clients faced situations in which they could not find adequate information or a person to consult with about a health issue. Females (42 per cent) more often found difficulty in this than males (37 per cent).

Table 28. Health-related questions which are viewed as difficult or embarrassing to be discussed with parents and other adults, %

<i>Answers</i>	<i>Male</i>	<i>Female</i>	<i>14-17 years old, N=234</i>	<i>18-24 years old, N=367</i>	<i>Total</i>
Yes	29	36	34	32	33
No	71	64	66	68	67

Table 29. Situation when it was impossible to find necessary information or when there was nobody to consult about personal health related issues, %

<i>Answers</i>	<i>Male</i>	<i>Female</i>	<i>14-17 years old, N=234</i>	<i>18-24 years old, N=367</i>	<i>Total</i>
Yes	37	42	39	40	40
No	63	58	61	60	60

5. CONCLUSIONS AND RECOMMENDATIONS

During the final activities in this repeat evaluation of the youth friendly clinic programme in Ukraine a number of in depth and clarifying interviews were held with individuals involved in the YFC programme, some who had been interviewed before and others for the first time. The objectives of these further discussions were:

- to fill out some of the information gathered in the desk review and other data sources,
- to add to the comparative information between the 2008 and 2011 reviews.

These, together with the information gathered by the assessment have been incorporated into this final concluding section which outlines some of the key findings and ends with a section on recommendations.

5.1. Information and comments on YFC national structure

In the many layers of Orders on the Ministry of Health and the Ministry of Family, Youth and Sport, and in the state programme *Reproductive Health of the Nation up to 2015*, the decisions to establish the programme of Youth Friendly Clinics (YFC) together with the ambitious plan to establish YFCs in 90% of paediatric polyclinics by 2015 can be found. This target needs to be perceived with caution as it was not evidence based. So far 91 clinics have been established and 30 have received certification following an assessment process using a tool that sets out the standards and indicators for Youth Friendly Clinics (YFC). The decision to use an existing network of health facilities is a pragmatic step in setting up a wide ranging set of services. It cannot be denied that the progress the country has made in creating a network of youth friendly health facilities is substantial, but if this progress is to be sustained and expanded, a number of developmental steps need to be in place.

Firstly, increasing resources and capacity, secondly, strengthening the three pillars of accessibility, acceptability and appropriateness which ensure the quality of the YFC programme and thirdly addressing the needs of young people in urban and rural settings and most importantly the needs of most at risk adolescents and young people (MARA/YP).

A key feature of the YFC programme is an agreement between the Ministry of Health and the Ministry of Family Youth and Sport, through the State Centre for Social Services for Youth, their network of Social Services Centres and their staff working in the Oblasts, districts, cities and

rayons. The joint agreement ensures that YFCs are able to include in their staff teams the medical professionals to provide clinical services and trained psychologists and social workers to provide counselling and social support. Close collaboration is necessary and in order for the two sectors to liaise when referring young people to either counselling and social support or medical treatment. The current reform underway in the health and social services sectors is an opportunity to firmly embed youth friendly services as part of the reform process. There is also a danger that the reform might overlook this opportunity. This assessment can play a vital role in ensuring the former.

The structure of the YFC programme includes the resource centre, OKHMATDYT. This highly influential institution is central to successful YFC development and expansion, so a detailed look at its work is important to include.

5.2. Key priority issues

5.2.1. Management and coordination – the role of OKHMATDYT

The role of OKHMATDYT as the support centre to the YFC network is planned to expand in the areas of monitoring, evaluation, certification and training. It is planned that these tasks will be decentralised to Oblasts where the Breast Feeding Support Centres will be strengthened to take them on. As Oblast level operations expand, the role of may have to be considered again in light of new and existing support roles which may include the expansion of training currently offered, greater coordination, more dissemination of good practice and more monitoring of quality as well as costs.

Management training for YFC managers was identified as a way to strengthen the management capacity of staff that was new to the concepts of clinic management. OKHMATDYT should take a leading role in this.

Ensuring quality is an essential part of YFC service delivery. Although the standards and indicators used to certify YFCs are in place, further work should be done to ensure that quality in the delivery of services is maintained. Resources are available from international agencies to support this and OKHMATDYT should include in the training programmes for YFC managers, planners and decision makers, regular courses that address quality assessment of youth friendly medical interventions.

The most important resource possessed by the programme is the experience people working in the programme are gaining. This experience can be used in many ways. One way is the recruitment by OKHMATDYT on a temporary basis, members of staff from YFCs where there is good practice in areas of YFC activity, such as improving quality, or developing peer to peer groups. These staff members would work in developing specific activities, mentoring YFC managers and service providers where assistance might be needed. Other functions that should be considered by OKHMATDYT are greater coordination of dissemination and sharing of good practice. YF Centres need to know what other YFCs in their area are doing and all YF facilities need to share experiences between them in flexible ways, such as regular Oblast workshops and meetings, exchange of staff, joint training and through internet exchange by social networking, conference calls, web sites and blogs where information can be shared. In this way the experience within YFC networks can be used as a resource. OKHMATDYT nationally and in Oblasts should be responsible for setting up networking initiatives such as these, using existing human resources within the network.

Increasing the health seeking behaviour of young people needs to be a central concern of OKHMATDYT and support to the YFC network should be provided. Work needs to be done with YFCs in how they publicise their services to different groups of young people, through use of all available media, especially media used by young people. OKHMATDYT needs to work closely with SCSSY in developing ideas and resources, involving young people as part of new participatory processes.

5.2.2. YFC Management

Throughout the assessment, mention has been made of YFC funding and staffing. There are concerns that clinics are unable to secure stable staffing as they rely upon the hosting organisation to supply them with medical staff. Staff from FCYSSC is also generally not assigned as staff members to an YFC, but are allocated a number of hours a week to work in the facility. 38% of the current number of YFCs has no permanent staff positions. Responses to this concern from different individuals were varied. There is no doubt that resources are scarce and little new finance is going to emerge from upcoming reforms. In addition, there seemed to be few incentives for staff to take up permanent positions within YFCs, leading to medical staff including their work in the YFC as part of their main work. The legal and financial frameworks within which the YFCs operate are built upon layers of orders and decrees. Many of these go back several years where it can be seen that decisions and instructions on how facilities and services for young people in the health education and social welfare sectors have evolved. It was said during some discussions that the answers to many of the questions on how YFCs should operate and how staffing and other financial matters should be arranged can be found in the different instruments and rulings produced over the years.

Managing the staffing and finances of the clinics frequently comes down to how familiar the YFC manager is with the rules and regulations and their level of management knowledge and experience in managing a facility and staff within an environment which is often confusing and unclear. Those clinic managers who were met during the final assessment section appeared to run well managed facilities. They seemed to work within the constraints of the system and made few comments about lack of staff consistency, scarcity of commodities or budgets too tight to function effectively. Clinic managers are, by and large, appointed from the staff of the host organisation, often a paediatric poly-clinic. It is likely that newly appointed YFC clinic managers will not have management experience of an organisation, its staff and its budget. Management may not be the main reason why they took up the post. It is more likely they wanted to expand their experience in medical care and maybe offer a service about which they feel strongly. The managers met in this final assessment were not a random selection, but had been in post for some time. The fact that they had found ways through some of the difficulties expressed by other clinic managers in earlier studies raised the question about clinic managers' needs for management training as well questions about whether there is a need for greater investigation by OKHMATDYT into the inequality of access to resources.

Dissemination of good practice plays a part in building management capacity. Although OKHMATDYT encourages good practice dissemination there was little evidence that YFCs were able to disseminate good practices more broadly than a local network of clinics. The experience within the YFC network is substantial. It is also unique, for Ukraine is integrating new treatment and care models into the health system. Although they are built into existing structures, the approaches and methods YFCs are introducing across the country are new to the system.

Practices will differ from urban to rural settings, from one youth population group to another. The experiences being gained should be seen as a resource for the programme. Although there have been national conferences and meetings about YFCs, more flexible and less formal mechanisms of disseminating good practice can play a role in improving management, effectiveness and capacity building.

5.2.3. Collaboration between YFCs and Family, Children and Youth Social Service Centres

Collaboration between all stakeholders is a cornerstone in the process of building services for young people relevant to their needs. Building effective YFC approaches requires multi-dimensional, comprehensive planning, bringing many different stakeholders and actors together to act in services provision. Young people have a part to play in this as do NGOs, national institutions such as Youth Commissions and even high profile advocates such as First Ladies. Planning for comprehensive approaches requires policy and decision makers, managers and service providers to think strategically and possibly in ways that do not fit the norm. It is therefore of vital importance that the key collaborative partners in the programme, the Ministry of Health and the FCYSSC, who have a signed agreement for them to do so, make their collaboration work at all levels and that the collaboration is effective.

Evidence from the desk reviews and interviews with experts shows that the collaboration between the two sectors needs to be considerably strengthened. FCYSSC staff who work in YFCs are mainly seconded from social services centres to spend allocated hours in a week in the YFCs. They also act to refer young people from the FCYSSC to YFCs for treatment. Much could be done to strengthen the relationship between the two sets of facilities, through such things as joint training, which does not seem to be in place, except in relation to VCT. Another factor in strengthening the partnership is through the referral of young people who have most contact with FCYSSC, namely those young people most at risk. This issue will be covered more in the section that relates to YFCs and MARA/YP for there is some evidence in this assessment that YFCs are not reaching, or lack capacity in working with, this group. If the YFCs are more able to work with MARA/YP, then the collaboration will be strengthened. From the figures provided by the FCYSSC the numbers of referrals from FCYSSC to YFCs is low with no apparent instructions from FCYSSC for this to be increased.

There are other ways in which collaboration could be strengthened by the FCYSSC providing training to the YFCs on best approaches to adopt in working with MARAYP, and also in working with young people themselves. Currently they provide training to young volunteers attached to YFCs. The training appears to mainly cover how to publicise the YFCs to the local youth population and disseminating of information through posters and leafleting. Other training they could provide is in setting up peer to peer groups that work alongside YFC staff in reaching out to MARA/YP to use clinic facilities.

It is understood that the FCYSSC is currently undergoing major reform. The whole structure of the service is under review and is likely to emerge from the reform with a new framework and emphasis for their work. The wholesale reform underway may account for why the collaboration within the YFC programme appears to be weakened. However, the reform process may offer an opportunity for the role FCYSSC plays in the functioning of the YFC programme to be reviewed and strengthened.

5.2.4 Collaboration with UN and other international organisations

The role the UN and other IGOs have played in establishing YFCs has been pivotal. UNICEF initiated the process with its early pilot network of YFCs and it is from this piloting that the national YFC model has emerged. Guidance and good practices provided by the WHO has strengthened development through the use of such materials as the WHO guidance on standards and indicators. This material was used in establishing the current national standards used in certification and subsequent monitoring of YFCs. The adapted WHO orientation and training manual for health care providers is the basis of the training tool used by OKHMATDYT to train YFC staff. UNFPA have helped in training peer to peer groups of young people. Alliance has established contracts with 21 poly-clinics which have YFCs attached, to provide condoms. These YFCs are Centres and act to supply condoms to other YFCs in their areas. Further development of relationships between the YFC programme and these organisations is central to the programme's continued expansion.

WHO in its coordinating capacity might provide greater support to the Ministry of Health in its leadership of the YFC programme by bringing key stakeholders together. WHO could help the Ministry identify strengths of each stakeholder and guide them with evidence based tools already developed in how to strengthen the YFC programme. There are several relevant sets of training and awareness raising materials that WHO has produced that could be offered to the programme to strengthen its impact. The Adolescent Job Aid is a handy desk reference tool for health care workers and contains algorithmic approaches to case management which can contribute to sustaining quality of care. The Mapping Adolescent Programming and Measurement tool is a resource that assists in programme planning, monitoring and evaluating evidence based programmes for adolescent health and development. It is especially helpful in providing a structure for thinking that guides health care providers in understanding how interventions lead to planned outcomes. Preventing HIV/AIDS in Young People is a systematic review of evidence of prevention programmes. It has identified activities that are ready for implementation and those that need further research on their effectiveness and those that show no evidence of effectiveness.

The organisation is currently developing a national programme on unwanted pregnancies and will be seeking opportunities to integrate the YFC network into this activity.

UNFPA plans to develop programmes supporting primary health care reform in developing youth friendly approaches, particularly in relation to family planning and especially in rural areas. In addition, as part of the programme Healthy Women of Ukraine, youth friendly approaches will be integrated into the contraceptive training they provide, again with a focus on rural areas. UNFPA plans to establish a primary health care training facility where nurses will be trained to develop this programme. UNFPA works closely with OKHMATDYT and is considering supporting the certification process at Oblast level. UNFPA will also work in the development of peer to peer education as a way to increase demand. They plan to train doctors and nurses as trainers for this activity.

In discussions with Alliance they expressed interest in expanding their current activities in condom distribution as their stocks were sufficient and they recognised there was unmet need. In addition, they showed interest in working with other UN agencies such as WHO and UNICEF in developing joint proposals for the next Global Fund round in 2012, with an emphasis on development activities especially focusing on MARA/YP.

5.2.5. Quality

Accessibility, acceptability and appropriateness are the consistent set of values that the programme strives to achieve in the practices of the clinics. Quality in these values and the

manner through which young people using the clinics experience them has to be regularly measured. Young people, when asked about the accessibility, acceptability and appropriateness of the services they received when they visited an YFC often expressed satisfaction with how they were treated and that the health services were sufficient. Feedback questionnaires were used extensively with clients after their visit to the clinics. This feedback is used to monitor client responses and how the clinic is operating, using the three values as measures.

In the first assessment some concern was raised about the quality of services provided by Counselling Rooms. Staff in these facilities was limited in the services they could provide when it was clear the clients' needs were comprehensive such as counselling, medical interventions and prevention. The networks of Counselling Rooms might answer some of these needs but questions remain as to whether the Counselling Room networks are in place for pragmatic reasons or because they are the most appropriate forms of services for young people in those vicinities. More information from young people needs to be gathered in these circumstances to finely tune the services available to the needs of the youth population and ensure quality is not being compromised.

Of equal importance to the issue of quality are the responses from those young people who were not clients of the YFCs and it is here that managers of the programme need to take concerted action, for in their answers it can be seen that the values of the programme are not being reached. One of the core objectives of the YFC programme is prevention. Responses from YFCs' clients show that the preventive activities provided by clinics, lectures, videos, information leaflets, and condoms were all satisfactory. However, the main comment from potential clients was that they were not aware of the clinics' activities. For the prevention objective to be reached, young people need to have contact with clinics and use the services they provide. Young people's health seeking behaviour is not specifically about seeking solutions to health problems; it is also about seeking help in the prevention of health problems. From the evidence of potential clients, the YFCs are not reaching them with their preventive messages. Young people need to feel secure in the use they make of services. Evidence shows that when their communities support them in their use of services, particularly reproductive health services, they are much more likely to use them. Clinics need to be making sustainable efforts to ensure that the services they provide and the standards of quality of their work are widely known. The community involvement dimension of YFCs' work needs strengthening in order for those young people not using services to know they are relevant to their needs and have community support for their use.

There is concern even within the programme that quality could become threatened with the expansion of the programme over the coming years. Much more coordination will need to be in place at national level by OKHMATDYT and at Oblast and local level through strengthened capacity. Effective planning for expansion needs to be in place, possibly by taking a relaxed attitude towards the 2015 target and by identifying sites where the need is greatest rather than by where there is greatest interest by the health services in setting up a clinic. A demographic analysis of the client base could be a first step in this process, to study which are the main groups of young people currently using YFC services.

An observation was made that the current assessment has shown a spike in clinic visits because education establishments had just opened during the time of the study, accounting for many student visits. Data like this needs careful analysis when assessing quality and coverage of services. It is also helpful in identifying where the best use of the YFC programme resources might be placed. This issue is linked very closely to the one of coverage.

5.2.6. Coverage

A comment from a senior health programme manager during a discussion in the follow up assessment meetings signalled concern about the capacity of the programme to be able to respond to the increased use of the services by young people, especially as the programme expands. They were therefore rather reluctant to initiate large scale publicity of the clinics until they were satisfied capacity had been strengthened. The scale of the expansion to reach the target of 90% of paediatric poly clinics hosting an YFC by 2015 will require considerable effort in training, monitoring and evaluation, staff recruitment or release and cost. Scepticism was expressed by some experts about this target. There was concern that expedient measures might be encouraged to show the target had been secured. There may be different ways in which the target might be seen to have been reached but this would seriously damage the image and credibility of the programme. Another expert commented that they did not think their locale merited the setting up of an YFC due to its low numbers of young people.

5.2.7. Coverage of MARA/YP

Some confusing comments have been made about the goal of the YFC programme during the assessment. While a stated aim of the programme in the 2008 assessment made it clear that:

“...most-at-risk adolescents and youth, namely to children living or working in the street, young people involved in commercial sex, young people exposed to abuse or in stress conditions, young people displaying deviant and addictive behaviour, young people with limited functional capacity and adolescents from needy families should be considered a prime area of YFC work...”, comments from some people during meetings seemed to indicate that working with MARA/YP was not a priority and that these groups were adequately covered by the work of NGOs.

This is an issue that the YFC programme needs to address as a matter of urgency. Even if results from the current assessment concerning the numbers of visits to clinics by young people might be questioned due to the timing of the study, responses by clinics, specialists and experts showed that MARA/YP are the missing clients of the YFC programme.

The recent Population Size Estimates of Most At Risk Children and Youth between 10-19 study by the Ukrainian Institute of Social Research 2010, supported by UNICEF, estimates the number of most at risk adolescents is 85,000, which represents 1.6% of the total adolescent population in Ukraine. The MARA/YP categories are injecting drug users, female sex workers and men who have sex with men. This number takes into account those who practice risky behaviours and those who may not, but are considered to be especially vulnerable in that they live and work on the streets. Given this number and the level of risky behaviours and other vulnerabilities expressed by this, it cannot be expected that the NGO sector alone can provide the coverage to satisfy their unmet medical, social and educational needs.

For services to provide effective coverage, it is important for service planners and providers to have information on the demographics of the target population. This informative study on MARA/YP offers essential information for such planning which should influence the scaling up phase of the YFC programme.

Experience has shown that young people seek services from many different sources. Some will seek private health care, others will use mainstream services. Many will not seek services at all until a problem they have becomes too serious to ignore and in some circumstances, the most vulnerable will risk their lives by not seeking care. Some will voluntarily refer themselves to services; others will only attend with peer support. Advocacy from service providers will

persuade some, others will attend services recommended by word of mouth. Strategies for providing services for adolescents and young people need to take all these and other health seeking behaviour patterns into account and build service provision around them if they are to fulfil unmet need.

A health care reform process is currently underway which is introducing primary health care services. A new comprehensive health strategy is planned for implementation 2013-2020 which has YFCs as a central delivery mechanism for addressing young people's health, prevention and social needs. National and Oblast funded elements are included in this comprehensive strategy. The budget estimate for expansion and support is just under 15.5 million UAH (local currency), with 4.5 million UAH coming from national funding, the rest to be found from Oblast budgets. However although it is good to see funding being directed at the YFC programme, these budget estimates seem to be based upon the costs of establishing clinics, and not necessarily upon the unmet health needs of young people. All these factors are opportunities for strengthening and expanding services. However it is important to know the estimates of costs for the delivery of services. Knowing the costs is essential if services are to expand. Cost estimations are essential for the delivery of quality and coverage.

Now is a good opportunity to assess where there are gaps in coverage, particularly for MARA/YP. Effective assessment will show where capacity needs building as well as providing greater understanding of the needs of MARA/YP and other groups of young people.

5.3. Some opportunities to integrate good practice into future plans

5.3.1. Costs

Cost estimates are an important part of the YFCs' functioning for it is necessary to calculate service costs in relation to what is offered. It was noted that YFC managers were frequently ignorant of the full costs of the services they were providing and in fact it is difficult for any accurate costing to be made of the services being provided, including the costs of commodities. The host facility finances are often shared with the YFC so it is difficult if not impossible to disentangle them. The long term sustainability of the programme may rest on the availability of funding. The preparation of regular financial statements is recommended as well as audits of costs, including staffing. Calculating the real costs of YFCs is an urgent necessity and it is recommended this is undertaken.

5.3.2. NGOs experience

NGOs will not provide all the unmet health needs of young people, particularly MARA/YP. At some point collaboration between the NGO sector's service provision and services provided by the YFCs will need to be strengthened. NGOs will have accumulated many examples of good practice in providing accessible health services to MARA/YP. They will also have local knowledge of different MARA/YP population groups in their "grey" data. YFCs should strengthen links with local NGOs and their activities by holding regular coordination meetings, organising joint staff training, sharing data, especially involving data from FCYSSC and standardising monitoring, evaluation and indicators.

5.3.3. Peer to peer

Evidence exists to show that peer to peer approaches have some impact on services usage by young people, particularly MARA/YP. Although some examples of young people's participation in Ukrainian YFC programme exist, their involvement as a general rule, particularly in direct activities in the clinics is rare. YFCs need to develop networks of young people in a number of activities in the operation of clinics. In some countries, young people are involved in such things

as risk assessment, counselling and referral as well as prevention activities in schools, community settings and on the streets. In the joint collaboration with FCYSSC, activities to encourage young people's greater participation should be seen as a contribution FCYSSC could be making to increase young people's use of services.

5.3.4. Primary Health Care reform and rural youth

The gradual process of health care reform in Ukraine in introducing primary health care including family medicine can be an opportunity to increase coverage, particularly in rural areas. It is recognised by YFC programme managers and by the data from this report that young people living in rural areas and other isolated places lack access to YFCs. One way of addressing their unmet needs might be through primary health care provision. OKHMATDYT and YFC Centres, in their support and technical assistance roles, should look at how, through their links with other health care providers, including those areas where primary health care is becoming established, support can be provided in building their capacity to work with young people in isolated rural areas, especially MARA/YP. This is an example where more flexible approaches need to be adopted, taking into account the needs of young people, through introducing services that conform to the values of accessibility, acceptability and appropriateness. Family medicine is one possible solution, greater outreach is another.

5.3.5. Improving coverage

Many different studies show that there is no one approach that guarantees adolescents' and young people's use of youth friendly services. The health determinants of age, gender and life circumstances all play a part in their health seeking behaviour, as do acceptability, accessibility and appropriateness for it must be remembered that this is not a homogeneous group. The YFC programme must expand its reach into the groups of young people making use of the YFCs services. To do this it must take the diversity of youth into account and seek their opinion when designing service provision. Even this may not be enough so the programme should increase efforts in data collection at both local and national level, to monitor which groups are using services, which are not and why. In particular this concerns the YFCs coverage of MARA/YP. Suggestions in this report have been made on the response of the YFCs to this group and it is recommended that planning is undertaken to particularly target MARA/YP, taking a coordinated approach, involving multi-sectorial partners and making use of the resources this report has recommended.

5.3.6. YFCs and Advocacy

Generating young people's demand for services means informing them about the existence of services through a range of measures. These might include youth organisations, families, the media and schools. Young people need to know location details and when services are open as well as information about what services are provided. They need to understand why they should be using services and how they will be provided, so they can have confidence in using them. Evidence shows that comprehensive approaches for reinforcing young people's health seeking behaviour have greater chances of succeeding. This means implementing multi sectorial programmes working at a local level that include a number of elements working together. The YFC programme in Ukraine should now work proactively to develop community approaches at local level that work to support young people in their use of services. The WHO document "Generating demand and community support for sexual and reproductive health services for young people" is a review of literature and programmes that have shown some effectiveness through the development of multi-sectorial and community programmes that support young people. Some of the activities that show promise but need further evaluation include; in school education; community based education; peer education/counselling; life skills approaches; community sensitization via multimedia; community awareness raising; finance interventions and multi-component and multi-sectorial interventions. Seminars and workshops using this

publication as a resource, adapted to local needs should be considered as a capacity building measure. Here, collaborative partners in the YFC programme can work together to identify how multi sectorial planning can be built into local plans.

5.3.7. Collaboration for comprehensive services

Evidence is showing that services for young people need to take a comprehensive approach. Sectors including education, social services, youth and sport, justice and labour all play a part in the health and development of youth. Communities also play a pivotal role for the family is where early socialisation takes place and the community of friends and other social contacts such as faith based groups and youth organisations provide protective factors. Little mention was made during the clarifying meetings of contact or collaboration with community organisations such as schools or youth groups. Although the collaboration between the main partners, the SCSSY and the YFCs, seemed to be working in the clinics visited, information from other sources pointed to much work needing to be done to improve the communication. It is important that these contacts are strengthened in the expansion plan for the YFC network and for much more collaborative activity to be included. A main focus of the YFC work is prevention and it is in these areas that the programme can extend and strengthen its effectiveness. Schools and out of school venues such as outreach programmes and health promoting school approaches should be integrated into YFC community prevention activities, involving peer to peer groups, health promotion specialists, teachers and parents.

5.3.8. Indicators for MARAYP

A way to monitor how the YFC programme is addressing the unmet needs of MARAYP is to establish sets of indicators especially for measuring how effective services are in reaching them. WHO has produced a number of guidance documents where countries and regions have worked with different YFC models to reach MARAYP using indicators that help guide programme managers. The data on MARAYP that Ukraine possesses in the Population Size Estimates of Most At Risk Children and Youth provides excellent information on the size and nature of these groups, making it easier to set targets and measure progress towards reaching them.

5.4. Recommendations

Policy, leadership and regulatory framework priorities

- To bring together all norms, laws, agreements and legislation to provide one document clearly outlining the legislative basis upon which the YFC programme operates.

*MoH, MoESYS, MoSP
Regional state administrations
Kyiv and Sevastopol City State Administrations
By the end of 2012*

- To strengthen the regulatory and legislative framework for youth friendly clinic activities, particularly on staffing and financing.

MoH, relevant specialized ministries 2012-2013

- To amend current legislation on services YFCs can provide to adolescents under the age of 14, especially MARA under 14.

MoH

- To improve the access of young people to YFCs, including most-at-risk groups, through legislation or agreements to extend the range of venues in which they can be established, not only at children's polyclinics but also in other medical institutions (central rayon hospitals, centres of general and family practice etc.) educational institutions, NGOs and other state and civil society institutions.

*MoH, MoESYS, MoSP,
Regional state administrations
Kyiv and Sevastopol City State Administrations
By the end of 2013*

- To improve cooperation between the MoH and other specialized ministries and through this, increase the ways in which youth friendly services can be established by joint annual work planning.

*MoH, MoESYS, MoSP
Annually, starting from 2012*

- To scale up youth-friendly medical and social services in rural and remote areas through institutions of primary health care and outreach work.

*MoH, MoESYS, MoSP
Regional state administrations
Kyiv and Sevastopol City State Administrations
By the end of 2013*

Funding costs and management

- To provide costing templates for all YFCs that identify the real costs of service provision and that the templates can also be used to accurately record costs as services are delivered which are then both used by the YFC management and returned to OKHMATDYT for national analysis and publication.

*MoH, regional state administrations
OKHMATDYT
Kyiv and Sevastopol City State Administrations
On a permanent basis*

- To explicitly include in the remit of existing national and regional YFC programme planning and coordination mechanisms, the role of improving material and technical support to YFCs.

*MoH, regional state administrations
Kyiv and Sevastopol City State Administrations
On a permanent basis*

- To develop and implement management and administration training, including service quality evaluation and costing, for all YFC managers currently in post and all others upon appointment.

*MoH
OKHMATDYT
By the end of 2012*

- To promote the involvement of experienced YFC staff in the development of sustainable activities such as peer learning and mentoring between YFCs, directed at quality improvement of service provision in YFCs.

*MoH
OKHMATDYT
On a permanent basis*

- To intensify best practices exchange by establishing initiative groups, seminars, joint training programmes, staff exchange, teleconferences, websites and blogs postings and include these in action plans at regional level.

*MoH, regional state administrations
OKHMATDYT
Kyiv and Sevastopol City State Administrations
On a permanent basis*

- To use interactive strategies in the work of YFCs, including on-line consultations for clients, other moderated social media, hot lines, and ensuring that staff training in the use of these is available.

*MoH, regional state administrations
OKHMATDYT
Kyiv and Sevastopol City State Administrations
On a permanent basis*

YFC services - quality and coverage

- To ensure the quality of services provided by YFCs is maintained through continual monitoring, using standardised methods, on-going certification of compliance with the status ‘Youth Friendly Clinic’, and by involving young people in the monitoring processes.

*MoH
OKHMATDYT
On a permanent basis*

- In collaboration with FCYSSC, establish networks of YFC ‘peer-to-peer’ groups, provide training so that, attached to a specific clinic, they work as advocates for clinic services with young people in communities, particularly MARA/YP.

*MoH
OKHMATDYT
On a permanent basis*

- In collaboration with FCYSSC, establish networks of flexible mobile YFC teams, to work on the street and in places where young people gather and where services can be provided directly to the target groups.

*MoH
OKHMATDYT
On a permanent basis*

- To increase the use of hosting and other local health care institutions’ capacities in the work of YFCs (including HIV/STIs testing) by removing charges for tests and ensuring they are youth friendly

*MoH, regional state administrations
Kyiv and Sevastopol City State Administrations
On a permanent basis*

- To ensure provider initiated voluntary counselling and testing on HIV for all YFC clients
*MoH, regional state administrations
Kyiv and Sevastopol City State Administrations
On a permanent basis*
- To continue the practice of collecting regular feedback from the clients of YFCs irrespective of the YFC model of operation. The clients' satisfaction surveys should be guided by the 10 standards of YFCs quality.
*MoH
By the end of 2013*
- To assess, through a demographic analysis of population databases, the potential demand for YFC services by young people in key urban and rural towns and cities, in order to better plan and target resources and services at the relevant population groups, in particular MARA/YP
*MoH, MoESYS, MoSP
Regional state administrations
Kyiv and Sevastopol City State Administrations
By the end of 2013*
- To scale up publicity of YFC services for different groups of young people, through media that young people have access to and use, as well as through mass media outlets including social advertising.
*MoH, MoESYS, MoSP
Regional state administrations
Kyiv and Sevastopol City State Administrations
On a permanent basis*

Resources mobilization and coordination

- To improve the reporting system by YFCs to OKHMATDYT through the inclusion of indicators on most-at-risk clients, YFC services advertising and the introduction of new services
*MoH
OKHMATDYT
2012-2013*
- To intensify advocacy of YFC services among MARA/YP by building closer collaboration between YFC and of FCYSSC on this issue.
*MoH, MoESYS, MoSP
On a permanent basis*
- To strengthen and increase joint activities between YFC and FCYSSC including exchanges of good practice and training on youth-friendly health and social services.
*MoH, MoESYS, MoSP
On a permanent basis*
- To intensify cooperation between YFCs and FCYSSC on client referral, especially for MARA/YP.
*MoH, MoESYS, MoSP
Regional state administrations
Kyiv and Sevastopol City State Administrations*

On a permanent basis

- To scale up the partnership with international organizations working in the area of health care and social support to adolescents and youth, through ensuring their support of the YFC programme is in the UN common country plan and in the promotion of relevant resources they have produced; in disseminating their materials and in providing training and orientation in their use.

MoH, MoESYS, MoSP, UNICEF, WHO, UNFPA etc.

On a permanent basis

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ANNEXES

Annex 1. Experts Interviews Guide

Dear expert!

Centre for Social Expert Investigations of the Sociology Institute of the National Academy of Sciences of Ukraine conducts sociological study named “RE-EVALUATION OF YOUTH FRIENDLY CLINICS”. The project aim is to evaluate provision of services by YFC from the point of view of their timeliness, efficiency, performance, potential sustainability and need for extension, as well as to compare it with similar studies conducted in 2008. Please answer the following questions. We guarantee confidentiality of your answers which will be generalized for use.

Thank you in advance for cooperation!

1. State program «Reproductive Health of the Nation» provides for organization of YFC in 90 per cent of current child polyclinics before 2015. On your opinion, can this target be really implemented? Which is the current situation with development of YFC in Ukraine? What are the factors benefiting to target implementation, and what are the factors preventing this to happen?
2. Had implementation of new standards of medical care for young people and adolescents influenced the work of YFC in Ukraine? If “yes”, please identify how exactly?
3. Based on Your experience, give please evaluation of accessibility, appropriateness and relevance of YFC services for young people in Ukraine/region today? Do all groups of adolescent have equal access to YFC services? Please, identify those groups who might not have full access e.g. young people living and working on the street, drug users etc. and explain why their access is limited.
4. YFC work to the three principles of a) accessibility; б) voluntary; в) friendliness? as laid down by the UNICEF and the WHO. How do you evaluate current accordance and provision of these principles during the work of YFC: What problems/shortcomings hinder/limit provision of these principles in clinics?
5. Please read the recommendation of the 2008 YFC evaluation. Having done so please state, which recommendations, in your opinion, were implemented well, why and how, which were to a lesser degree, why and how and which not at all. Your reasons for each answer are very important so please remember to give us full answers of why and how to each question.
6. Were there changes in priorities as for the financing of health care system for the benefit of prevention measures? From what sources are HIV/STIs preventive measures being financed today? What, on your opinion, should be changed in current model of YFC financing?
7. On Your opinion, is there any progress in realization of importance and need in YFC development by regional authorities? If “Yes”, please state how? If “No”, please state why?
8. What changes did happen in cooperation between YFC with other non-government institutions in recent 4 years (2008 - 2011)? What is your evaluation of the character of those changes?
9. What is your evaluation of staff capacity and preparedness for work in YFC? Do you see any changes that happened in this sphere after the first national evaluation of UFCs in 2008?
10. What are sources from which young people receive information about YFC today? On Your opinion, at what stage of implementation of new active information strategies and development of on-line YFC are we today?

11. What is your evaluation of regulatory and legal framework for development and functioning of such institutions in Ukraine? What are pros and cons, gaps in the system? On your opinion, what regulatory and legal acts need to be developed \ created or revised?
12. What are the main current problems of the YFC building and functioning today? How these problems differ from the problems which were fixed in 2008?
13. Do other resources exist that could be brought to improve the development of YFC networks and increase the effectiveness of their services? Are all the actual and potential resources utilized enough?
14. What are your suggestions as for the improvement of YFC functioning in Ukraine?
15. What questions as for the organization and functioning of YFC we haven't mentioned here, but which you would like to discuss and pay attention to?

Thank you very much for conversation!

Annex 2. Questionnaire for YFC managers and specialists

Questionnaire for YFC managers and specialists

Good afternoon!

Centre for Social Expert Investigations conducts survey among YFC managers and specialists. Its aim is to study opinions of clinics personnel regarding their conditions of work and possibilities for making YFC services more available and friendly for adolescents and young people. The study is initiated by the UNICEF and the Ministry of Health of Ukraine.

We appreciate your time and readiness to discuss this topical issue. The interview will be recorded and its shorthand record will be used for development of proposal on improvement of YFC services.

1. Your specialty? _____

2. Your position?

1) Principal place of work _____

2) In this YFC _____

3. How many years do you work in YFC? _____

4. When was your YFC founded? _____

5. Who supported foundation of your YFC?

1 – UNICEF

2 – Ministry of Health of Ukraine

3 – OKHMATDYT specialists

4 – Ministry of Family, Youth and Sports of Ukraine

5 – National Social Services for Families, Children and Youth

6 – Local authorities

7 – Other (indicate) _____

6. On the basis of what institution was your YFC founded?

1 – Local health centre

2 – Local children's hospital

3 – Centre of Social Services for Families, Children and Youth

4 – Other (indicate) _____

7. Which age groups do you have in priority?

From _____ years to _____ years old

8. Are there any other restrictions for provision of services to young people?

- 1 – We do not accept homeless children
- 2 – We do not accept young people who were punished for committed crime
- 3 – We do not accept persons with some diseases (indicate) _____
- 4 - We do not accept patients who are intoxicated (alcohol, drugs)
- 5 – We work with all young people without any restrictions
- 6 – We work with definite target groups (indicate) _____

7 - Other (indicate) _____

9. Were there any cases when YFC members were forced to refuse aid to some visitors? Why? (Indicate) _____

10. Should the client register first?

- 1 - Yes
- 2 – No
- 3 – Other (indicate) _____

11. Are there any cases when clients must have birth certificate or passport to receive services of your YFC? (Indicate) _____

12. What are your working days and hours?

- | | | |
|-----------------|------------|------------|
| 12.1. Monday | from _____ | till _____ |
| 12.2. Tuesday | from _____ | till _____ |
| 12.3. Wednesday | from _____ | till _____ |
| 12.4. Thursday | from _____ | till _____ |
| 12.5. Friday | from _____ | till _____ |
| 12.6. Saturday | from _____ | till _____ |
| 12.7. Sunday | from _____ | till _____ |

13. How convenient do think such schedule is for adolescents and young people, i.e. your potential clients?

- 1 - Yes
- 2 – No
- 3 – Other (indicate) _____

14. Are all services of clinic free for adolescents?

- 1 – Yes go to the question No.19
- 2 – No

15. What services do you charge for? (Indicate) _____

16. How much do they cost? From _____ to _____ UAH.

17. What is included into this price for services? (Indicate) _____

18. Is there any difference in the amount of fee for minors and young people?

- 1 - Yes
- 2 – No
- 3 – Other (indicate) _____

19. Are there any discounts for clients who are not able to pay for services?

- 1 - Yes
- 2 – No
- 3 – Other (indicate) _____

20. Are there any rules in your YFC, which guarantee confidentiality for your clients?

- 1 - Yes
- 2 – No
- 3 – Other (indicate) _____

21. How does it work?

- 1 – Young people and adolescents visit us on their own, without parents/tutors
- 2 – We do not ask for documents to visit a specialist
- 3 – The specialist conducts visits vis-à-vis
- 4 – We keep an oath of secrecy for client's diagnosis and problems
- 5 – Other (indicate) _____

22. Did you experience any situation in your YFC when clinic's specialists informed client's parents/relatives about his/her problems?

- 1 - Yes (why, indicate) _____
- 2 – No

23. How much time does a specialist have for consultation of one client?

About _____ minutes.

24. Is this time enough for the client?

- 1 - Yes
- 2 – No
- 3 – Other (indicate) _____

25. Do you often have situations when you have to be in a hurry to provide services to all clients?

- 1 – Every day
- 2 – Every week
- 3 – Every month
- 4 – Less than once a month
- 5 – Other (indicate) _____

26. From your experience, is it possible to guarantee confidential conditions for private consultation of clients?

- 1 - Yes
- 2 – No
- 3 – Other (indicate) _____

27. Does a specialist have to get distracted for conversation with somebody else, phone calls, etc. in the course of consultation?

- 1 - Yes (indicate why) _____
- 2 – No

28. Which services indicated below does you clinic provide? (Indicate *all* correct answers)

- 1 – Training on HIV/AIDS/STIs, reproductive health
- 2 – Consultation of Psychologist
- 3 – Consultation of Doctor
- 4 – Consultation of Gynaecologist (for girls), Urologist (for boys)
- 5 – Consultation of Dermatovenerologist
- 6 – Diagnostics of STIs
- 7 – Treatment of STIs
- 8 – HIV Voluntary counselling and testing
- 9 – Consultation of Narcologist
- 10 – Distribution of brochures, flyers about HIV/STIs, reproductive health
- 11 – Free distribution of condoms
- 12 – Other (indicate) _____

29. From your experience, does the list of your YFC services absolutely correspond to the needs of your clients?

- 1 – Absolutely corresponds **go to question No.30**
- 2 – Partially corresponds

30. If the list of your services only partially corresponds to the needs of your clients which needs remain unsatisfied? (Indicate)

32. What needs of adolescents are not taken into account upon your opinion? (Indicate)

33. How is it possible to improve provision of services to adolescents by YFC?

34. Do you practice in your YFC directing of clients to other medical institutions in case of necessity?

1 - Yes

2 - No

3 - Other (indicate) _____ **go to question No.32**

35. How exactly do you direct client to other medical institutions?

1 - We provide contact details of clinic/hospital

2 - We submit medical documents with information about this client to another clinic/hospital

3 - We call to another medical institution and agree about visit to a definite specialist

4 - Other (indicate) _____

36. Did you notice any periods of time when the number of private appeals increases and when young people are more active visitors of YFC?

1 - Yes

2 - No

go to question No. 39

37. If you've noticed such periods of time what are they connected with?

1 - Seasons (indicate which) _____

2 - Days (indicate which) _____

3 - Hours (indicate which) _____

4 - Other (indicate) _____

38. Do you have any problems during such periods of time because of large number of clients?

1 - Yes

2 - No

go to question No. 40

39. How do you settle problems related to the large number of clients?

1 - By decreasing time of visit for one client

2 - By asking some clients to come for the next visit the other day

3 - By sending some clients to another specialist

4 - By prolongation of working hours for all clients to receive consultation

5 - Other (indicate) _____

40. Do you have in your clinic so called "low season" when there is almost no clients visiting YFC?

1 - Yes

2 - No

go to question No. 43

41. When do you have "low season" in your clinic? (Indicate)

42. How long does it last? (Indicate) _____ days

43. Do you have young volunteers working on the basis of YFC?

1 - Yes

2 - No

go to question No. 45

44. If you have volunteers working in your YFC, who is training them?

1 - YFC personnel

2 - YFC managers

3 - Young People, who have had adequate training

4 - Invited representatives of international organizations (for example, UNICEF)

5 - Invited representatives of OKHMATDYT

6 - Other (indicate) _____

45. Do you spread information about YFC, its location, principles of work, types of services?

55. How many positions for specialists do you have in general in your clinic? (Indicate) _____

56. How many employees of your clinic work pluralistically? (Indicate) _____ persons.

57. Did the employees of your clinic have special training regarding peculiarities of working with adolescents and young people?

1 – Yes 2 – No go to question No.59

58. If yes, how many current employees had such training? (Indicate) _____ persons.

59. Where did your current employees have training regarding peculiarities of working with adolescents and young people? (Indicate)

60. What skills and knowledge are necessary for specialists of your clinic for provision of high quality services but they do not have? (Indicate)

61. Is it possible for clinic specialists to have such training and to obtain necessary knowledge and skills for provision of services?

1 – Yes 2 – No

62. The majority of children's medical institutions are women. Do you have any male specialists in your clinic?

1 – Yes 2 – No go to question No. 59

63. If yes, do the clients of your clinic can choose gender of a doctor they prefer?

1 – Yes 2 – No

64. What is the source of financing for your YFC (if there are a couple of them – which sources cover what expenses)?

1 – _____

2 – _____

3 – _____

4 – _____

65. What is the YFC budget for the current year? (Indicate) _____ UAH.

66. What is the salary fund for the current year? (Indicate) _____ UAH.

67. Which budget items are the most problem for financing? (Indicate)

68. Are there any delays in financing?

1 – Yes 2 – No go to the question No. 66

69. How often do you have delays?

1 – Each month

2 – Each quarter

3 – Each half a year

4 – Each year

5 – Other (indicate) _____

70. What do you think is the reason of this? (Indicate) _____

71. Are there any benefits for YFC related to payment for some budget items?

1 – Yes 2 – No **go to the question No. 68**

72. If YFC has any benefits, what are they?

1 – For rent of premises

2 – For housing services

3 – For communication services

4 – Other (indicate) _____

73. Are there any items you should not pay for?

1 – Yes 2 – No

74. What do you think is the way to improve YFC resource base and its financing? (Indicate)

75. Are there any statistics for appealing to your YFC in general and regarding any specific reasons in particular?

1 – Yes 2 – No

If yes, we'll appreciate such information. (Interviewer, ask for copy of YFC report for 2010!)

76. How often do the specialists of your clinic have trainings, seminars with adolescents and young people regarding health protection, HIV/STIs prevention, etc.?

1 – Each month

2 – Each quarter

3 – Each half a year

4 – Each year

5 – Other (indicate) _____

77. How are such trainings arranged? (Indicate) _____

78. Does your YFC have any agreements with local institutions and organizations regarding distribution of information about YFC? Which organizations? (Indicate)

79. Does your YFC have any cooperation agreements with other institutions and services? If yes, with what? (Indicate) _____

80. Which directions of YFC activity are in priority in our country today? Do they coincide with your vision of such priorities? (Indicate) _____

81. Do you think your YFC activity profitable, cost efficient? Why? (Indicate)

82. How did implementation of Standards for provision of medical assistance to adolescents and young people influence activity of your YFC? (Indicate)

Thank you very much for your participation and assistance!

Annex 3. YFC Client Questionnaire

STUDY “RE-EVALUATION OF YOUTH FRIENDLY CLINICS”				
1. INTERVIEW NUMBER	2. INTERVIEW WER’S CODE	3. INTERVIEW W DATE	<u>GUARANTEE</u> : I confirm that an interview was conducted in confor with the instruction for private interviews with a respondent chosen d the instruction and who was not interviewed by me within the last months.	
		DAY	MONTH	
4. REGION:				
5. CITY/TOW N:		INTERVIEW ER’S SIGNATURE:		NAME AND SURNAME:
			HEAD OF TEAM’S SIGNATURE:	

YFC CLIENT’S QUESTIONNAIRE

Good (morning/afternoon/evening). My name is I work in – (name of organization). We would like to learn more about some aspects of services provided in this medical institution. Our conversation will take up to 15 minutes. It’s not a test. Our aim is to try to improve/provide high quality of medical and social services for adolescents and young people. The provided information is confidential and will be used only as generalized.

1. How many times did you visit YFC? _____ times
2. When did you first visit the YFC? _____ month 200 ____
3. How many return visits have you made? _____ times
4. When did you visit YFC for the last time? _____ month 200 ____

- 5. Which services of YFC did you use? (Indicate *all* correct answers, please)**
- 1 – Seminar, training on HIV/AIDS and sexually transmitted diseases, reproductive health
 - 2 – Consultation of Psychologist
 - 3 – Consultation of Doctor

- 4 – Consultation of Gynaecologist (for males), Urologist (for females)
- 5 – Consultation of Dermatovenerologist
- 6 – Diagnostics of sexually transmitted diseases
- 7 – Treatment of sexually transmitted diseases
- 8 – Voluntary counselling and testing for HIV/AIDS
- 9 – Consultation of Narcologist
- 10 – Printed materials regarding HIV/AIDS/STIs, reproductive health (brochures, flyers)
- 11 – Received free condoms
- 12 – Other, indicate _____

6. Did you receive in YFC all services you expected?

- 1 – Yes
- 2 - No

IF NO: Why do you think they refused aid?

7. Did you have to register to receive consultation of a YFC doctor, psychologist?

- 1 – Yes, and I had to show my documents
- 2 – Yes, but I could inform any name
- 3 – No

8. How did you make an appointment with the doctor you needed?

- 1 – I made a phone call and agreed about time
- 2 – I came personally and agreed about time
- 3 - Someone else made the appointment for me
- 4 – I was sent by another specialist
- 5 – Other, indicate _____
- 6 – *I didn't visit a specialist*

9. How were you treated while making an appointment?

- 1 – With respect, friendly
- 2 – Indifferently
- 3 – Without respect, unfriendly
- 4 – *It's hard to answer*
- 5 – Other, indicate _____

10. How fast did you visit the specialist you needed?

- 1 – Later in the day
- 2 – I was appointed for the next day and then I had a visit
- 3 – I had to come a couple of times to have a visit
- 4 – Other, indicate _____
- 5 – *I didn't visit a specialist*

11. How were you treated by doctors, psychologists during the visit?

- 1 - With respect, friendly
- 2 – Indifferently
- 3 - Without respect, unfriendly
- 4 - *It's hard to answer*
- 5 – Other, indicate _____

12. How did you feel talking to YFC members?

- 1 - Free, comfortable.....3 - Uncomfortable
- 2 – A little bit nervous4 - *It's hard to answer*

13. Did the YFC member get distracted from your conversation by:

- 1 – Phone talks
- 2 – Talking to other YFC members
- 3 – Talking to other visitors
- 4 – *Something else (what exactly?)* _____
- 5 – *Didn't get distracted*

29. Your age _____ years old

30. Gender: 1 - Male.....2 - Female

Thank you very much for cooperation!

Annex 4. Questionnaire for potential YFC client survey

STUDY „RE-EVALUATION OF YOUTH FRIENDLY CLINICS”			
1. INTERVIEW NUMBER	2. INTERVIEWER'S CODE	3. INTERVIEW DATE	GUARANTEE: I confirm that an interview was conducted in conformity with the instruction for private interview with a respondent chosen due to the instruction and who was not interviewed by me within the last six months
		ЧИСЛО МІСЯЦЬ	
4. REGION:			
5. CITY/TOWN:	INTERVIEWER'S SIGNATURE:		NAME, SURNAME: _____
		HEAD OF TEAM'S SIGNATURE: _____	

QUESTIONNAIRE FOR POTENTIAL YFC CLIENT SURVEYS
 (INTERVIEWER, PLEASE, READ OUT THIS APPEAL TO THE RESPONDENT!)

Dear Friend!

Centre for Social Expert Investigations conducts survey among young people in Ukraine. It is aimed at study of need of young people in medical services and consultations regarding health problems, especially those dealing with reproductive health. On the basis of your answers we will analyse young people' opinion regarding availability and friendliness of such services for adolescents and young people.

Your answers are absolutely anonymous and confidential. Only researchers in Kyiv will have access to them. Your name will not be indicated in the questionnaire and your answers will be generalized with answers of other young people.

Thank you very much for participation!

SOME QUESTIONS ABOUT YOU FIRST

1. Have you ever visited YFC?

1 – Yes →

2 – No

2. Why not? (Any correct answers)

1 – There is no need

2 – I have no enough information about such institution

3 – I don't think that this medical institution can really help me

- 4 – I don't trust its members
- 5 – I'm afraid that my parents will be informed
- 6 – Other, indicate _____
- 7 – It's hard to answer

3. Your age _____ years old

If the respondent is under 14 or more than 24 → Finish an interview

- 4. Gender:** 1 – Male..... 2 – Female

5. Do you study or are you employed?

Choose only one answer, please:

- 1 – School student
- 2 – I've just graduated from school
- 3 – Student of vocational training college
- 4 – Student of high school
- 5 – I'm employed
- 6 – I neither work nor study

6. Do you have any questions related to your health which you feel uncomfortable to discuss with your parents or other adult relatives?

- 1 – Yes 2 – No

7. Did you experience situations when it was impossible to find any information you needed or there was nobody to consult on your health?

- 1 – Yes 2 – No

8. Would you like to receive free consultation of specialist in the following matters?

Any correct answers

- 1 – How to preserve your health
- 2 – How to settle conflicts with your parents
- 3 – How to repair friendly relations with contemporaries
- 4 – When and how one should start sex life
- 5 – How to avoid HIV
- 6 – Where and how you can have HIV test
- 7 – Diagnostics and treatment of STIs (sexually transmitted diseases)
- 8 – Contraception (selection of contraception means)
- 9 – How you should act if you suspect that you are pregnant
- 10 – Consequences of drug abuse, drug intervention
- 11 – Other (indicate)
- 12 – I don't want to

9. Do you know where in your city you can receive free consultation of specialists or any of the following medical services: Indicate any correct answer

- 1 – Consultation of Psychologist
- 2 – Consultation of Gynaecologist (for females), Urologist (for males)
- 3 – Consultation on HIV/STIs
- 4 – Free condoms
- 5 – Diagnostics and treatment of STIs
- 6 – Consultation of Narcologist
- 7 – I don't know

If you have a need to consult on any of the above questions where would you go first ..., (after answer) maybe you already addressed somebody:

<i>(Answer in each column)</i>	10.1. First of all I would go to	10.2. I already addressed
Friends/brother/sister	1	1
Parents/adult relatives	2	2
Local health centre	3	3
Private doctor/Private medical institution	4	4
Youth Friendly Clinic (YFC)	5	5
Centres of Social Services for Youth	6	6
Teachers, tutors	7	7
School psychologist	8	8
Other, <i>indicate</i>	9	9
I will not/did not address anybody	10	10
I don't know/It's hard to answer	11	11

11. Have you ever heard about Youth Friendly Clinics (YFC)?

- 1 – Yes
 2 – No *SAY THANK YOU AND FINISH AN INTERVIEW*

12. How did you know about YFC? (All correct answers)

- 1 – Notice board at school
 2 – Notice board in the health centre, clinic
 3 – School teacher, psychologist recommended
 4 – Clinic advertising (hand-out booklets, posters, calendars, etc.)
 5 – From friends/familiar contemporaries
 6 – From parents/relatives
 7 – In the Centre of Social Services for Youth
 8 – Internet, Mass Media
 9 – From a stranger
 10 – I've noticed the clinic by accident
 11 – Other (indicate) _____
 12 – I don't remember

13. How do you think what services you might be offered in YFC?

Indicate all, named by the respondent him/herself

- 1 – Training on HIV/AIDS/STIs, reproductive health
 2 – Consultation of Psychologist
 3 – Consultation of Doctor
 4 – Consultation of Gynaecologist (for females), Urologist (for males)
 5 – Consultation of Dermatovenerologist
 6 – Diagnostics of sexually transmitted diseases
 7 – Treatment of sexually transmitted diseases
 8 – Consultation on sexually transmitted diseases
 9 – HIV testing
 10 – Consultation of Narcologist
 11 – Printed materials regarding HIV/AIDS/STIs, reproductive health (brochures, flyers)
 12 – Free condoms
 13 – Free syringe
 14 – Other, (indicate) _____

 15 – I don't know

14. Look at Card No.1. (GIVE IT TO THE RESPONDENT).

How do you think which of these services may be provided by YFC?

- 1 – Training on HIV/AIDS/STIs, reproductive health
 2 – Consultation of Psychologist

- 3 – Consultation of Doctor
 - 4 – Consultation of Gynaecologist (for females), Urologist (for males)
 - 5 – Consultation of Dermatovenerologist
 - 6 – Diagnostics of STIs
 - 7 – Treatment of STIs
 - 8 – Consultation on STIs
 - 9 – HIV testing
 - 10 – Consultation of Narcologist
 - 11 – Printed materials regarding HIV/AIDS/STIs, reproductive health (brochures, flyers)
 - 12 – Free condoms
 - 13 – Free syringe
 - 14 – Other, (indicate) _____
-
- 15 – I don't know

15. How do you think, do you have to pay for services provided by YFC?

- 1 – Yes
- 2 – Some of them, indicate: _____
- 3 – No
- 4 – I don't know

16. How do you think, do you have to show birth certificate or passport to receive services in YFC and did you have to register there?

- 1 – Yes
- 2 – No
- 3 – I don't know

17. How do you think, do minors have to come with parents/adult relatives to receive services of YFC?

- 1 – Yes
- 2 – No
- 3 – I don't know

18. Do you know where YFC is located in your city/town?

- 1 – Yes
- 2 – No
- 3 – I don't know

INTERVIEWER, FINISH THE INTERVIEW AND SAY: "THANK YOU"!