**SECTION A: INTRODUCTION**

1. **Purpose of the Guide**

This guide has been developed explicitly for the Candle Light Clinic, a newly established health facility under the Candle Light Foundation Uganda (CLF Uganda). It is designed to serve as a comprehensive resource to guide the clinic in delivering adolescent and youth-friendly (AYF) health services. As a dedicated initiative of CLF Uganda, a not-for-profit organisation championing the rights and potential of women and girls, the Candle Light Clinic stands as a critical extension of the Foundation’s holistic mission.

CLF Uganda collaborates closely with its global partners, CLF Canada and CLF Iceland, to empower vulnerable women and girls to achieve their dreams and reach their full potential. Through education, skills training, entrepreneurship, and now health, the Foundation continues to provide the tools, resources, and support needed to transform lives. Candle Light Clinic was born to complement the efforts of Candle Light High School, ensuring that adolescent girls not only learn but also thrive in good health, dignity, and confidence.

At the core of this guide is a firm belief in the power of adolescent girls and young people. Uganda’s youth are creative, resilient, and full of promise—but their journey is often interrupted by health challenges that go unmet. This guide is a call to action for Candle Light Clinic to become a sanctuary for healing, learning, and empowerment. It provides the knowledge, tools, and practical steps to establish a health care space that is welcoming, confidential, responsive, and truly youth-centred.

1. **Why Adolescent and Youth-Friendly Health Services Matter for Candle Light**

Uganda has one of the youngest populations globally, with over 75% of its people under the age of 30. Every day, young people face enormous challenges in accessing healthcare. They fear judgment. They encounter long waits and high costs. They struggle with stigma, misinformation, and health workers who may not understand their realities. Girls are especially vulnerable, with limited access to sexual and reproductive health services and poor mental health support.

For CLF Uganda, these barriers are unacceptable. We believe every girl has the right to quality care—to be listened to, supported, and empowered. By investing in adolescent and youth-friendly health services, Candle Light Clinic will:

* Increase clinic attendance among students and surrounding youth
* Improve health outcomes, particularly for sexual and reproductive health (SRH)
* Identify and address mental health issues early
* Prevent substance abuse and gender-based violence
* Enhance the dignity, confidence, and self-worth of every girl we serve

At Candle Light, we are not just treating illnesses—we are nurturing dreams. This guide is a crucial step in creating a safe, respectful, and vibrant health space where girls can develop into strong, healthy women who shape the future of their communities.

1. **Policy Context: Candle Light’s Commitment to Uganda’s Vision for Youth Health**

The development of this guide and the vision behind Candle Light Clinic are firmly aligned with national and international frameworks advocating for the health and well-being of adolescents and young people. These include:

* Uganda’s National Adolescent Health Policy (2021)
* The Adolescent Health Service Standards and Guidelines by the Ministry of Health (MOH Uganda)
* Uganda’s Health Sector Development Plan (HSDP)
* Sustainable Development Goals (SDG 3: Good Health and Well-being, SDG 5: Gender Equality)
* WHO’s Global Standards for Quality Health-Care Services for Adolescents

As a Foundation committed to transformative, community-based impact, CLF Uganda is proud to implement these policies at the grassroots level through the Candle Light Clinic. We stand ready to ensure that our girls are not left behind.

1. **Who Should Use This Guide**

This guide is tailored specifically for Candle Light Clinic and is intended to be a working manual for everyone involved in adolescent health within our organization:

* Candle Light Clinic health care staff
* Teachers and administrators at Candle Light High School
* CLF Uganda program staff
* Peer educators and youth volunteers
* Community outreach workers linked to CLF programs
* Partners and stakeholders supporting CLF Uganda’s health work

It offers practical tools, easy-to-follow checklists, and ready-to-use templates to support the day-to-day delivery and continuous improvement of youth-focused services at Candle Light Clinic.

**5. Definitions**

* **Adolescents:** Individuals aged 10 to 19 years. This stage is characterized by rapid physical, emotional, and social changes, and it is a critical time for forming identities and habits that impact lifelong health.
* **Youth:** Individuals aged 15 to 24 years. This group includes older adolescents transitioning into adulthood, who face increased social expectations and responsibilities, particularly in areas such as health, relationships, and livelihoods.
* **Young People:** A broad category that includes both adolescents and youth, covering ages 10 to 24 years. It reflects the continuum of growth and transition from childhood to adulthood.
* **AYF Services (Adolescent and Youth-Friendly Services):** Health services that are affordable, accessible, acceptable, confidential, and appropriate for young people. They are designed to respect the unique needs of adolescents and youth, uphold their dignity, provide privacy, and ensure they are not judged or discriminated against. Within the Candle Light Foundation’s mission, AYF services are a bridge to empowering young girls through health, enabling them to pursue education, entrepreneurship, and leadership with confidence.

**SECTION B: KEY PRINCIPLES OF YOUTH-FRIENDLY SERVICES**

To truly meet the needs of adolescents and young people, the Candle Light Clinic must adhere to key principles that ensure health services are safe, welcoming, and effective. These principles form the foundation of adolescent and youth-friendly services (AYF services). They help us understand how to treat young people with respect and provide services that make them feel comfortable and valued.

Each principle below is explained in simple terms and includes practical actions that Candle Light Clinic can take.

**1. Accessibility**

*Meaning:* Services must be easily accessible to young people, without unnecessary barriers.

*What This Means at Candle Light Clinic:*

* Open the clinic at times that suit young people, such as after school, on weekends, or during holidays.
* Keep service fees low or free so that no girl or boy is turned away due to financial constraints.
* Make sure the clinic is easy to reach—close to the school and community, with a safe road.
* Avoid long queues. Youth should not wait in line for hours.
* Use clear signposts in both English and local languages so that they can easily find the clinic.

*Why It Matters:* If it’s too hard to reach the clinic or it’s only open during school hours, many youth will not come.

**2. Acceptability**

*Meaning:* Services must be provided in a way that young people feel welcomed, respected, and not judged.

*What This Means at Candle Light Clinic:*

* Greet every young person with a smile.
* Don’t scold or shame anyone, even if they come with difficult questions.
* Make the clinic look friendly—with bright colours, clean spaces, and posters that talk about youth issues.
* Dress modestly and speak in a respectful tone.
* Provide separate spaces for boys and girls if possible, especially when discussing sensitive topics.

*Why It Matters:* Young people will only come back to the clinic if they feel safe and accepted.

**3. Appropriateness**

*Meaning:* The services provided must meet the real health needs of adolescents and youth.

*What This Means at Candle Light Clinic:*

* Offer services like menstrual care, pregnancy testing, family planning, STI testing, and mental health support.
* Talk about things that affect their lives—puberty, relationships, peer pressure, and body changes.
* Use simple, clear language that is easy to understand.
* Provide referrals to other clinics when more advanced help is needed.

*Why It Matters:* Young people face different health challenges than adults. Services should reflect what they truly need.

**4. Effectiveness**

*Meaning:* Services must actually help improve the health of young people.

*What This Means at Candle Light Clinic:*

* Train all staff in adolescent health, including youth communication and counselling.
* Use correct diagnosis and treatment guidelines.
* Follow up with youth after treatment to check on progress.
* Keep good records while protecting privacy.

*Why It Matters:* If services do not produce results or feel careless, youth will not trust or use them.

**5. Equity and Non-Discrimination**

*Meaning:* All young people must be treated fairly—regardless of their gender, background, religion, disability, or appearance.

*What This Means at Candle Light Clinic:*

* Never refuse services to a young person because they are poor, pregnant, HIV positive, or differently abled.
* Serve both boys and girls, and be respectful of different opinions or beliefs.
* Provide ramps and seating areas that can be used by youth with physical disabilities.
* Train staff to avoid stereotypes and biases.

*Why It Matters:* Every young person deserves care. Discrimination drives them away and deepens their problems.

**6. Participation and Empowerment**

*Meaning:* Young people must be involved in designing, delivering, and reviewing the services they use.

*What This Means at Candle Light Clinic:*

* Ask youth what they want—use suggestion boxes, surveys, and focus groups.
* Involve peer educators and youth volunteers to educate others and promote awareness.
* Let youth help design posters, brochures, and health talks.
* Give feedback to youth about how their ideas have shaped services.

*Why It Matters:* When young people feel included and heard, they take ownership of their health.

**7. Confidentiality and Trust**

*Meaning:* All youth have a right to privacy. They must trust that what they share at the clinic stays private.

*What This Means at Candle Light Clinic:*

* Conduct private conversations with youth in private rooms, rather than in open areas.
* Never discuss a youth’s health issue with others without permission.
* Assure every client that their story is safe with you.
* Keep files and health records secure.
* Train all staff—nurses, cleaners, security—to respect confidentiality.

*Why It Matters:* If a young person thinks others will find out about their visit, they will not come at all.

**SECTION C: FACILITY ASSESSMENT TOOL – CHECKLIST FORMAT**

This assessment tool is designed to help Candle Light Clinic examine how friendly and effective its services are for adolescents and young people. Each section includes clear and simple items to check, along with space to note what needs improvement.

Please respond to each item with:

* **Yes** (this is in place),
* **No** (this is not yet in place), or
* **Not Sure** (you need more information or training).

Then, write the specific **Action Needed** to improve.

**1. Facility Environment & Infrastructure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Explanation** | **Yes / No / Not Sure** | **Action Needed** |
| Private consultation rooms | Youth should be able to speak freely without being overheard. |  |  |
| Separate or safe space for youth | A corner or room where youth can wait or talk without adults around. |  |  |
| Clean, welcoming reception | The reception should be tidy, friendly, and feel safe. |  |  |
| Safe water available | Drinking water must be clean and easily available. |  |  |
| Toilets for boys and girls | Separate, clean toilets should be available and labeled. |  |  |
| Posters and youth IEC materials visible | Health messages for youth should be on the walls. |  |  |

**2. Staff Competence and Attitude**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Explanation | Yes / No / Not Sure | Action Needed |
| All staff trained in adolescent health | All staff should know how to handle youth issues. |  |  |
| Staff use respectful, friendly language | No scolding or harsh words, especially for sensitive issues. |  |  |
| Male and female staff are available | Youth should choose who they are more comfortable with. |  |  |
| Staff do not judge youth | No assumptions or blaming youth for their questions. |  |  |
| Active listening and counseling | Staff should listen carefully and give helpful, calm responses. |  |  |

**3. Service Availability & Relevance**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Explanation | Yes / No / Not Sure | Action Needed |
| Family planning & pregnancy services | Contraceptives, emergency pills, and pregnancy tests are available. |  |  |
| HIV/STI testing and treatment | Free or affordable services for testing and treatment. |  |  |
| Mental health counseling | Safe space to talk about stress, sadness, and anxiety. |  |  |
| Support for drug/alcohol issues | Prevention information and support for those affected. |  |  |
| Menstrual health products | Pads, tampons, and information should be available. |  |  |
| Immunization and chronic illness care | Services for vaccinations and long-term conditions. |  |  |

**4. Confidentiality and Consent**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Explanation | Yes / No / Not Sure | Action Needed |
| Written confidentiality policy exists | Youth should know their privacy is protected. |  |  |
| Consultations held privately | Staff speak with youth in closed rooms, not in open areas. |  |  |
| Staff trained on consent laws | Staff understand when youth need or don’t need parental consent. |  |  |
| Staff explain privacy rights to youth | Youth know their visit will not be shared with others. |  |  |
| Medical records stored securely | Files are locked or stored digitally with passwords. |  |  |

**5. Opening Hours & Accessibility**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Explanation | Yes / No / Not Sure | Action Needed |
| Clinic open after school or on weekends | Youth should not miss class to come to the clinic. |  |  |
| Services are affordable or free | Youth can get care even without money. |  |  |
| Youth don’t wait too long to be seen | There’s a fast system for seeing youth. |  |  |
| Clinic is easy to find and reach | Located near the school or in a safe area. |  |  |
| Clinic signs are in English and local language | Everyone knows where to go and what to expect. |  |  |

**6. Youth Participation**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Explanation | Yes / No / Not Sure | Action Needed |
| Clinic collects feedback from youth | Suggestion box, surveys, or feedback forms. |  |  |
| Youth are part of decision-making | They sit on committees or join clinic planning meetings. |  |  |
| Youth volunteers/peer educators are active | They help educate or support their peers. |  |  |
| Regular dialogue sessions with youth | Safe forums to hear concerns or ideas. |  |  |
| Clinic staff go to schools or youth centers | Outreach helps bring in more youth. |  |  |

**7. Communication and Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Explanation | Yes / No / Not Sure | Action Needed |
| Staff use youth-friendly language | Simple, clear words with no medical jargon. |  |  |
| Posters, comics, and videos are displayed | Visual education tools in waiting areas. |  |  |
| WhatsApp or SMS appointment reminders | Helps youth keep appointments and feel connected. |  |  |
| Clinic has a contact phone or hotline | Youth can call for help or questions. |  |  |
| Materials are in English and Luganda | Youth understand and relate to the content. |  |  |

**8. Referral and Linkages**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Explanation | Yes / No / Not Sure | Action Needed |
| Clinic refers youth to other services | For HIV, mental health, or gender-based violence. |  |  |
| Clinic has MOUs with hospitals or centers | Formal agreements to ensure proper care. |  |  |
| Youth are followed up after referral | Staff check if the referred service was accessed. |  |  |
| Links with youth clubs, churches, and groups | Strengthens community trust and connection. |  |  |

**SECTION D: SAMPLE TOOLS AND TEMPLATES**

These tools have been developed to support Candle Light Clinic in delivering consistent, high-quality, and youth-friendly services. They are easy to adapt and use regularly as part of clinic operations.

**1. Adolescent Client Satisfaction Survey**

**Instructions:** Ask adolescents to complete this anonymously after their visit. Provide a private space for this.

**Name (Optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex:** Male / Female / Other **Date of Visit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tick the box that best describes your experience:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question** | **Very Good** | **Good** | **Fair** | **Poor** |
| Were you welcomed warmly when you arrived? | ☐ | ☐ | ☐ | ☐ |
| Did the health worker treat you with respect? | ☐ | ☐ | ☐ | ☐ |
| Were you able to speak privately with the health worker? | ☐ | ☐ | ☐ | ☐ |
| Did you feel listened to and understood? | ☐ | ☐ | ☐ | ☐ |
| Were your questions answered clearly? | ☐ | ☐ | ☐ | ☐ |
| Did you wait too long to be seen? | ☐ No | ☐ A little | ☐ Yes | ☐ Very long |
| Would you come back to this clinic? | ☐ Yes | ☐ No |  |  |
| Would you recommend it to a friend? | ☐ Yes | ☐ No |  |  |

**What did you like most?**

**What can we do better?**

**2. Youth-Friendly Service Charter Template**

**Candle Light Clinic – Our Promise to You**

We believe all young people deserve health care that is:

* Friendly and respectful
* Private and confidential
* Affordable or free
* Easy to understand
* Safe and welcoming

**As a young person, you have the right to:**

* Be treated with respect and dignity
* Be listened to without judgment
* Receive information in a language you understand
* Get the services you need, regardless of who you are
* Ask questions and get clear answers
* Say “yes” or “no” to any service offered

We are here to support your health and your dreams. **Signed:** Clinic In-Charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Peer Educator Job Description (for Clinic Use)**

**Position Title:** Peer Educator – Adolescent Health

**Location:** Candle Light Clinic **Reporting To:** Clinic Youth Focal Person **Position Type:** Volunteer (with regular transport and lunch support)

**Key Responsibilities:**

* Provide health education and information to fellow youth
* Support outreach sessions in schools and communities
* Refer peers to the clinic for services
* Promote the use of suggestion boxes and feedback forms
* Help staff make the clinic more youth-friendly

**Qualifications:**

* Aged 15–24, former or current student of Candle Light High School preferred
* Able to speak Luganda and English
* Friendly, respectful, and trustworthy
* Willing to learn and work as a team

**Duration:** One year, renewable with quarterly review

**4. Monthly Monitoring Checklist Tool**

**Use this to track AYF indicators monthly.**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Yes | No | Notes/Action |
| Clinic open during after-school hours | ☐ | ☐ |  |
| Separate youth space available | ☐ | ☐ |  |
| At least one peer educator active | ☐ | ☐ |  |
| Confidentiality explained to youth | ☐ | ☐ |  |
| Youth feedback reviewed monthly | ☐ | ☐ |  |
| Visual IEC materials on display | ☐ | ☐ |  |
| Mental health services available | ☐ | ☐ |  |
| Youth-specific SRH services offered | ☐ | ☐ |  |

**5. Feedback Box Summary Log**

**To be filled monthly by clinic staff.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Number of Forms Collected | Positive Comments | Suggestions/Complaints | Action Taken |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**6. Referral Log Format**

**For tracking referrals made to and from the clinic.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Youth Name (Initials) | Referred To | Reason for Referral | Follow-Up Done (Y/N) | Notes |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**7. Youth Engagement Monthly Plan Template**

**Plan your monthly youth outreach and engagement activities.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Activity | Location | Responsible Person | Target Group | Comments |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

These tools should be printed, used consistently, and reviewed during Candle Light Clinic team meetings to ensure the delivery of quality, youth-responsive care.

**SECTION E: Staff Training Modules Summary (3 pages)**

This section outlines five essential training modules for all staff working at Candle Light Clinic. These modules help ensure that staff are well-equipped to support adolescents with respect, knowledge, and professionalism.

**1. Adolescent Growth and Development**

**Purpose:** To help staff understand the physical, emotional, and social changes young people go through from ages 10 to 24.

**Key Topics Covered:**

* Stages of adolescent development (early, middle, late adolescence)
* Physical and hormonal changes (puberty)
* Emotional and social development (peer pressure, identity)
* The impact of early pregnancy and poor health on education

**Staff Will Learn To:**

* Understand how growth affects adolescent behavior
* Be more patient and supportive when dealing with youth
* Offer appropriate age-specific services

**2. Communication Skills for Working with Youth**

**Purpose:** To help staff communicate effectively and respectfully with adolescents.

**Key Topics Covered:**

* Verbal and non-verbal communication
* Listening actively and without judgment
* Asking open-ended questions
* Addressing sensitive topics like sex, STIs, pregnancy, and abuse

**Staff Will Learn To:**

* Build trust through respectful communication
* Use simple language that young people understand
* Create a comfortable and safe space for youth to express themselves

**3. Managing SRHR Issues with Adolescents**

**Purpose:** To give staff the knowledge and tools to support adolescents in making informed decisions about their sexual and reproductive health.

**Key Topics Covered:**

* Menstrual health education
* Family planning and contraception (including emergency contraception)
* STIs and HIV prevention, testing, and treatment
* Sexuality, relationships, and consent
* Early and unintended pregnancies

**Staff Will Learn To:**

* Provide accurate and age-appropriate SRHR information
* Help youth access the right services respectfully
* Promote responsible decision-making

**4. Addressing Mental Health and Substance Use**

**Purpose:** To help staff support adolescents struggling with emotional stress or substance-related problems.

**Key Topics Covered:**

* Signs of depression, anxiety, and trauma
* Common substances used by adolescents (alcohol, marijuana, etc.)
* Risk factors and warning signs
* Referral pathways and community resources
* How to provide psychological first aid

**Staff Will Learn To:**

* Recognize mental health and substance use concerns
* Offer basic support and listening
* Refer youth to appropriate mental health professionals or centres

**5. Ethics, Consent, and Confidentiality**

**Purpose:** To ensure that all staff uphold the rights and dignity of young people.

**Key Topics Covered:**

* Rights of adolescents to access health services
* When parental consent is needed (and when it’s not)
* Uganda’s legal and policy framework on adolescent health
* Keeping private information safe and confidential

**Staff Will Learn To:**

* Respect youth privacy and confidentiality
* Explain rights and responsibilities to clients clearly
* Handle records and communication ethically

**How to Use These Modules:**

* These training sessions should be delivered during staff onboarding and refreshed annually.
* Peer review and mentorship can be used to strengthen learning.
* Candle Light Clinic may partner with NGOs and local health offices for external trainers.

**SECTION F: Community Outreach and Engagement Plan**

Candle Light Clinic recognizes that delivering youth-friendly services must go beyond clinic walls. Reaching young people where they are—in schools, churches, and communities—is critical to building trust, increasing awareness, and expanding access. This outreach and engagement plan outlines practical ways to connect with adolescents in their everyday settings.

**1. School Health Talks**

**Objective:** Deliver engaging, informative health education in Candle Light High School and nearby schools.

**Activities:**

* Monthly visits to classrooms with approved health topics
* Use peer educators and friendly nurses to lead sessions
* Topics include puberty, menstrual hygiene, HIV, mental health, and relationships

**Tips for Success:**

* Use visuals (charts, flipbooks) and real-life stories
* Keep sessions interactive and brief
* Collect feedback from students to improve delivery

**2. Church-Based Youth Health Days**

**Objective:** Partner with churches to host special health days that focus on both spiritual and physical well-being.

**Activities:**

* Organize youth health forums after Sunday services
* Offer free screening for HIV, pregnancy, and mental health check-ins
* Invite guest speakers such as health workers, counselors, and youth mentors

**Tips for Success:**

* Coordinate with church youth leaders and clergy
* Include testimonials from young people who’ve benefited from the clinic
* Ensure privacy for sensitive health services

**3. Radio Messaging Strategies**

**Objective:** Use radio as a trusted, wide-reaching platform to spread youth health messages.

**Activities:**

* Record short drama skits about youth health challenges and solutions
* Run weekly “Youth Health Hour” on local stations
* Feature Candle Light Clinic staff and peer educators as guest speakers

**Tips for Success:**

* Use Luganda and simple English
* Include call-in sessions for live questions
* Promote clinic hours, hotline, and peer educator contact

**4. Engaging LC1s, Health Educators, and Youth Champions**

**Objective:** Build community trust and ownership by working with local leaders and role models.

**Activities:**

* Hold quarterly dialogues with LC1s and Village Health Teams (VHTs)
* Train selected youth as “youth health champions”
* Involve local leaders in promoting youth-friendly services at community events.

**Tips for Success:**

* Provide recognition or certificates to community partners
* Invite them to youth open days or clinic celebrations
* Ensure consistent communication to avoid duplication

**5. Using Music, Dance, and Drama for Health Promotion**

**Objective:** Make health education fun and memorable through performing arts.

**Activities:**

* Organize health-themed competitions in schools and churches
* Train a Candle Light youth performing group for outreach events
* Use drama to spark discussions about sensitive topics like peer pressure, pregnancy, and HIV

**Tips for Success:**

* Involve both boys and girls in performances
* Record performances for radio, social media, and school assemblies
* Include short reflection sessions after performances to reinforce key messages

**Monitoring and Evaluation:**

* Keep a record of every outreach activity (date, location, participants, topic)
* Collect feedback using short forms or group discussions
* Review outreach data monthly to improve strategies and identify new opportunities

**SECTION G: Policy and Legal Considerations**

**Uganda’s Adolescent Health Policy & National Frameworks**

* Candle Light Clinic aligns with **Uganda’s National Adolescent Health Policy (2021)**, which prioritises adolescent-friendly care by ensuring access, respect, and relevance for youth health.
* The guide supports national goals laid out in the **Health Sector Development Plan (HSDP)** and the **National Health Policy**, reinforcing the commitment to safe, inclusive, and rights-based services for young people. [UNDP+7UNDP+7ResearchGate+7](https://www.undp.org/uganda/blog/strengthening-local-government-leadership-end-gender-based-violence-violence-against-children-and-promote-access-srhr?utm_source=chatgpt.com)

**⚖️ Consent Laws: Uganda’s Children Act & (Vetoed) Sexual Offences Bill**

* Under **Uganda’s Children Act**, individuals under 18 are considered minors. Youth aged 15+ often access services like HIV testing and family planning without parental consent—as long as healthcare providers assess them as mature and informed.
* The **Sexual Offences Bill (2019)**, though passed by Parliament in May 2021, was vetoed by the President in August 2021 and has **not become law**. Thus, established legal frameworks remain in place. [Wikipedia](https://en.wikipedia.org/wiki/Age_of_consent_in_Africa?utm_source=chatgpt.com)[Wikipedia](https://en.wikipedia.org/wiki/Sexual_Offences_Bill%2C_2019?utm_source=chatgpt.com)

**🎯 Legal Age for Services Without Parental Consent**

* The **age of sexual consent in Uganda is 18 years**, which applies to sexual intercourse. [BioMed Central+2Wikipedia+2Regulations.gov+2](https://en.wikipedia.org/wiki/Age_of_consent_in_Africa?utm_source=chatgpt.com)
* However, minors aged 15–17 may still access specific health services (e.g., contraception, HIV testing) if deemed mature by the clinician and if confidentiality is maintained. This is consistent with national adolescent health standards and WHO guidance.

**🛡️ Gender-Based Violence (GBV) Reporting Framework**

* Uganda has an interagency **GBV strategy (2021–2025)** overseen by the Ministry of Gender, Labour and Social Development (MGLSD), the Equal Opportunities Commission, UN agencies, and local stakeholders. It emphasizes victim protection, legal referral, and community awareness. [innovations.bmj.com+4UNHCR Data Portal+4cehurd.org+4](https://data.unhcr.org/es/documents/download/92618?utm_source=chatgpt.com)
* Health providers are **required to maintain survivor confidentiality**, provide psychological first aid, and refer clients to legal, psychosocial, or protection services as needed.
* Collaboration with local referral networks—including VHTs, police, GBV shelters, and legal aid actors like LASPNET—is essential for proper case handling. [WFD+6Wikipedia+6tandfonline.com+6](https://en.wikipedia.org/wiki/LASPNET?utm_source=chatgpt.com)

**Summary Table: What Candle Light Clinic Should Do**

| **Policy / Law** | **Requirement at Candle Light Clinic** | **Action Steps** |
| --- | --- | --- |
| Adolescent Health Policy & National Health Policy | Follow MOH standards for youth access, privacy, and consent | Review policy documents; align services accordingly |
| Children Act (Legal age under 18) | Respect adolescents’ rights; assess maturity for consent | Train staff on consent, capacity assessment tools |
| Sexual Offences Bill (vetoed) | No current legal change; continue with existing adolescent consent norms | Stay updated, monitor legal developments |
| Age of Consent = 18 | Do not provide adult-only services to youth under 18 | Clarify exceptions in SOPs; document decision rationale |
| GBV Reporting Framework & Survivor Care Standards | Provide confidential screening, referral, and psychosocial care | Establish protocols and partnerships with legal and protection services |

**SECTION H: Implementation Roadmap**

Transforming Candle Light Clinic into a fully adolescent and youth-friendly facility requires structured planning. This roadmap outlines step-by-step actions for successful implementation.

**Step 1: Clinic Self-Assessment**

* Use the checklist in Section C to assess the current state of youth-friendliness.
* Involve all staff in identifying strengths and areas that need improvement.
* Summarize results in a short report.

**Key Output:** Completed self-assessment report with action points.

**Step 2: Staff Orientation**

* Share this guide with all staff.
* Organize a one-day internal workshop on youth-friendly principles.
* Discuss confidentiality, consent, communication, and attitude.
* Introduce the monthly monitoring checklist.

**Key Output:** All staff oriented and aware of their role in youth-friendly care.

**Step 3: Youth Input Consultation**

* Host a half-day focus group with students and young people.
* Use creative methods (sticky notes, drawing boards, storytelling).
* Ask: “What makes a clinic youth-friendly?” and “What would make you feel safe and welcome?”

**Key Output:** Summary of youth ideas integrated into clinic improvement plan.

**Step 4: Implement Changes**

* Start with “quick wins” like posters, feedback boxes, and extending hours.
* Schedule confidential consultation times.
* Begin displaying youth-focused IEC materials.
* Train peer educators and assign youth focal staff.

**Key Output:** Clinic visibly more youth-friendly with improved systems.

**Step 5: Community Outreach**

* Use Section F to plan school health talks, church engagements, and youth events.
* Partner with VHTs, LC1s, and teachers.
* Promote the clinic through radio and social media.

**Key Output:** More youth reached and referred to the clinic.

**Step 6: Monitor, Review, and Adapt**

* Use the monitoring checklist each month.
* Review client feedback weekly.
* Adjust outreach and clinic hours based on needs.
* Hold quarterly review meetings with staff and youth reps.

**Key Output:** Continuous improvement driven by data and youth voices.

**Timeline Template (6 Months – 1 Year)**

|  |  |
| --- | --- |
| **Month** | **Key Activities** |
| 1 | Self-assessment, Staff orientation |
| 2 | Youth consultation, Plan improvements |
| 3 | Launch peer educators, Introduce feedback system |
| 4 | Host first outreach events, Display IEC materials |
| 5 | Begin monitoring, conduct first review meeting |
| 6 | Adapt services based on data and feedback |
| 7–12 | Continue outreach, monitoring, and staff refresher trainings |

**Roles and Responsibilities**

|  |  |
| --- | --- |
| Role | Responsibilities |
| **Clinic In-Charge** | Lead overall implementation; ensure policy compliance; supervise staff |
| **Nurse/Clinician** | Provide youth services; keep records; maintain confidentiality |
| **Peer Educator** | Conduct outreach; share health messages; collect youth feedback |
| **Youth Focal Person** | Coordinate youth services; support peer educators; ensure follow-ups |
| **Receptionist** | Welcome youth respectfully; explain services; manage appointments |
| **Cleaner/Support Staff** | Maintain cleanliness and privacy in consultation areas |

With commitment, teamwork, and accountability, this roadmap ensures that Candle Light Clinic becomes a trusted and supportive place where young people can seek care with dignity and confidence.

**SECTION I: Monitoring and Evaluation Framework**

Regular monitoring and evaluation (M&E) helps Candle Light Clinic measure progress, improve service quality, and stay accountable to youth. This framework provides clear guidance on what to track, how to collect data, and how to use it for learning and improvement.

**Key Indicators to Track**

These indicators reflect how youth-friendly the clinic is becoming:

|  |  |
| --- | --- |
| **Indicator** | **Description** |
| Number of adolescent visits per month | Shows if youth are accessing services regularly |
| Percentage of youth clients who return | Indicates satisfaction and trust in services |
| Number of peer educator-led outreach sessions | Tracks community engagement efforts |
| Number of youth participating in feedback tools | Shows youth voice in service design |
| Number of referrals made and completed | Measures linkages to mental health, GBV, or SRH support |
| Youth satisfaction score (average from surveys) | Reflects quality of care from youth perspective |

**Data Sources**

Use existing tools and systems already in place to collect data:

|  |  |
| --- | --- |
| Source | What It Provides |
| Health Management Information System (HMIS) | Monthly service data (e.g., FP, HIV, ANC visits) |
| Adolescent Client Satisfaction Survey | Youth feedback on service experience |
| Peer educator activity logs | Records of community-based activities and referrals |
| Feedback box and summary log | Unfiltered, anonymous suggestions from youth |
| Staff monthly checklist | Tracks internal quality improvement actions |
| Referral log | Follows up on linkages and external services |

**Quarterly Review Form (Template)**

Complete this form at the end of every quarter.

**Candle Light Clinic – Youth-Friendly Services Review**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indicator | Q1 | Q2 | Q3 | Q4 |
| Total adolescent visits |  |  |  |  |
| % youth clients returning |  |  |  |  |
| Avg satisfaction score (1–5) |  |  |  |  |
| Outreach sessions held |  |  |  |  |
| Referrals made and completed |  |  |  |  |

**Strengths observed this quarter:**

**Challenges or gaps:**

**Action Plan for Next Quarter:**

**Annual Progress Reporting Template**

Use this format at the end of each year to summarize overall performance.

**Annual Youth-Friendly Services Report – Candle Light Clinic**

**Year:** \_\_\_\_\_\_\_\_\_\_\_\_

**1. Highlights of the Year**

* Total youth served: \_\_\_\_\_\_\_\_\_\_\_\_
* Major outreach activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Trainings held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Policy updates or new partnerships: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Summary of Indicator Performance**

|  |  |  |  |
| --- | --- | --- | --- |
| Indicator | Annual Target | Actual Achieved | Gap / Comments |
| Adolescent visits |  |  |  |
| Youth feedback participation |  |  |  |
| Peer educator sessions |  |  |  |

**3. Key Lessons and Recommendations**

**4. Priorities for Next Year**

**SECTION J: Resources and References**

Below are key resources and references to support Candle Light Clinic’s journey toward becoming a fully adolescent- and youth-friendly facility. These documents, toolkits, and organizations offer additional guidance, standards, and opportunities for learning and collaboration.

**Key National and Global Reference Documents**

1. **Uganda National Adolescent Health Policy (2021)**

A comprehensive framework outlining Uganda’s priorities and strategic actions to promote adolescent health and rights.

1. **Ministry of Health: Adolescent Health Service Standards and Guidelines (2017)**

National service delivery standards to guide public and private clinics on youth-responsive care.

1. **WHO Global Standards for Quality Health-Care Services for Adolescents (2015)**

International benchmarks that define what quality adolescent-friendly care looks like in any setting.

1. **UNICEF Adolescent Engagement Toolkit (2020)**

Practical guidance on how to involve adolescents meaningfully in health service design, delivery, and evaluation.

1. **Sustainable Development Goals (SDG 3 and 5)**

Global commitments to Good Health & Well-being and Gender Equality—both foundational for adolescent health.

**Uganda-Based Resources and Partners**

1. **Reproductive Health Uganda (RHU)**

Offers training, SRHR resources, and peer educator support tools. Website: www.rhu.or.ug

1. **Uganda Youth and Adolescents Health Forum (UYAHF)**

Focused on advocacy, youth engagement, and policy implementation support. Website: [www.uyahf.com](http://www.uyahf.com)

1. **Naguru Teenage Information and Health Centre**

A pioneer youth-friendly centre offering model practices and training in adolescent care.

1. **Line Ministries and District Health Offices**

Contact the Ministry of Health’s Adolescent Health Desk or your District Health Officer for technical guidance and training opportunities.

1. **Local NGOs and Faith-Based Organizations**

Organizations like Straight Talk Foundation, Reach A Hand Uganda, and youth groups at churches/mosques can be key partners for outreach and health education.

These resources complement the practical steps outlined in this guide and ensure that Candle Light Clinic can grow in alignment with national and global best practices in adolescent health care.