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# Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAP</td>
<td>Accountability to Affected Populations</td>
<td></td>
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<tr>
<td>A&amp;Y</td>
<td>Adolescents &amp; Youth</td>
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<tr>
<td>BHCs</td>
<td>Basic Health Centres</td>
<td></td>
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<tr>
<td>BPHS</td>
<td>Basic Package of Health Services</td>
<td></td>
</tr>
<tr>
<td>CCTV</td>
<td>Closed Caption Television</td>
<td></td>
</tr>
<tr>
<td>CHCs</td>
<td>Comprehensive Health Centers</td>
<td></td>
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<tr>
<td>CHWs</td>
<td>Community Health Workers</td>
<td></td>
</tr>
<tr>
<td>DHs</td>
<td>District Hospitals</td>
<td></td>
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<tr>
<td>EPHS</td>
<td>Essential Package of Health Services</td>
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<tr>
<td>FHH</td>
<td>Family Health Houses</td>
<td></td>
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<tr>
<td>HSCs</td>
<td>Health Sub-Centers</td>
<td></td>
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<tr>
<td>IPs</td>
<td>Implementing Partners</td>
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<td>MHTs</td>
<td>Mobile Health Teams</td>
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<tr>
<td>MYC</td>
<td>Multi-purpose Youth Centers</td>
<td></td>
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<tr>
<td>PCs</td>
<td>Personal Computers</td>
<td></td>
</tr>
<tr>
<td>PFA</td>
<td>Psychological First Aid</td>
<td></td>
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<tr>
<td>PHs</td>
<td>Provincial Hospitals</td>
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<tr>
<td>PSCC</td>
<td>Psychosocial Counseling Centers</td>
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<tr>
<td>PSEA</td>
<td>Protection from Sexual Abuse and Exploitation</td>
<td></td>
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<tr>
<td>RH</td>
<td>Regional Hospitals</td>
<td></td>
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<tr>
<td>RMNCAH</td>
<td>Reproductive, maternal, newborn, child and adolescent health</td>
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<tr>
<td>SH</td>
<td>Specialized Hospitals</td>
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<tr>
<td>SOP</td>
<td>Standard Operating Procedure</td>
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<td>WFHS</td>
<td>Women Friendly Health Spaces</td>
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<tr>
<td>YFHS</td>
<td>Youth Friendly Health Services</td>
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<tr>
<td>YHL</td>
<td>Youth Health Line</td>
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Foreword

Afghanistan has one of the youngest and fastest growing populations in the world – with approximately 63 per cent of the entire population under the age of 25, and a total fertility rate of 5.1 births per woman. Ensuring their access to reproductive health information and services is essential to overcoming the significant challenges that young Afghans face related to health, marginalization, and to support them to fulfill their potential.

UNFPA supports the Youth Health Line (YHL), launched in 2012, as a nationwide, youth friendly health service to provide information and counseling for adolescents and youth on issues related to their health and reproductive health. The YHL is providing a vital service to young people around the country who are dialing the toll-free number ‘120’ from any phone to speak to a professionally trained youth health counselor. These conversations are confidential, free of judgment, and do not require parental consent. The average reach of the YHL per year is 120,000 adolescents and youth served by full-time male and female counselors.

This Standard Operating Procedure for YHL will provide a critical resource for the administration and day-to-day management. The SOP is designed to provide direction to all staff responsible for carrying out the administrative and managerial functions of the YHL. The SOP is intended to guide UNFPA Implementing Partners in running the YHL with a consistent approach to ensure improved access and quality of services provided to adolescents and youth in Afghanistan.

I would like to thank all UNFPA partners, YHL staff, and young people who supported the development of this guidance.

UNFPA Representative, a.i
Jaime Nadal Roig

Acknowledgements

This Standard Operating Procedure is the result of a collaboration among many individuals. Thanks to all those who gave time, energy and expertise to support the development of this SOP - your valuable contributions have been critical to shaping and improving the content.

The primary author of the SOP is Dr. Kelly Thompson and the main contributor was Bothaina Qamar - UNFPA Youth Community Mobilization Specialist. Feedback support and insight was provided by the YHL Advisory Committee including: Annalise Ingram (UNFPA); Maria Kjersem (UNFPA); Abdul Wasi Stanikzai (UNFPA); Mohamed Hussein Ismail (UNFPA); Behesta Taib (UNFPA); Sharafdzhon Boborakhimov (UNFPA); Kubra Sadat (UNFPA); Rasoul Peerzad (HTNPO); Dr Abdul Azim, (HTNPO) and Edrees Omed (Awaaz Afghanistan, UNOPS). Guidance was also provided by Nada Naja (UNFPA), Marise Denault (UNFPA) and Elisa Cappelletti (UNFPA).

Thank you to the Youth Health Line Counselors who actively participated in focus group discussions and validation exercises in support of the development of this SOP. The YHL counselors from HNTPO including Dr. Waheedulah Noori, Dr. Shah Mahmood, Dr. Ainuddin, Dr. Abdul Qayum, Dr. Rana, Dr. Zarmina, Dr. Arezo, Dr. Habiba, Dr. Zabihullah, Dr. Azizudin, Dr. Nazifa, Dr. Sayed Naqibullah and Dr. Khatera.

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Overview

Afghanistan has one of the youngest and fastest growing populations in the world – and it is crucial to foster their health and well-being and ensure their capacity to contribute to Afghan society. As such, UNFPA Afghanistan has positioned adolescents and youth at the heart of the humanitarian response by integrating adolescents and youth interventions under the Country Program Outputs. A key component ensuring the delivery of this work is the Youth Health Line (YHL), which was established in 2012. The YHL is managed by a UNFPA Implementing Partner. The YHL is a free telephonic health service for adolescents and youth in Afghanistan to provide reliable information and counseling about anything related to their health and well-being. The YHL Counselors are male and female medical doctors with additional training on counseling. The YHL Counselors provide services in Pashto and Dari, and there are both male and female counselors to support male and female callers.

Standard Operating Procedure (SOP)

Aim and Objectives

The aim of this SOP is to provide a critical resource for the administration and day-to-day management of the YHL supported by UNFPA. The SOP is designed to provide direction to all staff responsible for carrying out the administrative and managerial functions of the YHL. The SOP is intended to guide UNFPA Implementing Partners (IPs) in running the YHL with a consistent approach to ensure improved access and quality of services provided to adolescents and youth in Afghanistan.

The objectives of the SOP are:

- To provide an overview of the operation and management of the YHL, including the roles and responsibilities of YHL programme staff and counselors
- To provide guidance on data management, privacy and confidentiality and accountability to affected populations

Target Group for SOP

The primary audience for this SOP is IP staff responsible for the overall implementation and oversight of the YHL and the YHL Counselors responsible for the delivery of YHL services.
Introduction

Chapter 1 provides an overview of the YHL vision and mission, services provided, clarity on how to approach a variety of calls, and privacy and confidentiality.

Overview of the YHL

VISION
Improved well-being of adolescents and youth in Afghanistan through the delivery of a free health service, the YHL

MISSION
To provide high quality counseling, information, and referrals to adolescents and youth in Afghanistan through free telephonic services in a stigma and discrimination free manner regardless of gender, language, ethnic and geographical area. To provide specific outreach to vulnerable adolescents and youth, adolescents and youth living with disabilities and adolescents and youth living in remote areas with limited access to the health services.

PRINCIPLES
The following are the key principles that guide the work of all YHL Staff to ensure that the YHL is providing optimal services to adolescents and youth.

- Provide the information, counseling, and referrals based on accepted standards
- Respect the client’s dignity and ideas
- Nonjudgmental and nondiscriminatory behavior with all clients
- Maintain privacy and confidentiality of all clients
- Ensure clients feel safe and void interrogating and arguing with clients
- Avoid preaching to the clients
- Punctuality and respect to applicable laws
- Avoid any misconduct and any kind of harassments
- Avoid any kind of misleading and fake information

TARGET BENEFICIARIES

The intended beneficiaries for the YHL are adolescents and youth (10 to 24) living in Afghanistan. The secondary beneficiaries for the YHL are young people up to 35, including the parents and caregivers of adolescents and youth living in Afghanistan.

OPERATING HOURS

The YHL operates 6 days a week (Saturday-Thursday) from 8AM to 8PM. The YHL does not operate on holidays. Ideally, outside of regular operating hours the caller should receive a voice message response indicating that the YHL is not currently in operation. The message should contain a brief health message and where to seek additional care if needed.
CHAPTER 1: THE YHL

YHL SERVICES

COUNSELING

Definition:
The provision of accurate and truthful information so that a person can become knowledgeable about the subject and make an informed choice. Providing information can also help to dispel misconceptions and myths. Information sharing will cover general topics related to adolescent health and well-being.

Examples:

Example 1: An adolescent boy calls the YHL. He tells you that he has noticed that his body is changing. He would like to learn more about puberty. You share with the boy that puberty is a normal part of life and provide basic information about puberty.

Example 2: An adolescent girl calls the YHL. She tells you that she has recently started her period. She was scared at first and would like to learn more about menstruation and menstrual health management. You share with the girl about menstruation and give her advice on what products to use and how to manage her cramps.

Average length of service: 2 to 3 minutes

INFORMATION

Definition:
The two-way interaction between a client and a provider where the provider tries to empower the client. It is an interpersonal, dynamic communication process that involves a kind of contractual agreement between a client and a counselor who is trained to an acceptable standard and who is bound by a code of ethics and practice. It requires empathy, genuineness and the absence of any moral or personal judgment.

Examples:

Example 1: An adolescent boy calls the YHL. He tells you that lately he has been very stressed. He says that he is having trouble controlling his emotions and he is fighting often with his sister. After listening attentively to his concerns, you provide him with some tools to manage stress and to improve his relationship with his sister.

Example 2: A young woman calls the YHL and tells you that she has recently gotten married. The young woman is nervous and sounds embarrassed, she tells you that her husband gets upset with her easily and shouts at her and sometimes hits her. After listening attentively to her concerns, you counsel the young woman on healthy relationships. Recognizing that she requires additional support you refer her to her local Basic Health Centre (BHC) for psychosocial support.

Average length of service: 2 to 3 minutes

REFERRAL

Definition:
Referral is the process of identifying clients who require additional support that the YHL is unable to provide and then providing the client further guidance on where to seek in person support.

Examples:

Example 1: A young woman calls and says that she thinks she may be pregnant and wants to know where she can get a check-up. You provide basic information to the young woman about pregnancy and then you refer her to her local BHC for further review by a midwife.

Example 2: A young man calls to say he is worried that he is not as tall as his friends. He is also much shorter than his parents. You provide the young man with information about puberty and growth. You refer the young man to his local BHC for further review by a doctor.

Average length of service: 2 to 3 minutes
CHAPTER 1: THE YHL

YHL SYSTEMS

The YHL Call System and Equipment
The YHL system, developed in Java, is powered by the robust MariaDB database server. In addition to its impressive storage capacity of 200GB, with 50% currently available, the server boasts a substantial RAM capacity of 6GB. To ensure data integrity, there is also a dedicated backup server with a storage capacity of 2TB. Operating on the reliable Centos operating system, the server is well-equipped to handle the demands of the YHL system.

To seamlessly connect incoming calls with the system for efficient processing and data recording, a gateway is utilized. Currently, the gateway provided by Afghan Telecom serves as the critical link between incoming calls and the YHL system. This gateway enables seamless call reception and connection, ensuring a smooth and uninterrupted workflow.

Furthermore, it’s worth mentioning that there is a rug box specifically designed for the server, which provides an added layer of protection and organization to the system’s infrastructure. This rug box helps to maintain the server’s functionality and safeguards against any potential damage or disruptions.

YHL Counselors should be provided with the necessary equipment required to ensure high-quality call operations. This includes reliable hardware, such as computers and headsets, cabinets, individual users along with any additional tools or resources required for delivering a satisfactory call experience. For a full overview of the equipment for the YHL please see Annex 1.

The call management system and its corresponding equipment should be regularly assessed to ensure that it is meeting the necessary standards and that the latest technologies are in use. It is also essential for the call management system to be continually assessed to ensure that the most number of clients possible are provided services.\footnote{In August 2023, the YHL provided services to 12,456 clients. However, a large number (45,219) of clients were made to wait or their calls were missed.}

CALL MANAGEMENT

The YHL Counselors provide 3 main types of services: counseling, information sharing and referrals. An overview of the different services and corresponding examples is available in Annex 2. The YHL Counselors should be trained in the delivery of two approaches to adolescent and youth counseling - GATHER and HEADS. An overview of the approaches can be found below.

It is also important that the YHL Counselors have a strong understanding of effective communication techniques. It is important for the YHL Counselor to not only be able to speak effectively, but to also be an active and attentive listener.

How to approach the call
There are four steps in all calls:

1. The Greeting
2. Active listening and implementation of the assessment approaches
3. Providing counseling, information sharing and/or referrals
4. Call summary and farewell
1. The Greeting
The greeting is an important part of the call - it sets the tone for the call, establishes rapport with the caller, puts the caller at ease and gathers key information about the caller.

When undertaking the greeting, the counselor should introduce YHL and themselves. A sample greeting includes:

“Good morning, thank you for calling the Youth Health Line, this is Dr. Amir speaking”

At this point in the call, you can also confirm what gender counselor the caller would like to speak with. If necessary, you can then transfer the call to a counselor of the requested gender.

2. Active listening and implementation of the assessment approaches
To support the assessment of the psychosocial status of clients, it is important for the YHL Counselor to undertake a structured and evidence-based assessment. YHL Counselors should be trained on the GATHER and HEADS approach and should implement them appropriately during the call.

The GATHER Approach
GATHER is a tool to assist in good communication during an interview.

<table>
<thead>
<tr>
<th>Greet</th>
<th>Establish a rapport (Greet with client in a friendly, helpful and respectful manner).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask</td>
<td>Gather information - asking the client about their needs, concerns and previous use of the YHL</td>
</tr>
<tr>
<td>Tell</td>
<td>Provide information - inform the caller of different options</td>
</tr>
<tr>
<td>Help</td>
<td>Help the client to make an informed decision about their different options</td>
</tr>
<tr>
<td>Explain</td>
<td>Explain details of how to approach the different options</td>
</tr>
<tr>
<td>Return/refer</td>
<td>Plan for a return visit or referral if required, informing the caller they can call the YHL whenever they need support or to attend the center they are referred to</td>
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</table>

The HEADS Framework
The HEADS framework is a checklist of questions that a counselor can use to carry out a rapid assessment of an adolescent’s psychosocial situation. The letters of HEADS (or HEEEADSSS) can be used to remind the health-care provider of the issues to address during the interview.
### Area Questions

<table>
<thead>
<tr>
<th>H Home</th>
<th>Where do you live, and who lives there with you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>E Education/employment</td>
<td>Are you in school? What are you good at in school? What is hard for you? Are you working?</td>
</tr>
<tr>
<td>E Eating</td>
<td>What do you think about your weight? Unhealthy eating habits (overweight, malnutrition and underweight)</td>
</tr>
<tr>
<td>E Exercise</td>
<td>What kind of physical exercise do you do? To assess whether the adolescent and Youth have regular exercise and reason if they do not practice.</td>
</tr>
<tr>
<td>A Activities</td>
<td>What do you do for fun? What do you like to do with your friends? What do you do in your free time?</td>
</tr>
<tr>
<td>D Drugs</td>
<td>Sometimes young people experiment with drugs, alcohol or cigarettes? Have you or your friends ever tried them? What have you tried?</td>
</tr>
<tr>
<td>S Social status</td>
<td>Are you engaged or married? Do you feel safe in your relationship? Do you have any questions or concerns related to pre marriage counseling?</td>
</tr>
<tr>
<td>S Suicide and depression</td>
<td>Do you ever feel sad? What situations make you feel sad? N.B. the counselor should use the questions in the HEADS framework to assess potential risk - i.e. severe family problems, changes in school performance, changes in friendships, preoccupation with death and acting out and health risk behaviors</td>
</tr>
<tr>
<td>S Safety</td>
<td>To assess the safety and violence (home, work and schools, neighborhood) Are you feeling safe?</td>
</tr>
</tbody>
</table>

### 3. Providing counseling, information sharing and/or referrals

Based on the outcomes of the assessment, the counselor should utilize their clinical acumen to determine the best approach to addressing the needs of the client. Counselors should provide counseling, information or referrals, or a combination of the three, as needed. For a full overview of the definition of each service, please see Annex 2.

### 4. Call summary and farewell

At the completion of the call, the Counselor should summarize the main counseling, information or referral points and clarify that the client does not have any further questions or require any further information. The counselor should end the call thanking the client for calling the YHL and reminding them to please feel free to call the YHL again if they need more support.

### How to manage a difficult call

Sometimes the YHL may receive calls from a client who is in distress and/or who may have a very difficult situation to manage.

When receiving a difficult call, the YHL Counselor should utilize the basic principles of Psychological First Aid (PFA): Look, listen, link.

### Look

- first assess the caller’s situation, noting if there are any safety or security risks, obtain any necessary information to understand their current situation.

### Listen

- Open the call, introduce yourself, pay attention and utilize active listening, understand their feelings, provide them comfortable and try to calm them, ask about any needs or concerns, and work to help them.

### Link

- Make sure they are aware of any additional support or services and provide a referral to them.
After administering PFA and basic counseling, the YHL Counselor should determine if they should continue the session or if there is another counselor who is best equipped to provide the counseling the client requires. If the YHL Counselors are unable to resolve the client’s issue, they should ensure that they refer the client to adequate resources.

Following the completion of a difficult call, the YHL Counselor should notify the YHL Coordinator and should be provided with the opportunity to debrief on the call. The YHL Counselor should also present the case in the weekly meeting - ensuring to de-identify any information - to get the insights and inputs of their colleagues, as well as to provide learning for all YHL Counselors on managing difficult situations. Weekly meetings will be conducted with both the day and evening shifts at the same time.

**How to manage a wrong call**
The YHL may receive calls that are not appropriate or do not pertain to the services that the YHL provides. The YHL Counselor should clarify that there are no services that they are able to provide for the client. The YHL Counselor should inform the caller that they have called the wrong service and inform them about the services the YHL provides. If possible, the YHL Counselor can refer the caller to the correct service, otherwise the YHL Counselor should end the call politely.

**How to manage a nuisance call**
The YHL may receive calls that can be deemed nuisance calls - including prank calls, telemarketing calls or silent calls. If these calls are received - the YHL Counselor should clarify the purpose of the YHL and inform the caller that the line should only be used for individuals requiring support. The number of the nuisance call should be recorded by the YHL Counselor in a designated nuisance call database. If the same number is a repeat nuisance caller the YHL Coordinator should ensure that the number is blocked from calling the YHL after 3 nuisance calls. The number should be blocked for 1 week.

**Privacy & Confidentiality**
Maintaining privacy and confidentiality should be a key priority of all YHL staff. The YHL Coordinator provides oversight on ensuring privacy and confidentiality is maintained in the YHL offices, in its data management and call management.

**Privacy** for callers of the YHL entail ensuring personal space for the YHL counselors to limit who can hear private or sensitive information that clients may disclose; ensuring that personal data or information that clients discuss during the call is not shared; and respecting a caller’s rights to make choices and decisions for themselves without that information being shared.

**Confidentiality** is the right of the YHL caller to have their information kept private and not shared unnecessarily.

*Ensuring the physical space supports privacy and confidentiality*

The center is equipped with personal computers (PCs), headphones, and has a dedicated area for the call center operations. Each counselor operates from their individual sound-proofed booth. The setup ensures that counselors are not disturbed by any sounds or calls from other colleagues.
Ensuring the counselors approach supports privacy and confidentiality

Confidentiality is the key to build trust with clients and central to the counseling relationship.

- **Always discuss confidentiality when you begin counseling with a new client**, explain that information that is shared with the counselor will not be disclosed to others except in very specific circumstances.
- **Limit confidentiality**: explain that a counselor may need to discuss information about the clients with another professional or team member in order to get assistance. Where possible the case will be discussed without revealing the clients identity.

Ensuring that data management supports privacy and confidentiality

The YHL Counselor should only record essential information from the client. This information includes phone number, province, district, gender, age, marital status, adolescents and youth problems, case type, and the type of services requested or provided.

Caller data and information should be limited to access only by the YHL Counselor inputting the data and the YHL Coordinator. Each YHL Counselor will have an individual password protected access point to ensure restricted access to the server. Each YHL Counselor only has access to information and data about their own calls.

There is a dedicated server in place to handle the YHL system's operations and data storage, ensuring efficient and reliable performance. The YHL utilizes a local system, not connected to the internet to protect and limit access to the data. This setup helps minimize potential external threats and unauthorized access to the system and its data. Additionally, to enhance security measures, Closed Caption Television (CCTV) cameras are installed in each room, providing surveillance and monitoring capabilities.

To ensure system efficiency, the system should be assessed and upgraded as needed. The YHL system and server are targeted for upgrade every three years to ensure the YHL's commitment to ensuring the latest technological advancements are utilized and to maintain an optimal performance.
Introduction

Chapter 2 provides an overview of the staffing structure and roles and responsibilities of the YHL. It also provides further information about the capacity building and support services that YHL staff should receive.

YHL Organogram

The above is reflective of the current YHL organizational structure. The YHL organogram should be adapted and updated to reflect the evolving needs of the YHL, including an increased demand for counselors.

YHL Staff Roles & Responsibilities

The below provides an overview of the key roles and responsibilities of the YHL Counselors and YHL Coordinator. For the full terms of reference, including required experience, please see Annex 3.

**YHL COUNSELORS**
- Provide effective telephone counseling to young people.
- Update and enter client's information in the database.
- Ensure confidentiality and client trust during counseling.
- Provide counseling for the young people on available referrals services.
- Attend related training programs and staff meetings on a regular basis.
- Document/Record information through entering, transcribing, recording, storing, or maintaining information in written or electronic/magnetic form.
- Prepare a monthly report of related activities and submit them to the line manager.
- Perform any other required project related tasks assigned by the line manager.
- Coordinate with other staff members aiming to perform accurate referral services and council clients.
- Assist clients, ensure medical attention, emotional support, and create a very supportive and confidential environment.
- Modify referral/counseling activities and approaches as needed to comply with changes in client's status.
CHAPTER 2: THE MANAGEMENT AND STAFFING OF THE YHL

YHL COORDINATOR

- Responsible for overall activities of YHL
- Overall responsibility for the monitoring and reporting on YHL activities, including
  - The YHL staff attendance report
  - Preparing and providing monthly service statistic reports and providing the service statistic charts and graphs through the YHL Dashboard
  - Document/record information through entering, transcribing, recording, storing, and maintaining information in written or electronic form
- Control, manage, and assist all activities of counselors, including
  - Coordination with counselors to support their routine work
  - Conduct weekly meetings for difficult cases to find proper solutions
  - Conducting staff appraisals and quality assurance activities
- Support the YHL activities, including
  - On an as needed basis, provide additional counseling support for YHL Counselors on difficult calls
  - On an as needed basis, provide support on ensuring correct utilization of the referrals pathways
- Ensure that YHL Counselors have access to regular training and capacity building
- Support the well-being of the YHL Counselors
- Ensure proper inventory system in the Center
- Modify referral/counseling activities and approaches as needed in order to comply with changes in clients’ status
- Maintain coordination with the line manager regarding related activities.
- Perform any other required project related tasks assigned by the line manager.

Staff Capacity Building

As part of the duty of care to both YHL callers and the YHL Counselors it is essential to ensure that YHL Counselors receive regular training and knowledge updates. The YHL Coordinator should undertake a regular assessment of the YHL Counselor’s training needs. This assessment can utilize the findings of the quality assurance mechanisms as well as regular feedback and meetings with the YHL Counselors. The below is an overview of the training required for YHL Counselors.

At initiation of role as YHL Counselor:
- Call Management and referral systems
- Privacy and Confidentiality
- Protection from Sexual Exploitation and Abuse (PSEA)
- Psychological First Aid (PFA)
- Youth Friendly Health Services (YFHS) Guidelines and Pre Marriage Counseling
- Data management
- Crisis Management
- Conflict resolution and management

At regular intervals:
- Refresher courses on counseling techniques
- Refresher courses on YFHS Guidelines, Pre Marriage Counseling, and key clinical updates on adolescent health and well-being
- Crisis management and PFA
- Updates on the referral system
- PSEA

2 The Youth Friendly Health Services Guidelines covers a series of topics, including adolescent health and development, reproductive health, adolescent pregnancy, emotional well-being, substance misuse, injuries and violence. The information covered in the guidelines are the key technical guidance for the YHL Counselors.
Care and Safety of YHL Counselors

The work of the YHL Counselor is very rewarding, but it can also be taxing and difficult. It is important to ensure that YHL Counselors are provided with resources to protect their own emotional well-being and mental health.

The following support systems should be implemented to support this:

1. Regular peer support meetings
2. Regular well-being sessions conducted by the YHL Coordinator
3. Supervisors debriefs following particularly difficult calls
4. Information about where and how to access PSS services should be readily available for YHL counselors to access
5. YHL Counselors should receive regular breaks and be provided adequate space and opportunity to decompress and relax
Chapter 3: Monitoring and Evaluation

Introduction

Chapter 3 provides an overview of the methods the implementing partner should utilize to undertake Quality Assurance and Monitoring and Evaluation of the YHL. Chapter 3 also provides further information on data management for the YHL.

Quality Assurance

Quality assurance is an essential component of the YHL. Quality assurance ensures that the YHL is able to operate in an effective, efficient, safe, and accessible manner. Quality assurance is the responsibility of all YHL Counselors and is overseen by the YHL Coordinator.

The YHL will implement the following quality assurance mechanisms:

<table>
<thead>
<tr>
<th>Quality Assurance Method</th>
<th>Description</th>
<th>Person responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Spot Check</td>
<td>At regular intervals, “mystery shoppers” will call the hotline as young people seeking the support of the YHL. A “mystery shopper” is an assigned individual from the IP or otherwise who will call the YHL posing as a young person seeking services to review the quality of the call. The “mystery shoppers” should record their feedback using the form in Annex 4.</td>
<td>Implementing partner staff</td>
</tr>
<tr>
<td>Supervisor Observation through live call monitoring</td>
<td>On a monthly basis, the YHL Coordinator, will listen in to a call with each counselor. The YHL Coordinator will be assessing a variety of factors including the counselor's attitude, behavior, professionalism and level of support provided to the caller. Using live call monitoring allows for immediate feedback to be provided to the YHL Counselors. It will also enable the YHL Coordinator to assess modifications or adjustments that the system may require as well as additional learning and training opportunities for the YHL Counselors. See Annex 4 for the YHL supervisory checklist</td>
<td>YHL Coordinator</td>
</tr>
<tr>
<td>Automated Survey</td>
<td>At the end of each call, the client will receive an automatic message requesting them to complete a short survey. The survey will assess their satisfaction with the call.</td>
<td>YHL Callers</td>
</tr>
<tr>
<td>Monthly Review</td>
<td>On a monthly basis, the YHL Coordinator will conduct group meetings with the YHL counselors to discuss general feedback and to receive feedback from the counselors about their experiences. If needed the YHL Coordinator should also conduct individual meetings with counselors that need targeted feedback or support.</td>
<td>YHL Coordinator</td>
</tr>
</tbody>
</table>
Tools in Monitoring and Evaluation

The YHL coordinator will use the following tools to monitor and evaluate the services provided by the YHL counselors.

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>YHL Dashboard</td>
<td>The YHL dashboard provides an overview of the key data points collected by YHL Counselors. The dashboard provides reporting on the number and nature of calls, as well as the geographic location of the YHL callers. The YHL dashboard is directly linked to the data server.</td>
</tr>
<tr>
<td>Monthly Reporting Format</td>
<td>The YHL counselors will use the Monthly Reporting Format to report the number of beneficiaries who have received services through the YHL. The services are disaggregated by services type, gender and age. The monthly report will be shared by the YHL Coordinator with UNFPA at the end of each month.</td>
</tr>
</tbody>
</table>

Data Management

As stated above, to maintain privacy and confidentiality, only essential information should be recorded in the YHL database. This information includes phone number, province, district, gender, age, marital status, adolescents and youth problems, case type, remarks, and the type of services requested or provided.

The data should be entered by the YHL Counselor who receives the call only. The data should then only be made available to the YHL Counselor who received the call and the YHL Coordinator. To ensure the integrity and security of the system, the data is not editable once it is saved in the system.

Data Protection and Privacy

Data protection is a legal mechanism that ensures privacy. Privacy is usually defined as the right of any individual to control their own personal information and to decide about it (to disclose information or not).

All IP staff are responsible for data protection and privacy. The IP is required to provide monthly data to UNFPA while ensuring privacy. The IP should not share any data with any third party. The data will be used only for programmatic reasons and for quality control purposes.

To ensure the protection of YHL's beneficiaries' data, YHL staff have no authority to share any beneficiaries' data with any third party. For the purpose of coordination and information sharing with the different stakeholders involved, the IP holds the accountability for sharing any information related to the beneficiaries in line with the Common Humanitarian Standard Operating Procedures on Data Protection and Privacy.

Data responsibility requires the implementation of principled actions at all levels of a humanitarian response. IP can ensure data responsibility by only collecting data that is essential to the operation of the YHL, by ensuring that any personal data or information is safely stored in a secured server, and only allowing YHL personnel who have a specific work-related need to review data.
YHL staff should:

- Ensure that no data to be shared with any third party, and channel all data and information requests to the IP manager who will alert UNFPA to any requests. UNFPA will make all final decisions on information sharing with any third party, including the DeFacto Authority.

- Participate in training and orientation sessions to understand how to protect personal data and information. Once they have been made aware of their ethical and legal accountability, staff members will be required to sign a confidentiality agreement.

- Follow IP policies and procedures related to ensuring data privacy and management. If a policy is not available then the UNFPA policies should be followed.
Chapter 4: Referrals

Introduction

Chapter 4 provides an overview of the referral pathways available to YHL Counselors, as well as details on Protection from Sexual Abuse and Exploitation and Accountability to Affected Populations.

Referrals Pathway

After completing the intake assessment and reviewing the client’s history, the YHL Counselor may identify that the client requires additional health services that the YHL does not provide i.e. treatment, diagnosis or therapy. When this occurs it is essential for the YHL Counselor to provide information to the client about where they can receive additional health services, or a referral. The aim of the referral pathway is to strengthen the available services and increase client accessibility. Below is an outline of additional services available for YHL Counselors to refer clients:

Available health services in Afghanistan

Psychosocial Counseling Centers (PSCC) PSCCs are located within /regional/provincial/ district level hospitals, where women and girls can access free and confidential services including medical care, psychosocial counseling, and referrals.

Basic Package of Health Services (BPHS): The backbone of Afghanistan’s health system is the Basic Package of Health Services (BPHS) as a core strategy to provide a standardized package of primary health care services across the country which is complemented by the Essential Package of Hospital Services (EPHS).

Based on Afghanistan Health system BPHS & EPHS there are the seven services components, including:
1. Maternal and newborn health
2. Child health and immunization
3. Nutrition
4. Control of communicable diseases
5. Mental health
6. Disability
7. Provision of essential drugs

One of the main strategic areas in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) National Strategy is Adolescent Health. The strategy commits to the reduction of adolescent morbidity and mortality through raising awareness of appropriate YFHS including primary, reproductive, nutritional, and mental health services. The approaches cover:

- Expanded adolescent reproductive health services for young people.
- Improved and expanded mental health and substance abuse services.
- Greater nutrition awareness among young people
- Promoting healthy lifestyles for young people

BPHS is offered at seven standard types of health facilities including community outreach provided by Community Health Workers (CHWs) at health posts, outpatient care Family Health Houses (FHH), Health Sub Centers (HSCs), Basic Health Centers (BHCs), Mobile Health Teams (MHTs), Comprehensive Health Centers (CHCs) and inpatient services at District Hospitals (DHs). The EPHS provides secondary and tertiary care through Provincial Hospital (PH), Regional Hospital (RH) and Specialized Hospitals (SH).
Making a referral

Some adolescents and youth will require more support than the YHL Counselors are able to provide in the setting of a remote health line. Once the YHL Counselor identifies that a client requires additional in-person support, the YHL Counselor should direct the client to the nearest health center, which is able to address their needs.

The YHL Coordinator is responsible for maintaining an up-to-date listing of available health services collated by their geographic locations (i.e. Province and District). The listing of services should be available in the YHL center and should only be accessed by the YHL Counselors on an as-needed basis. The listing of services should be marked as confidential and should not be shared.

Protection from Sexual Exploitation and Abuse (PSEA)

What is PSEA?
The United Nations and its entities are committed to protecting affected populations from sexual exploitation and abuse. PSEA includes policies, guidelines, procedures, mechanisms, and activities aimed to reduce the risk of sexual exploitation and abuse; mitigate the effects caused by sexual abuse and exploitation violations; and respond to sexual abuse and exploitation incidents.

What is Sexual Exploitation?
Any actual or attempted abuse of a person in a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.

What is abuse?
The actual or threatened physical intrusion of any nature whether by force or under unequal coercive conditions

What types of activities are considered sexual exploitation and abuse?
- Any inappropriate activity with a child. A child is any person less than 18 years of age, regardless of any laws relating to age of majority or consent.
- The exchange or promise of exchange of any money, employment, goods, services, or other things of value, for inappropriate behaviors
- Relationships between IP’s staff, associated or related personnel and beneficiaries of assistance, can be considered sexual exploitation and abuse since they are based on inherently unequal power dynamics. Therefore, they are prohibited.

What is responsible for PSEA?
- All personnel of UNFPA and IPs, including:
  - Staff
  - Interns
  - Volunteers
  - Consultants
  - And other related personnel
Where and when to report SEA?

If you witness or are concerned about a potential incident of sexual exploitation and abuse (such as the activities described) above you should report it immediately.

You should report the incident to your supervisor. Please see your Implementing Partner’s policy on Sexual Exploitation and Abuse for further information.

The staff member receiving the SEA complaint should refer the case to the organization’s established complaint and feedback mechanism (CFM) or PSEA Focal Point within 24 hours. If, for whatever reason, the staff member does not want to refer to their own PSEA focal point or internal mechanism, it is possible to report to the sources available in bullet points 2 and 3.

When receiving a complaint, the staff member and/or the PSEA Focal Point should NOT investigate. Instead, they should report the incident following their own internal procedures.

You can report to Awaaz Afghanistan, which is a humanitarian helpline connecting Afghans (IDPs, returnees) and refugees affected by conflict and natural disaster with information on assistance. It is a toll-free, confidential hotline that anyone with access to a mobile phone in Afghanistan can call for free. You can call for free on 410. More information is available on the website https://awaazaf.org/

You can report anonymously online at unfpa.org/audit-and-investigation or web2.unfpa.org/help/hotline.cfm.

Accountability to Affected Populations (AAP)

Accountability to Affected Populations3 is “an active commitment to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organizations seek to assist.” In line with this approach, the YHL Coordinator and other IP staff should coordinate with YHL Counselors to ensure that all activities are designed using a “people-centered approach”. Programming should regularly be adjusted based on the preferences and evolving needs of adolescent and young people, given the rapidly changing context in Afghanistan. This will be done through:

- **Information/transparency**: provide adequate information/messages on what the services can offer and the limitations of the YHL to manage expectations from adolescent and young people, in a timely manner.

- **Participation**: ensure adolescent and young people who are utilizing the YHL services are able to regularly provide their feedback and insights into the operation of the YHL.

- **Feedback and complaints mechanism**: contextualize the feedback and complaints mechanisms for women/girls and men/boys as well as those with disabilities to allow greater access for them to channel their views and aspirations during the program execution. Awaaz will be used to support this work, however it needs to be backed up by other channels to ensure the inclusion of vulnerable groups.

YHL will ensure inclusive community engagement activities, in line with the UNFPA’s “leave no one behind” principles. This includes improving accessibility and safe access to means of participation with careful consideration for those with different abilities, document and analyze inputs from adolescent and young people on the functioning of the YHL and act upon their inputs timely. The YHL should continually be adapted based on the expressed priorities of those with different abilities, this includes re-allocating funds and adjusting program methodology where necessary. The YHL Coordinator with the support of IP staff will oversee this process.

---

3 More information on UNFPA’s and UNFPA Implementing Partner’s approach to AAP can be found in the UNFPA Afghanistan AAP Guide.

4 Established in 1992, the Inter-Agency Standing Committee (IASC) is the primary mechanism for coordinating the work of agencies involved in humanitarian assistance. Its Commitments on Accountability to Affected People bind responders to inform, as well as solicit, hear, and act on the voices, priorities, and feedback of affected people.
Available Feedback Mechanisms

It is important that young people accessing YHL are able to provide feedback or make complaints about the service. It is important that this includes a method independent of the service itself. The following outlines the ways that YHL will seek out complaints and feedback as part of regular quality and accountability measures, as well as the details for the Afghanistan common (inter-agency) mechanism for feedback and complaints, Awaaz.

<table>
<thead>
<tr>
<th>Mechanism Name</th>
<th>About the Mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awaaz Afghanistan</td>
<td>Awaaz Afghanistan is a humanitarian helpline connecting Afghans (IDPs, returnees) and refugees affected by conflict and natural disaster with information on assistance. It is a toll-free, confidential hotline that anyone with access to a mobile phone in Afghanistan can call for free. You can call for free on 410. More information is available on the website <a href="https://awaazaf.org/">https://awaazaf.org/</a></td>
</tr>
<tr>
<td>Feedback Survey</td>
<td>An automated survey should be made available to all callers at the end of their call.</td>
</tr>
<tr>
<td>Youth Feedback</td>
<td>Youth Educators and youth volunteers undertaking activities in Multipurpose Youth Centers (MYCs), Women Friendly Health Spaces (WFHSS), Family Health Houses (FHHs), BHCs and other relevant spaces should serve as focal points to gather feedback and input from adolescents and youth about their experiences utilizing the YHL. UNFPA should support the collection of feedback to share with the IP responsible for the YHL. For a sample questionnaire see Annex 5.</td>
</tr>
</tbody>
</table>
Roles and Responsibilities of the IP in branding and communication

Branding is a key element of the YHL promotion. Utilizing a common and recognizable logo for the YHL will ensure visibility and increase the awareness of adolescents and youth about its availability. As part of the communication and promotion strategy it is crucial to ensure branded materials such as pens, notebooks, flyers, etc. are shared with targeted populations at UNFPA programming. It is crucial to ensure that volunteers, including Youth Educators, are provided with branded items and IEC materials and to distribute them. It is also essential that any products or materials developed should be youth friendly.

It is the responsibility of the IP to utilize its own communications and visibility guidelines and strategies. However, if any products are produced about a UNFPA supported intervention and are co-branded with UNFPA and its donors names and logos, the product must receive approval from UNFPA Communications.

Logo & Usage

The agreed logo for the YHL is

![Logo Image]
## Chapter 6: Key Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Friendly Health Services Guidelines</td>
<td>The Youth Friendly Health Services Guidelines provide the guiding principles and technical backing for all information shared with YHL clients. The guideline covers the following topics - reproductive health, adolescent pregnancies, transmitted infections, adolescent development, substance abuse, mental health and nutrition.</td>
<td><a href="#">here</a></td>
</tr>
<tr>
<td>The Adolescent Girl Hygiene Training Manual</td>
<td>The manual provides basic information about menstrual hygiene management for adolescent girls and young women in Afghanistan.</td>
<td><a href="#">here (to be added when finalized)</a></td>
</tr>
</tbody>
</table>

The Adolescent Girl Hygiene Training Manual

The manual provides basic information about menstrual hygiene management for adolescent girls and young women in Afghanistan.
Annex 1: YHL Furniture Equipment List

For each Counselor the following furniture and equipment is required:

- Desk and chair
- Laptop
- Noise-canceling headphones

The following additional furniture and equipment should be found in the YHL call center:

- Printer
- Chairs for meeting room
- Shelves as needed
- Data server and cabinet as well as server back-up
- First Aid Kit
- Stethoscope
- UPS
- Router

Annex 2: Terms of Reference

TERMS OF REFERENCE - YHL COUNSELLOR

Job Summary:
The YHL counselor is responsible for the technical aspects (counseling, information and referral) related to the implementation of the project, he/she is responsible for the overall quality of counseling services, continuous quality development of the project. He/she works in close collaboration with YHL Coordinator oversees planning, implementation, quality control, monitoring and supervision and ensures goals set in the work plan are met on time and according to available budget.

Main duties and responsibilities:

1. Provide effective telephone counseling to young people.
2. Updating and entering client’s information in the database.
3. Ensure confidentiality and client trust during counseling.
4. Provide counseling for the young people on available referrals services.
5. Attend training programs and staff meetings on a regular basis.
6. Documenting/Recording information through entering, transcribing, recording, storing, or maintaining information in written or electronic/magnetic form.
7. Prepare a monthly report of counseling services and submit them to the line manager.
8. Perform any other required project related tasks assigned by the line manager.
9. Coordinate with other staff members aiming to perform accurate referral services and counsel clients.
10. Assisting clients, ensuring medical attention, emotional support, and creating a very supportive and confidential environment.
11. Modify referral/counseling activities and approaches as needed in order to comply with changes in client’s status.
12. Uphold the standards of PSEA and AAP
Job Requirements:

- Must be MD doctor or other relevant degree with counseling training
- At least 4 years’ experience in health counseling, with a particular focus on adolescents and youth
- Familiar with Ms. office, interview and data entry.
- Able to provide accurate and valid information to the clients
- Having excellent interpersonal and communication skills.

TERMS OF REFERENCE - YOUTH HEALTH LINE COORDINATOR

Job Summary:
The YHL Coordinator is responsible for the oversight of the implementation of the YHL project, including the overall quality of the counseling services provided and ensuring continuous quality development of the project. The YHL Coordinator oversees planning, implementation, quality control, monitoring and supervision and ensures goals set in the work plan are met on time and according to available budget.

Main duties and responsibilities:
1. Responsible for overall activities of YHL.
2. Control, manage and assist all activities of counselors
3. Prepare YHL staff attendance report and update eventually and submit to main office
4. Conduct ad hoc meetings with YHL counselors for difficult cases to find proper solutions.
5. Maintain coordination with the line manager regarding related activities.
6. Ensure proper inventory system in the Center
7. Make coordination with counselors to support them in routine work.
8. Prepare and provide monthly service statistic reports and provide the service statistic charts and graphs.
9. Take part in annual staff appraisals.
10. Provide counseling for the young people on available referrals services where needed
11. Attend related training program and staff meeting on regular basis
12. Document/record information through entering, transcribing, recording, storing and maintaining information in written or electronic/magnetic form
13. With YHL Counselors, modify referral/counseling activities and approaches as needed in order to comply with changes in clients’ status Perform any other required other tasks assigned by the line manager.

Job Requirements:

- Must be MD doctor or other relevant degree with counseling training
- At least 6 years’ experience in health counseling, with a particular focus on adolescents and youth
- Previous supervisory experience is required
- Familiar with Ms. office, interview and data entry.
- Able to provide accurate and valid information to the clients
- Having excellent interpersonal and communication skills.
### Annex 3 Mystery Shopper and Live Monitoring Feedback Form

#### Quality & tone of the YHL Counsellor

<table>
<thead>
<tr>
<th>Question</th>
<th>Not At All</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the Counselor patient in the way they communicate?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the Counselor respectful in the way they communicate?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the Counselor listening attentively?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the Counselor calm and collected?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the Counselor empathetic?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Accuracy of information provided

<table>
<thead>
<tr>
<th>Question</th>
<th>Not At All</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the Counselor clear in their communication?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the Counselor providing accurate, high quality information?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the Counselor demonstrate a strong understanding of the YFHS guidance?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the client raised protection issues, did the Counselor handle them sensitively?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the client required a referral, did the Counselor use the referral system effectively and accurately?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the counselor adequately record the data?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Overall

<table>
<thead>
<tr>
<th>Question</th>
<th>Not At All</th>
<th>Somewhat</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you say that the Counselor performed at a high level?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Annex 4: Youth Health Line Supervisory Checklist

**Supervisor Name:** __________________________

**Organization:** __________________________

**Date:** / /202

**Duration:** Hours ( ) Min ( )

### Section A: Administrative and General Aspects

1. **Is all staff present?**
   - Yes □ □ No □
   - Remarks:
     - If yes; 1.1. List the absent staff 1. 2. 3.

2. **Does a green board exist?**
   - Yes □ □ No □
   - If yes; 2.2. Job Descriptions: Yes □ No □
   - 2.3. Performance Graphs: Yes □ No □
   - Remarks:

3. **Was the visitor book filled properly?**
   - Yes □ □ No □
   - Remarks:

4. **Does a proper filing system exist?**
   - 4.1. YHL: Yes □ □ No □
   - 4.2. Admin: Yes □ □ No □
   - Remarks:

5. **Are all the phone lines working?**
   - Yes □ □ No □
   - If no; 5.1. List # of non-active lines
   - Remarks:

6. **Is Register book used properly?**
   - Yes □ □ No □
   - Remarks:

7. **Is a referral directory marked confidential available in each cabin?**
   - Yes □ □ No □
   - If yes; 7.2. How many cases have been referred in the last month?
   - Remarks:

8. **Is any refresher training received last quarter?**
   - Yes □ □ No □
   - If yes; 8.1. Please specify the training attended;
   - 8.1.2. Need:
   - Remarks:

9. **Is a weekly meeting conducted to discuss difficult calls?**
   - Yes □ □ No □
   - If yes; 9.1. Please list few the difficult new calls/cases/agenda topics:
   - Remarks:

10. **Were fake calls received last month/quarter?**
    - Yes □ □ No □
    - If yes; 10.1. Please note # of fake calls in last month/quarter:
    - Remarks:

---

**Section B: Monitor/Supervisor listen in on calls:**

By sitting next to a counselor during a call, a supervisor assesses the counselor's knowledge and counseling skills by the counselor's responses, since the supervisor can hear the caller but callers need to be aware that a third person may listen or record the call for evaluation purposes.
### Annexes

#### 1. Note duration of the call
- **Minimum:** 5 min
- **Minutes:** ( )
- **Seconds:** ( )

#### 2. How was the response of the counselor?
- **Friendly**
- **Normal**
- **Cold**

#### 3. Was the response sufficient in terms of the information?
- **Good**
- **Fair**
- **Poor**

#### 4. Was the counselor supportive and non-judgmental?
- **Good**
- **Fair**
- **Poor**

#### 5. Could s/he speak the language of the caller?
- **Yes**
- **Partially**
- **No**

#### 6. Was the counselor able to effectively communicate and satisfactorily answer the questions?
- **Yes**
- **Partially**
- **No**

### Remarks:

#### Section C: Findings/Conclusions

1. **Staff attendance rate:**
2. **Lines functionality:**
3. **Number of Trained staff:**
4. **Number of staff need specific training on counseling skills:**
5. **Functionality of YHL database:**
6. **Availability of data analysis reports:**
7. **Existence of specific working schedule for each shift:**

### Section D: Specific recommendations

1.
2.
3.
4.
5.
6.
7.

### Monitor/Supervisor signature:
## Annex 5 Youth Health Line - Sample Youth Feedback Questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
</table>
| The YHL is easy to access                          | 1  
  Strongly Disagree | 2  
  Disagree | 3  
  Neutral | 4  
  Agree | 5  
  Strongly Agree |
| The YHL fits my needs and priorities               | 1  
  Strongly Disagree | 2  
  Disagree | 3  
  Neutral | 4  
  Agree | 5  
  Strongly Agree |
| The YHL has impacted my behaviors and actions      | 1  
  Strongly Disagree | 2  
  Disagree | 3  
  Neutral | 4  
  Agree | 5  
  Strongly Agree |
| The YHL addressed my issues or concerns effectively | 1  
  Strongly Disagree | 2  
  Disagree | 3  
  Neutral | 4  
  Agree | 5  
  Strongly Agree |
| The YHL Counselor provided a safe and open space    | 1  
  Strongly Disagree | 2  
  Disagree | 3  
  Neutral | 4  
  Agree | 5  
  Strongly Agree |
| The information provided by the YHL Counselor was clear and helpful | 1  
  Strongly Disagree | 2  
  Disagree | 3  
  Neutral | 4  
  Agree | 5  
  Strongly Agree |
| I would recommend the YHL to my friends             | 1  
  Strongly Disagree | 2  
  Disagree | 3  
  Neutral | 4  
  Agree | 5  
  Strongly Agree |
| Any other comments or suggestions                   |          |