Appendixes

Table 1: Integrated Priority Barriers to Adolescent SRH Service Utilization

Thematic Group	Identified Barriers	Description
1. Service Delivery	1. Lack of adolescent-friendly and confidential services 2. Frequent stockouts of essential SRH commodities (e.g., condoms, STI kits, emergency contraceptives) 3. Inadequate provider training and judgmental attitudes 4. Long waiting times and inconvenient service hours 5. Weak referral and follow-up mechanisms 6. Services denied based on age or parental consent 7. Use of multi-purpose rooms limiting privacy 8. Absence of youth-focused outreach or mobile services	Services are not tailored to adolescent needs, with poor confidentiality and access interruptions; provider skills and attitudes limit quality; access barriers exist due to timing, policies, and infrastructure; outreach is insufficient.
2. Family and Community Engagement	1. Lack of parent-adolescent communication on SRH topics 2. Unsupportive or judgmental family environments 3. Community stigma linking SRH service use to promiscuity 4. Cultural taboos and harmful norms around adolescent sexuality 5. Low community acceptability of SRH services for unmarried adolescents 6. Misinformation or religious opposition to SRH topics	Poor family dialogue and unsupportive environments reduce adolescent knowledge and service use; community stigma and taboos limit open discussion and acceptance; misinformation undermines education and uptake.
3. Information and Education	1. Lack of basic knowledge on SRH and available services 2. SRH topics skipped or poorly addressed in school curricula 3. Adolescents unaware of their rights to access care 4. Information not age-appropriate, culturally relevant, or youth-friendly 5. Misinformation spread through peers and social media without correction	Adolescents lack foundational SRH awareness and rights knowledge; education delivery is inadequate or mismatched; misinformation contributes to confusion and myths.

Table 2: Priority Adolescent Sexual and Reproductive Health Problems Identified by Thematic Area

Thematic Area	Priority Problem
Service Delivery	1. **Problem 1:** Lack of adolescent-friendly services
	2. **Problem 2:** Absence of adolescent-focused outreach services
	3. **Problem 3:** Long waiting times and inconvenient service hours
	4. **Problem 4:** Weak monitoring, evaluation, and accountability mechanisms
Family & Community Engagement	5. **Problem 1:** Poor parent–adolescent communication on SRH issues
	6. **Problem 2:** Low community acceptance of adolescent SRH needs
	7. **Problem 3:** Misinformation and religious opposition to adolescent SRH
Information & Education	8. **Problem 1:** Lack of basic knowledge of SRH services among adolescents
	9. **Problem 2:** SRH topics are inadequately addressed in the school curriculum
	10. **Problem 3:** Widespread misinformation spread through social media platforms

Table 3: Summary of Ideas Generated by Participants and Their Thematic Clustering

Thematic Category	Number of Ideas	Key Focus Areas
Service Delivery	71	Enhancing access, youth-friendliness, provider capacity, and service quality
Family & Community Engagement	40	Strengthening parental involvement, community support, and cultural responsiveness
Information & Education	29	Improving knowledge, awareness, and communication channels

Table 4: Feasibility and Impact Assessment of ASRH Intervention Themes

Intervention Theme	Feasibility	Impact	Key Strengths	Challenges	Implementation Priority
Service Delivery Strengthening	High	High	Actionable, infrastructure-ready, scalable	Training & supervision; resource allocation	Phase 1 (Top Priority)
IEC Strategies	Moderate-High	Moderate-High	Scalable; adaptable to digital/peer-led platforms	Digital access disparities; literacy gaps	Phase 1–2
Family & Community Engagement	Moderate	High	Fosters supportive norms; community ownership	Requires long-term behavioral change	Phase 2 onward

Table 5: Final Co-Designed Adolescent Sexual and Reproductive Health Intervention Packages Designed in South Ethiopia, 2025.

Intervention Package	Target Population	Key Barrier Addressed	Core Components / Activities	Delivery Agents	Setting	Frequency / Dose	Co-Design Contribution
Capacity-Building for Providers and Managers	Health providers & facility managers	Limited provider skills, judgmental attitudes, poor client-centered care	Workshops, mentorship, refresher sessions, supervision & feedback	Trainers and senior clinicians.	Health facilities	Initial 5-day workshop + ongoing mentorship	Stakeholders emphasized non-judgmental, client-centered care and practical, hands-on training
Adolescent-Friendly Service Environments	Adolescents (10–24 yrs)	Unwelcoming facilities, limited privacy, inconvenient hours	Facility redesign, extended hours, adolescent-specific service blocks, educational materials	Facility managers, health care providers	Health facilities	Continuous	Adolescents highlighted privacy, comfort, and visual cues for inclusivity
Integrated Peer Navigation	Adolescents (10–24 yrs)	Low awareness & engagement with SRH services	Peer counseling, community outreach, facility support, referral pathways	Trained peer navigators	Community & facility	Initial 3-day workshop +Ongoing, structured follow-ups	Adolescents suggested peer-led engagement and follow-up for continuous support
SRH Call Center Support	Adolescents (10–24 yrs)	Lack of timely information, stigma, distance barriers	Toll-free hotline, counseling, information dissemination, appointment scheduling, referral	Call center staff, integrated with facilities	Remote (phone-based)	As needed	Adolescents requested confidential, anonymous, and convenient access to SRH information