Training course in adolescent sexual and reproductive health 2020

Priorities to build on the progress made for the next 25 years, with a particular focus on the SDGs

Maria Julieta Ribeiro Mota

Plan International Timor-Leste

Etha.Mota@plan-international.org

Question 1.1

What are two factors that deter the provision of contraception by health workers to adolescents?

1 Inadequate knowledge and skills, as well as misconceptions (e.g. that contraceptive use is contraindicated in adolescents), of health workers deters contraceptive provision.
2 Further, in many places, health workers believe it is wrong for adolescents to be sexually active before marriage. These attitudes translate into judgmental and disrespectful behavior.

Question 1.2

What are two actions that could be taken to address these factors?

1 Health workers should be knowledgeable about all methods of contraception, including emergency contraception, and about the advantages and disadvantages of each.
2 Health Workers must have the skills to counsel adolescents. They must be trained, supported and held accountable for providing quality and respectful care.

Question 2

When adolescents use contraceptives, they are more likely to use them for shorter periods than adults. They are also more likely than adults to discontinue use. One reason for this is that they are particularly sensitive to side effects. Another reason is that they may not receive proper counselling and therefore may not know what to anticipate regarding side effects. What are two implications of this for health workers who are supporting adolescents to sustain contraceptive use?

1 Health workers should meet adolescents where they are in their lives and offer contraception as a means of achieving their life goals, using approaches such as motivational interviewing and aspirational counselling.
2 Health workers should provide support to adolescents using contraceptives to promote consistent and continued use. They should also actively manage side effects.

Question 3.1

Which one of the emerging opportunities noted in Paper 4 do you feel has the most potential to advance ASRHR in your country? Briefly explain your answer.

Increased investment in ASRHR and increased school enrollment, as school have important roles to introduce and disseminate ASRHR information with students

Question 3.2

Which one of the persistent and/or new challenges noted in paper 4 do you feel creates the biggest barriers to advancing ASRHR in your country? Briefly explain your answer.

Adolescents are not considered to be sexual beings, in Timor –Leste adolescent will not allow to have sex relation.

Question 4

What are two of the suggested actions that can be taken to mobilize and make full use of political and social support for ASRHR policies and programmes?

We must continue to advocate for the place of SRHR, and ASRHR specifically, on global agendas.

At the national level:

- Where there is political & social support for ASRHR, we must demonstrate that success is possible through evidence-based action, strong leadership & management & perseverance, & use this support to improve adolescent health more generally.
- Where commitment & support remain weak, we must make the case for action using acceptable entry points &/or leveraging specific events/moments in time.
- In all countries, we must prevent backlash & quickly overcome resistance when it occurs.

Question 5

Mention one suggested action each that can be taken to increase external funding AND domestic funding for ASRHR while making effective use of the available resources to demonstrate impact.

With regard to external funding, we must demonstrate tangible results by:

- Building human & system capacity to scale up integrated packages of evidence-based interventions.
- Improving monitoring & evaluation with a 'last mile' lens to ensure quality & equity.
- Using the resources to address intersecting areas of ASRHR & areas of importance to ASRHR that are not well-funded.
- Showing the results of our work & how this links to the wider public health agenda.

With regard to domestic financing, we must ensure that ASRHR has dedicated resources & that countries have support to demonstrate that such investment is worthwhile by:

- Translating strategies into costed plans.
- Assigning dedicated line items in health & other sectors' budgets for ASRHR-related activities.
- Ensure that health financing (including in the context of UHC) incorporates specific provisions for adolescents.

Question 6

What are two of the suggested actions that can be taken to develop, communicate, apply, & monitor enabling & protective laws/policies for ASRHR?

Where enabling legal/policy environments exist, we must:

- Ensure that those who are responsible for law/policy implementation are aware of them & of their obligation to apply them
- Create wider awareness of these legal provisions so that adolescents & their communities know their rights/entitlements & can push for accountability
- Step up efforts to ensure strategies to implement laws/policies are adequately resourced, carried out, & enforced, while ensuring that the most marginalized & vulnerable persons/communities are not scapegoated along the way

Where there are still:

- Restrictive laws/policies (e.g., parental/spousal consent requirements for health services),
- Contradictions between laws/policies (e.g., policies that ensure provision of services regardless of age but criminalize sexual activity before age 18), &/or
- Loopholes (e.g., authorization of child marriage with parental or judicial consent where it is otherwise banned), we must identify the legal/policy barriers that pose the greatest barriers to ASRHR & work to change them.

Question 7

Is there anything that surprised you in the score card for the country you selected? If you had the authority to make any changes to the laws and policies in the country, what are two changes you would make to improve young people's access to contraception?

In Nigeria the youth FP score card shows that on access to full range of FP method is red. This is due to law or policy exist that restrict youth from accessing a full range of FP method based on age, marital status, and/ or parity. The inconsistency between the adolescent policies and general FP service protocols creates an opportunity for providers to differentially interpret the directives and a barrier to youth attempting to access a full range of methods.

Two changes that I would make to young people access to contraception are:

1 Ensure that those who are responsible for law/policy implementation are aware that there is inconsistency between the adolescent policies and FP service protocol that limited youth to access to contraception.
2 Adding a provision that explicitly supports youth access to all medically eligible contraceptive methods would strengthen Nigeria's policies regarding youth FP and support full implementation.

Question 8

What are three of the suggested actions that can be taken to use & improve ASRHR data & evidence to strengthen advocacy, policies, & programmes?

To improve the availability & use of existing data, we must:

- Synthesize age- and sex-disaggregated data from administrative systems & surveys in formats that are useful for decision-makers.
- Ensure that decision-makers have capacity & support to use data to learn-by-doing & shape/reshape their programmes on an ongoing basis.

To fill data gaps, we must:

- Harmonize & apply a core set of indicators for adolescent health, including those that go beyond health outcomes (e.g., on determinants of health & on quality, coverage, & cost of health services) Filename.
- Improve population-based surveys so that they collect relevant & appropriate data, while tapping into a wider range of data sources.

To improve the uptake & use of evidence on ASRHR interventions, we must:

- Improve the availability & dissemination of evidence.
- Support decision-makers to develop evidence-based strategies & investment cases.
- Address evidence gaps, especially through implementation research on the cost of interventions, adaptation of interventions to different settings, & optimization of interventions in real-life settings.

Question 9

What are two of the suggested actions that can be taken to manage the implementation of ASRHR strategies at scale with quality & equity?

To improve multi-sectoral coordination (with both familiar & novel partners), we must: ❑ Build a shared understanding of which groups are to be reached with which interventions, delivered by whom, where, & how

- Lay out clear roles & responsibilities.
- Establish referral, coordination, and accountability structures with real power to incentivize participation.
- Create mechanisms to allow for joint – or at least coordinated – budgeting & monitoring.

To ensure delivery platforms have the system & human capacity to deliver ASRHR interventions with quality & fidelity, we must: Filename

- Ensure that adolescents are considered within broader health, education, & protection system strengthening efforts.

- Move beyond one-off, off-site trainings to improve frontline worker capacity, comfort, & motivation to provide ASRHR services & interventions.

To learn from & strengthen our efforts on an ongoing basis & promote good governance, we must use improved data (from ongoing monitoring, participatory assessments, & periodic reviews) proactively & differently. This includes seizing the potential of continuous quality improvement & problem-driven iterative adaptation to make adjustments as & when necessary.