

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

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Question 1.1

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

Health worker's factors that can deter adolescent contraceptive use:

1. Judgmental attitudes of health workers (including providers who believe that adolescents should not be sexually active or that contraception may inhibit future fertility) deter service use by adolescents [1].
2. Health care workers have inadequate knowledge, skills about ASRHR which lead to adolescents having a high risk of rapid repeat pregnancies because of misinformation or lack of awareness of fertility patterns.

Question 1.2

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

Actions to address these factors:

1. Adolescents should be able to access respectful and comprehensive counseling, provision of services, and/or timely and functioning referral mechanisms as required [1].
2. Service providers should be knowledgeable about all methods, including emergency contraception and long-acting reversible contraceptives and their appropriateness for adolescents, including communicating advantages and disadvantages of methods, and the possibility of switching methods.

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?

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:

In 2011, GRZ enacted Education Act No. 23. In Section 108(1)(i), the Act empowers the Minister of Education to amend the curriculum to introduce comprehensive sexuality education (CSE). In 2014, GRZ completed the development of the CSE curriculum, and it has been rolled out to all schools, targeting children aged 10–24 in grades 5–12 [2].

Zambian government is keen ensure that the health of adolescents are put as priority and promotion of making health choices is initiated at an early stage of life through promotion , prevention and curative interventions. One of the promotion strategies of adolescents sexual reproductive health rights is the government through Ministry of General Education introduced CSE through school curriculum that will increase knowledge, skills and information about sexual reproductive health for adolescents [2].

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.

Weak Systems and Limited Integration and Coordination Across Sectors:

Health systems cannot provide services to adolescent set alone quality, integrated services when the building blocks of health systems are not in place and functional. In many contexts, however, a number of these building blocks remain weak [1]. In this discussion I will focus on one building block: accountability- The accountability framework does exist in the form of parliamentary committees, the High Court, the Human Rights Commission, and civil society organizations. However, it is fragmented and not well coordinated, which leaves the national accountability framework for SRH&R weak [2]. There is a need to strengthen the accountability framework to ensure that duty bearers are held accountable to their commitments to SRH&R in Zambia [2].

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?

1. Ongoing attention is needed to strengthen human and system capacity and facilitate efficient technical support to design/strengthen ASRHR programs, ensure their integration and sustainability within the health system, and track progress.
2. Political and social support for ASRHR can help to move the broader adolescent health agenda in a progressive and strategic manner.

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.

To build both human and system capacity to scale up integrated packages of evidence-based services and interventions and to improve monitoring and evaluation with a “last mile” lens to ensure the quality and equity of these services and interventions [2].

Question 6

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

1. To ensure that those who are responsible for law and policy implementation are aware of them and of their obligation to apply them [2].
2. To dramatically step up efforts to ensure that these laws and policies are adequately resourced, implemented, and enforced in a progressive manner [2].

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?

Country: Democratic Republic of Congo

What does not exist is the access to full contraceptive method and marital status restriction.

First of all, I would work introducing Counseling and service provision for a range of modern contraceptives, with a defined minimum number and types of methods [1]. This will be achieved through integration with other services such antenatal, postnatal and also by ensuring that health care providers are knowledgeable about all contraceptive methods including emergency contraceptives [1]. I will also call on government bodies to formulate policies and laws that protects and serve as a guide to access all methods of contraceptives to adolescents and their rights are protected.

Question 8

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

1. To ensure that there is use of real-time age- and sex-disaggregated data from administrative data systems, as well as surveys are synthesized in formats that are accessible and useful for decision-makers [2].
2. To ensure that decision-makers have the adaptive management capacity to use such data to shape their programs [2].
3. The need to improve the availability and dissemination of such evidence and support country-level stakeholders' capacity to develop evidence-based plans, strategies, and investment cases to ensure that common challenges are addressed and that interventions which have been shown to be ineffective are no longer implemented [2].

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?

1. First ensure that there is agreement regarding how, where, and by whom the different services and interventions within them are to be delivered [2].
2. To provide support them to ensure relevant delivery platforms have the system and human capacity to deliver the services and interventions with quality and fidelity [2].
3. To use improved data (e.g., from health information systems) proactively and differently [2].

References

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2. Government of Zambia Human Rights Commission; United Nations Population Fund; Women and Law in Southern Africa; United Nations (Zambia); Population Council. The status of sexual and reproductive health and rights in Zambia: comprehensive sexuality education and adolescents sexual and reproductive health [Internet]. Lusaka: Government of Zambia Human Rights Commission; 2017 [cited 2020 October 22]. Available from: https://zambia.unfpa.org/sites/default/files/pub-pdf/SRH%26R%20in%20Zambia%20-%20Part%202_1.pdf. Co-published by UNFPA; WLSA; UN (Zambia); Population Council.