

Training course in adolescent sexual and reproductive
health 2020

Approaches to ensuring the continuity of SRH information
and services provision to adolescents in the context of the
COVID 19 crisis: and using the opportunity of COVID-19
to build back better

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Question 1.1

Name one issue described in the FP2020/IAAH statement that hinders adolescents' access to SRH information and services in your country.

One issue described in the FP2020/IAAH statement that hinders adolescents' access to SRH information and services in my country amidst COVID 19 is having 'locked down' to prevent the spread of COVID-19. With limited access to school and communities that commonly link students to peer support and social networks, supportive adults, sexuality education, safe spaces, and health services and products. The loss of these factors will amplify existing vulnerabilities to poor outcomes, including unintended or unwanted pregnancy [1].

Unwanted pregnancy is considered as a disgrace and marriage tend to be a solution and reason for getting married at a very young age. In 2018, 1 out of 9 girls in Indonesia was married. The number of girls aged 20-24 who were married before age 18 in that year was estimated to reach 1,220,900, placing Indonesia as one of 10 countries with the highest absolute number of child marriage in the world [2]. During the COVID-19 pandemic (from March-September 2020). In the records of the Religious Courts there are 34,000 applications for marriage dispensation for children under the age of 19 [3].

Question 1.2

Describe briefly what approach you would use to overcome this issue.

The approach that I would use to overcome the issue is using community conversations can be encouraged between parents, teachers, local leaders, and adolescents and young people about adolescent health and development, sexuality, and reproductive health. Use these conversations to promote evidence-informed approaches that maximize healthy development and minimize risks [1].

One approach that I would consider to use is a mechanism from Plan International Indonesia initiative called Community-based Child Protection Mechanism (CBCPM). The mechanism is used in a project namely Yes I Do in three districts in Indonesia. It is a social movement to establish community network as an agent of changes to transform the deeply rooted discriminative social norms and raise awareness to prevent and respond on the harmful impact of child marriage through sexual and reproductive health information, linking to education and economic empowerment. The member of the CBCPM is facilitator to link and referral system of youth, health and social workers, teachers and community leaders who strengthen the capacity of existing local resources including entrepreneurship skills for economic empowerment [4].

Question 2.1

Which recommendation(s) on CSE does the example from Education as a Vaccine Nigeria illustrate?

Recommendation(s) on CSE - the example from Education as a Vaccine Nigeria illustration

Education as a Vaccine (EVA) Nigeria illustration is an example action for the recommendation of communicate CSE messages through mass media and digital media to which adolescents have access. EVA already had a diverse portfolio of digital initiatives [5].

Question 2.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

The EVA as an example is feasible to be conducted in Indonesia. Many initiations have been done. For the digital support system, the United Nations Population Fund (UNFPA) Indonesia started a community of practice for young digital Sexual and Reproductive Health (SRH) content creators in June 2020. The Community of Practice (CoP) is a network of youth influencers and youth-led digital platforms that produce youth SRH-related content. The CoP serves as a knowledge management platform to share best practices, tools, research, and other resources among creators and practitioners. It currently consists of 22 members, ranging from individual influencers, civil society organizations (CSOs), media companies, private enterprises, and international non-government organizations (NGOs). Representing different regions of Indonesia—from Java to Papua—the members have a combined audience of over 200,000 young people [6].

For the CSE, Rutgers Indonesia initiated CSE digitalization namely, “Sobat ASK/ ASK Buddy”. Through the Get Up Speak Out (GUSO) program, since 2015 Rutgers WPF Indonesia has launched an online platform as a channel to support the delivery of information on sexual and reproductive health rights (SRHR) and violence for adolescents aged 12-24 years through the ASK Friend service (Access, Service, Know). The ASK Buddy is a friend for young people to easily access various knowledge and information about sexual and reproductive health, violence against adolescents, mental health, as well as online counseling services that are directly linked with counselors who are experts in their fields [7].

Ipas Indonesia is creating a short film could consider as an innovation is delivering CSE topics that could be accessed online. The film grew out of a collaboration between Ipas Indonesia, the critically-acclaimed filmmaker Agung Sentausa and the nonprofit organization Kampung Halaman, which works with partners such as Ipas to give young people a voice in their communities through participatory media projects. The film, namely “Pindah Planet” or Move Planet, was chosen by the Indonesian Ministry of Education and Culture to be part of a mandatory online learning program that has been broadcast by state-owned Televisi Republik Indonesia (TVRI) since June. The program covers topics ranging from environmental issues to comprehensive sexuality education (CSE). Pindah Planet was among the CSE content chosen by the ministry [8].

Question 3.1

Which recommendation(s) on contraception does the example from RFHA Fiji illustrate?

RFHA Fiji illustration is an example action for the recommendation of consideration in setting up hotlines for adolescents providing information and advice on contraception self-use, side effects, method choice and other questions on SRHR. They are providing contraceptive services to young people through mobile outreach and a network of peer educators [5].

Question 3.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

The recommendation for providing information and advice on contraception through mobile outreach and a network of peer educators in Indonesia is feasible. One example has been initiated by John Hopkins Center for Communication Programs (JHCCP) namely MyChoice. Under a Bill & Melinda Gates Foundation-funded project, MyChoice is designed to increase the use of modern contraception and ensure that women can choose from a variety of contraceptive methods. JHCCP is working with the women's branches of Indonesia's two largest Muslim organizations to incorporate family planning and information about long-acting reversible contraception into prayer groups, Koran readings and other continuing activities. Midwives are being trained on how to counsel new mothers on the benefits of postpartum family planning and health centers are being improved to provide contraceptives before discharge, especially IUDs and implants.

In addition, MyChoice is working to strengthen supply chain management systems to ensure a range of contraceptive methods are readily available at the health facilities. The project uses a range of channels, including television, community outreach and a mobile app with an associated website and social media platform that provides easy access to the most current contraceptive information. The platform, called SKATA, helps identify the family planning method most suited for a couple at a particular stage in life – adult, newlywed couple, pregnant mom – and provides users with a guided journey. We call this approach “Right Method, Right Time, My Choice” [9].

Question 4.1

Which recommendation(s) on comprehensive abortion care does the example from FRHS India illustrate?

FRHS India illustration is an example action for the recommendation to inform adolescents where and how to access comprehensive abortion care, including safe abortion to the full extent of the law and post-abortion care, through appropriate channels.

What they do:

- Through advertisements in newspapers and other media, FRHS communicates about the facilities where services are available and about ways of accessing these services.

- Clinical outreach teams and ASHAs inform girls and young women about available services and accompany them to the health facilities, navigating the mobility restrictions during the lockdown period.

In health facilities, ensure that comprehensive abortion care remains available for adolescents, is safe and is provided respectfully and confidentially. They are providing contraceptive services to young people through mobile outreach and a network of peer educators.

- FRHS revised its service delivery guidelines and protocols to ensure the safety of clients and service providers from transmission of COVID-19 [5].

Question 4.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

The example is not feasible in Indonesia. This because abortion is only legal in Indonesia under limited circumstances—a legal context that forces many women to resort to seeking unsafe abortions. In Indonesia, legal abortions must be carried out by certified doctors at a health facility designated by the health minister. Each patient should be accompanied by counselors who provide psychological assistance before, during and after the abortion, as well as during pregnancy, should the patient decide to cancel an abortion. Such restrictions make it hard to carry out institutional safe abortions [10].

Question 5.1

Which recommendation(s) on maternal care and mental health does the example from the University of Nairobi and the Nairobi City Council in Kenya illustrate?

Recommendation(s) on maternal care and mental health - the example from the University of Nairobi and the Nairobi City Council in Kenya illustration.

Using telemedicine for counselling and screening, including for risk factors known to be increased in the context of COVID-19 and to which adolescents may be particularly vulnerable (e.g. mental health conditions and gender-based violence) and the occurrence of danger signs; and

Put in place targeted outreach strategies where coverage and care-seeking among pregnant adolescents have declined [5].

Question 5.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

The example from University of Nairobi and the Nairobi City Council in Kenya is feasible to be conducted in Indonesia. Indonesia has Youth Friendly Health Services/PKPR and the service target users include adolescents aged 10 to 19 years, regardless of marital status. It is a government program managed by the District / City Health Office, coordinated by the Provincial Health Office, to serve adolescent health. This program has officially been operating since 2003. At the field level, PKPR is run by the Community Health Services (Puskesmas). The challenges for the Puskesmas at this time are operating hours that are not in line with teenage school hours, inadequate PKPR room facilities, unfriendly attitudes of health workers, and relatively long service flows [11]. Thus, not many young people could access the services.

To overcome with this barrier, UNFPA initiated youth friendly health services with private sectors, called UNALA. UNALA provides youth-friendly health services involving private doctors and midwives in Yogyakarta. Teenagers, aged 15-24 years in Yogyakarta can access free health consultation and physical examination services by bringing a Gift Voucher from UNALA. UNALA services are available in all districts / cities in the Special Region of Yogyakarta. UNALA Service Pack, by using a voucher from UNALA, you can enjoy the services below for free. General adolescent health counseling; Quality sexual and reproductive health counseling; Physical examination (if needed); and Referral service to laboratories & specialist doctors in UNALA network [12].

Question 6.1

Which recommendation(s) on HIV does the example from the Zvandiri in Zimbabwe illustrate?

Inform adolescents where and how to access HIV and other STI testing and care, where access is possible, through mass media and digital media; Where possible, provide home-based HIV and other STI tests, as well as information about proper self-sampling and where to send samples. Establish clear pathways for further testing services and linkage to care.

SPECIFIC MEASURES FOR DELIVERY OF SERVICES (HIV-SPECIFIC): Modify services to promote out-of-clinic delivery of elements of the advanced disease package of care (prophylaxis, screening for CD4 count and tuberculosis screening [5].

Question 6.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

The example is feasible to be implemented in Indonesia.

In Indonesia, some initiation has implemented on the informing where and how to access HIV and other STI testing and care, where access is possible, through mass media and digital media. This management is embodied in the Young Warrior Innovation, namely the Easy and Reliable VCT One Call Center service. One Call Center service is an online service that can be accessed by the public to consult and check their HIV status easily and reliably. It is an initiation by

Public Oro-Oro Ombo Community Health Center in Madiun City, East Java. Previously it was the main referral for patients for HIV testing. HIV counseling and services, as a form of convenience for people who were still reluctant and embarrassed to have their HIV status checked [13].

Besides Government initiation, Spiritia - a non-governmental organization provides services on HIV & AIDS issue. They have worked with and for people living with HIV / AIDS since 1995. Spiritia Foundation provides HIV services individual home visits, support groups, online consultation and information fact sheets. Their vision is provision of quality support and care and uphold human rights for people infected with HIV in Indonesia. Work with partners at the local and national levels, placing people living with HIV / AIDS at the center in developing effective responses to this epidemic [14].

Question 7.1

Which recommendation(s) on gender-based violence does the example from Centre for Catalysing Change in India illustrate?

- Inform adolescents where and how to get care, where access is possible, through mass media and digital media.
- Sensitize and alert health-care providers, community workers and support networks to the potential for increases in sexual and gender-based violence and ensure they are aware of adolescents' specific vulnerabilities (e.g. limited ability to report abuse).
- Establish help lines or enhance existing help lines for adolescents to seek help if needed [5].

Question 7.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

The example is feasible to be implemented in Indonesia.

The Integrated Service Center for Women's Empowerment and Child Protection (P2TP2A) is an integrated activity center that provides services for the community, especially women and children for acts of violence. The Center for Integrated Services for Women's Empowerment and Child Protection (P2TP2A) is an operational vehicle for realizing women's empowerment through various physical services, information, referrals, consultations and skills building as well as other activities under Ministry of Women's Empowerment and Child Protection. In period of COVID-19, they change the pattern of reporting cases by being more pro-active in "picking up the ball" of domestic violence cases in their areas, especially for areas with limited access. In this case, the execution in the field can be carried out by the volunteer team #BERJARAK (Together with Keeping Our Families), service officers of the Regional Technical Implementation Unit for the Protection of Women and Children (UPTD PPA), and service officers of the Integrated Service Center for Women and Children Empowerment (P2TP2A) [15].

The Sahabat Anak (TeSA) Phone is a toll-free telephone for children who are involved in or become victims of violence or information. They can dial 129 or 021-129 and speak to a professional telephone operator who can help them contact doctors, psychologists, lawyers and police. Counseling experts can also come face to face with children. TeSA 129 services can be accessed throughout Indonesia using either a landline or mobile phone (HP) [16].

Question 8.1

Which recommendation(s) on HPV does the example from the Ministry of Health of Laos illustrate?

- If school-based HPV vaccination initiatives continue - or when they resume - infection prevention and control measures need to be implemented to avoid increased risk of transmission of the COVID-19 virus among students, school personnel and health care providers.
- Inform health workers and others involved in different aspects of HPV vaccine delivery (e.g. community health workers or teachers) about altered HPV schedules and updated age restrictions. Communicate the importance of HPV vaccination and the efficacy and safety of the new schedule or longer interval between vaccine doses.
- Inform adolescents and their parents about the importance of a full series of HPV vaccination and any altered HPV schedule, reassuring them about the efficacy and safety of HPV vaccination and the alternative interval [5].

Question 8.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

The example is feasible to be implemented in Indonesia.

Ministry of Health has a program called “BIAS”/ month of immunization for school. Medical officers injected the HPV (human papillomavirus) vaccine to a number of students who took part in the immunization month activities at the Tebet Timur Urban Village Office, Jakarta. Medical officers from Tebet Timur Village complete with PPE give HPV immunization shots to female students who come. Meanwhile, for male students, officers only check ears, nails, weigh body weight, and measure height. Students are also required to apply the COVID-19 health protocol by wearing a mask and wearing face shields and accompanied by their parents. This immunization is part of the month of immunization for school children which is given twice a year, namely in August and November [17].

Question 9.1

Which recommendation(s) on menstrual health does the example from the Footprints Foundation in South Africa illustrate?

- Advocate for the inclusion of menstrual products in the distribution of food or non-food items to girls with limited movement or those in camps and institution.

- Engage community groups to extend the availability of affordable menstrual products [5].

Question 9.2

Do you think this example would or would not be feasible in your country? Briefly explain your answer.

Ministry of Women's Empowerment and Child Protection through the #Berjarak movement, has also integrated the special needs of women, especially for poor and very poor families, women working in the informal sector as well as those living in rural, remote and disadvantaged areas. This movement also strengthens the role of provincial and district / city governments, as well as cadres and activists at the grassroots community who have worked and synergized in order to empower women and protect children. In addition, the Ministry will continue to do the handling efforts, including forming a volunteer team from existing networks, such as the Child Forum, Family Centre (PUSPAGA), Child Friendly School Facilitators, Integrated Child Protection Mechanism (PATBM), and others. In addition, providing basic specific needs for women and children, such as vitamins, milk, nutritious food, biscuits, sanitary napkins and pampers which are sorted not only for adolescent, but also according to age (children under five, children and adolescent girls and the elderly) [18].

Question 10

In what ways do you think COVID-19 might, in fact, present an opportunity for accelerating progress on ASRHR?

CSE through online and mass media. COVID-19 shows why internet access is a basic right. With social distancing measures the new norm across the globe, we are living our lives online. For young people across the country, learning from home is now crucial, including the ability to access information about sexual and reproductive health care. This is an opportunity to use many platforms in delivering messages. Referring as above, creating a short film could consider as an innovation is delivering CSE topics that could be accessed online. The film grew out of a collaboration between Ipas Indonesia, the critically-acclaimed filmmaker Agung Sentausa and the nonprofit organization Kampung Halaman, which works with partners such as Ipas to give young people a voice in their communities through participatory media projects. The film, namely "Pindah Planet" or Move Planet, was chosen by the Indonesian Ministry of Education and Culture to be part of a mandatory online learning program that has been broadcast by state-owned Televisi Republik Indonesia (TVRI) since June. The program covers topics ranging from environmental issues to comprehensive sexuality education (CSE). Pindah Planet was among the CSE content chosen by the ministry [8].

This could be an action that recommended by Cate Lane as stated in her video that we must speak up for the inclusion and involvement of the adolescent as well as adolescent health and education experts in the development of any guidance document related to COVID-19 [19].

Facilitating dialogue with multi-stakeholders is feasible in cost-effective. UNFPA Indonesia's Youth Advisory Panel (YAP) recently conducted online survey to better understand the needs of

young people in Indonesia. The youth-led survey highlights the challenges young people face during the pandemic and their increasing needs for support in different sectors, from health to education. The results of the online survey were shared during an online multi-sectoral meeting that UNFPA facilitated with the Coordinating Ministry for Human Development and Cultural Affairs (Kemenko PMK) and Ministry of Health (MOH) recently. Other government institutions and organizations, namely the Ministry of Women Empowerment and Child Protection (MOWECP), Ministry of Education and Culture (Kemendikbud), UNICEF, UNDP, ILO, Aliansi Satu Visi, Wahana Visi Indonesia, ChildFund International, Universitas Indonesia Faculty of Medicine (FKUI), and Universitas Brawijaya's Disability Service and Study Center [20]. Having a multi-sectoral in discussing one issue, is an opportunity for accelerating ASRHR in future.

With KemenPPPA has the Sahabat Anak (TeSA) Phone which a toll-free telephone, this media also could be an opportunity in wider issues. The topics to be covered could be expanded from limited for children who are involved in or become victims of violence or information to young people in getting information about sexual and reproductive health care [15].

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