

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?

1. Inadequate knowledge and skills, as well as misconception (e.g. that contraceptive use is contraindicated in adolescents), of health workers deters contraceptive provision.
2. And 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 and they must have the skill to counsel adolescent.
2. 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?

Two implications of this for health workers who are supporting adolescent to sustain contraceptive use are:

1. Health workers should provide support to adolescent using contraceptives to promote consistent and continued use.
2. 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.

As we know that more than 70% of the world's youth are online, I think Advance in Technology is the best way. Many youth millennial are living with technology, access to social media platforms is one of their activities in their daily life & spend much of time to social media

platforms. Therefore the health workers can conduct the counseling the adolescent through these platform, SRHR information, etc..

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.

One of the persistent that creates the biggest barriers to advancing ASRHR in my country is: Changes in Population dynamics: increases in humanitarian. There are 1.2. Millions of population in Timor-Leste & 50% of it are adolescent. However, the general state budget investment to Education & Health are low, therefore many adolescent are lack access to quality education & health.

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. We must continue to advocate for the place of SRHR, and ASRHR specifically on global agenda.
2. At the national level:
 - Where there is political & social support for ASRHR, we must demonstrate that access 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 & leveraging specific events/moments in time.
 - In all countries, we must prevent back lash & 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.

One suggested action each can be taken to increase external funding for ASRHR while making effectively use of the available to demonstrate impact is:

- Building human & system capacity to scale up integrated packages of evidence-based interventions;

and domestic funding is:

- Translating strategies into costed plans.

Question 6

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

The two of the suggested actions that can be taken to develop, communicate, apply & monitoring enabling & protective laws/policies for ASRHR are:

1. Ensure that those who are responsible for law/policy implementation are aware of them & of their obligation to apply them.
2. **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?

The two changes I'd make to improve young people's access to contraception are:

1. Create wider awareness of these legal provisions so that adolescents & their communities know their rights/entitlements & can push for accountability.
2. 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.

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 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.
2. **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).

- Improve population-based surveys so that they collect relevant & appropriate data, while tapping into a wider range of data sources.

3. 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?

1. 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.

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

- 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.