# Training course in adolescent sexual and reproductive health 2020

# Approaches to ensuing 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.**

Adolescent responsive services have been hindered by COVID-19 pandemic for information, availability of services for Sexual and Reproductive Health (SRH). The country's decision to sudden 'locked down' with the shift focus to prevent the spread of COVID-19 resulted in decreased information about availability of SRH services, access to antenatal care and services for childbirth with disruption of contraceptives supplies and engagement of field staff in COVID-19 control and prevention care services which has adversely affected the SRH services and resulted in poor outcomes. (1)(2)(3)

## Question 1.2

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

The step wise multipronged approach is required for improving access of Adolescent Health are:

- **Effective Engagement** with community influencers, leaders and parents for importance of adolescent role in present and future society, their health needs and support required for adolescent SRH needs.
- **Increasing Investment:** advocacy through professional bodies and NGOs with evidence based research findings to government to influence and guidance for necessary modifications in national laws and policies and to increase investment in adolescent health care for easy and universal access of adolescent health.
- **Capacity building** of health care providers including doctors, counsellors, pharmacist for adolescent responsive services.
- **Interdepartmental Coordination:** efforts are required for involving technical experts of adolescent health and education as well economist for supporting government for greater investment in adolescent health services and its effective implementation in field.
- **Innovations and digital technology** for increasing access to underserved and vulnerable groups with disability, ethnic minorities, marginalised and adolescent living in fragile settings including LGBTQ adolescents for adolescent responsive health care.
- **Regular review:** capturing the age segregated data in existing portals with necessary inclusion of indicators required for adolescent health for review and mid-course corrections.

These approaches need to be worked with immediate, short term and long term sustainable plans to overcome the hindrance of SRH services to Adolescents. (3)

## Question 2.1

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

Communicating Comprehensive Sexuality education messages through mass and digital media accessible to adolescent. They incorporated Radio jingles and WhatsApp campaigns to provide the right information & debunk myths and misconception in the already existed diverse platform of digital media (mobile app, sms and social media). Also, retraining of counsellors to provide information and counselling without discrimination. (1)

## Question 2.2

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

I think; the example is feasible in India. Presently, peer educators under adolescent health program (Rashtriya Kishore Swasthya Karyakram-RKSK) are engaging with adolescent through social media platform. Thus, digital media as dedicated app or social media platform may be developed having uniformity, addressing regional needs with inclusion of interface for focused family planning counselling, proper SRH information, addressing myths/misconception, risk factors and side effects of contraceptives including availability of commodities/services. This can be effective for wider publicity through mass social media for comprehensive adolescent health information with access and use of services. (4)

**Question 3.1**

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

1. Information Sharing: Through social and mainstream media about SRH services. Availability of family planning counselling, locations with timings.
2. Service delivery: Mobilization of healthcare providers, volunteers and others for outreach services, adjusting timings of static clinic services and supporting referrals.
3. Support through Helpline and online (5).

**Question 3.2**

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

I think the RFHA Fiji example is applicable in India as well. Incorporation of SRH counselling component for existing family planning toll free help line for counselling and information dissemination of available services for Adolescent through mainstream and social media about what, where, when and how to access available SRH services national adolescent program (RKSK) will increase the reach and access of SRH services by adolescents. component(3,4).

**Question 4.1**

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

Foundation for Reproductive Health Services (FRHS), India has adapted with the COVID-19 situation by making their already adolescent responsive abortion services more affordable and engaged outreach team/ frontline worker for sharing information about available service and to accompany adolescent and young women client to navigate the mobility restrictions during lockdown.

**Question 4.2**

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

Yes, as already done in my country, where already free abortion services are available in government health facilities, frontline workers may be sensitized for sharing information of availability of free Abortion services in community (6)

**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?**

Capacity building of health care providers on mhGAP and interpersonal psychotherapy and community health workers on mental health, gender based violence and danger signs for adolescents through digital platforms. Establishing hotline and online psychotherapy service.

**Question 5.2**

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

Yes, it is feasible, Capacity building of front line worker (Accredited Social Health Activist – ASHA, Auxiliary Nurse Midwife-ANM can be done through digital platforms mental health, gender based violence and danger signs for adolescents. Further, Tele psychotherapy component can be done through e – Health consultation through free online doctor-esanjeevani.in, the app based services and video calls (using existing digital platforms with Psychiatrist and counsellor, resource available in mental health program.(7)

**Question 6.1**

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

Digital platform was used for virtual case management, support and information sharing related to awareness, access of HIV testing and services, test result sharing, counselling, prevention with targeted home visits for providing advance disease care package to adolescents.

**Question 6.2**

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

Yes, digital platform may be added for virtual case management in e – Health consultation platform for increasing in care and support services component of well laid down and established National AIDS control program of India (http://naco.gov.in/care-and-support-centres).

**Question 7.1**

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

Centre for Catalysing Change in India illustrating: (i) to aware adolescent girls about where and how to get care through mass & digital media, sensitization of health care provider, community workers and support groups about potential increase about gender based violence, awareness about adolescent specific vulnerability, establish or enhance existing helpline for seeking help.

**Question 7.2**

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

In my view, to stop gender based violence (GBV) in adolescent girls, one has to look beyond Health. The seeds about for making responsive citizen to stop GBV needs to be inculcated from early education days in society. It required proactive involvement of police department and judicial system. One such example is UP police Women power line -1090 which is helping women for gender based violence and going tele counselling and support, such interventions need to be capitalized with inclusion of GBV for adolescents for counselling and necessary protection required in purview of their legal rights.

**Question 8.1**

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

Resuming HPV vaccination in school with new communications messages for program and plans and information about availability of vaccinations services. Further, engaging village heads for service delivery site for vaccination.

**Question 8.2**

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

India had initiated the trials and Ministry of Health & Family welfare was in favour of HPV vaccination; however, due to controversy and pending decision in the court of Law, the vaccination program has not yet been incorporated in routine immunization schedule. One takeaway message from Laos recommendation of reassurance for efficacy and importance of HPV immunization for cervical carcinoma prevention is pertinent in present scenario for advocacy backing with evidence-based research involving concerned parties for pushing HPV vaccine agenda ahead.

**Question 9.1**

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

Commendable example from the Footprints Foundation in South Africa illustrate are advocacy and engaging community groups with permission for greater reach to girls for distribution of affordable menstrual products with inclusion in food/non-food items in schools, shelters and vulnerable groups having disabilities through coordination with various departments, societies and institution(5)

**Question 9.2**

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

Yes, this is feasible and good option to reaching even preadolescents age group through , interdepartmental coordination with Women & Child Health and Ministry of Health & Family Welfare departments by inclusion of menstrual products (already affordable being given under RKSK scheme of health department) in nutrition kit can be provided to preadolescent girls and lactating young women at village level Anganwadi Centre of Anganwadi Worker (AWW) is engaged under Integrated Child Development program(ICDS) of Women & Child Health department. (8)

**Question 10**

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

Empowering adolescents for taking appropriate decision making abilities and to raise their voice for their rights and taking responsibility to pushing drive with empirical evidence for better access to SRH services for themselves.

Government need to involve professionals/experts from health, education, adolescent health experts, nutrition, legal, finance departments and importantly, adolescent representatives from marginalized, vulnerable and LGBTQ groups in policy making and implementation strategies for adolescent responsive services.

Increase investment in adolescent health and modifying barriers/laws with capacity building and sensitization of health care providers, parent, community engagement for addressing bias, barriers related to SRH and legal rights of Adolescents and making conducive environment for Adolescents for easy, affordable, access of quality SRH knowledge and services with utmost privacy, confidentiality and dignified manner.

Engagement of Adolescent through digital, social and tele-communication platforms for awareness, counselling, health consultation, education etc. with wider promotion of these interventions for greater reach to target population.

Regular review of adolescent program on age segregated data related to health, nutrition, education and economic indicators for assessing the progress with evaluation for mid-course corrections and suitable modifications in policies/programs for holistic development of Adolescent and young adult population for proper contribution in society.

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