

Adolescent FP and Sexual & Reproductive Health: Health Systems Perspective

Responses to Frequently Asked Questions

Is the HIP brief available yet?

- Great question. Get the HIP Brief “[Adolescent-Responsive Contraceptive Services.](#)”

How is GFF encouraging governments to meet the SRH needs of adolescents, particularly in countries where adolescent sexuality is taboo, except in the context of child marriage (CEFMU)?

- Brendan Hayes: We are seeing a lot of new openings with policy makers because of interest in investing in human capital. We are systematically making the link between ASRHR, human capital, and economic growth and this is increasingly helping move the dialogue forward. It is also true that our CSO partners are doing a lot of the heavy lifting at the country level to create an opening for this kind of an approach.

How do we translate the model of adolescent health responsiveness into humanitarian settings (when often the systems are disrupted or non-existent)?

- I think there's space in almost any setting to use market research methods, human-centered design, and user feedback systems to engage groups like adolescents. Even in places where systems governance is generally weak.

To Y'van Ngadi: I would like to know how you ensure the good participation of teenage girls in this process?

- At the level of the participation of young girls, we make sure that these young girls invest in a very significant way--through different platforms and of course in the places of clarification. An example is the FP2020/PO focal points who are very present in the technical meetings at the level of the different programs of the Ministry of Health.

To Aditi Mukherji: How should funds in India be spent to address the SRH needs of adolescents?

- I think we need to address why funds are currently underspent. There are many reasons, but the main ones are that adolescents do not use the services in adolescent friendly clinics, and there is a lack of trained people taking up positions within these clinics. Our methods of gathering data are also not taking into account quality and therefore, we cannot quantify the quality of care in these clinics. A better way to address SRH needs of adolescents would be to integrate adolescents into the system and use the resources we already have. The second solution would be to better our data gathering efforts and ensure that adolescents are able to give input when services are not working. There is no limit to the number of submissions per organization. However, only one submission per organization would ultimately be awarded in the competition.

To Aditi Mukherji: The challenge with adolescents being members of committees is their inability to effectively speak up amidst audiences outside their peers. How did you handle that in India in regards to social accountability mechanisms?

- The way that we've met this challenge is to train adolescents and young people. We try and build their perspectives so that they are able to identify their needs and see that asking for information on sexuality is their right. It is also worth noting that this experience has to yield some measurable return for them, if we expect adolescents to give input it must be taken seriously and implemented. This gives them the space to speak more freely. We've also been fortunate to work with govt officials who invite adolescents and young people to participate.

How are adolescents in a community identified to participate in these events? Any SOPs that can be shared?

- Organisations already working in communities are a good starting point. In the past it has been helpful for us to map our resources in a particular area to see who might be available for a particular role. It has also helped us to work with young people who are directly working in the community to identify and approach adolescents.

To Yvan Ngadi: How did you address the lack of free commodity from the public sector in your youth program in Cote d'Ivoire? The issue of access of free FP services by the adolescents?

- As part of the implemented program, we have supported these centers in the acquisition of consumable products from FP. But also challenged the program on the need to supply these services. We went even further with our integration into the technical committee for pharmaceutical products in Côte d'Ivoire to also participate in technical drug monitoring meetings with particular emphasis on FP products.

I am interested in learning how young adolescents (10-14yrs) are involved in discussions and engaged in different policy/strategy discussions. As I have noticed sometimes we say adolescents but practical it is youth (15-24yrs) who are more participating or involved due to different complexities of reaching the younger ones.

- This is an important point. Our definition of adolescents needs to include younger adolescents. To involve this group, we have to ensure that they are aware of policies and then capacitate them on how to participate. I also think that modes of engagement with this group must be tailored to them. It's only after we institutionalise and cement the role of adolescents that we can ensure that their diversity is represented.

Brendan, GFF's indicator on adolescents is on adolescent pregnancy. What other indicators are critical?

- There was a desire to have a very small set of impact level indicators for the facilities, but at the output and outcome levels we see countries focus on theories of change that cover everything from availability of PAC (implicated in MMR), to PMTCT (implicated in U5MR), to anemia prevalence (implicated in child nutritional outcomes) among others. There's a whole space of wellbeing that isn't well served by our short impact indicator

list, but the countries that we work with tend to take a more comprehensive approach to their theories of change and results monitoring efforts.

To Aditi Mukerji: Thank you so much for a great presentation. Can you please talk a little more about the tool you will be using to evaluate youth friendly services?

- We're still working on the online tool but the in person tool that we used is available on our website at <https://theypfoundation.org/>. We've amended the tool somewhat in its online iteration though.

My comment is on tailoring adolescent specific interventions- as I believe adolescents consist of a broad range of groups (e.g. adolescents with disabilities with barriers to accessing contraceptives because of their disabilities, adolescent sex workers who do not have friendly services for them to access SRH services, as well as adolescent street kids)

- It is essential to recognise the diversity that adolescents represent. In my opinion, instead of tailoring piecemeal interventions, we should work on integrating adolescents into broader health systems. It is easier to route resources to adolescents through facilities they are already using rather than making new adolescent specific facilities which might not be accessible to all.

To Gwyn Hainsworth: What is the ARCS and the HIP's entail to address community systems including the resources, opportunities and barriers in the community systems?

- This was in fact a large discussion amongst the authors as we know that the community system is critical to improving ASRHR. Because the HIP briefs focus on specific practices, in this case, adolescent responsive contraceptive services, and are not meant to be comprehensive, we ended up focusing on the service delivery aspect. That said, we do call out the importance of community-based service delivery as well as the critical need to link with community-based efforts that are addressing social and gender barriers that adolescents face.

What has been the contribution of parents and adults in providing services adapted to adolescents and youth?

- Y'van Ngadi: Within the framework of our activities, we rely on the community leaders and the administrative authorities with whom we work closely to take stock of the actions we carry out.

Have activities in Ethiopia been able to address the needs of adolescents in the context of the ongoing domestic crisis/war?

Yes, there is an emergency response plan and engagement including essential services-- particularly the use of The Minimal Initial Service Package (MIST) for SRH areas.