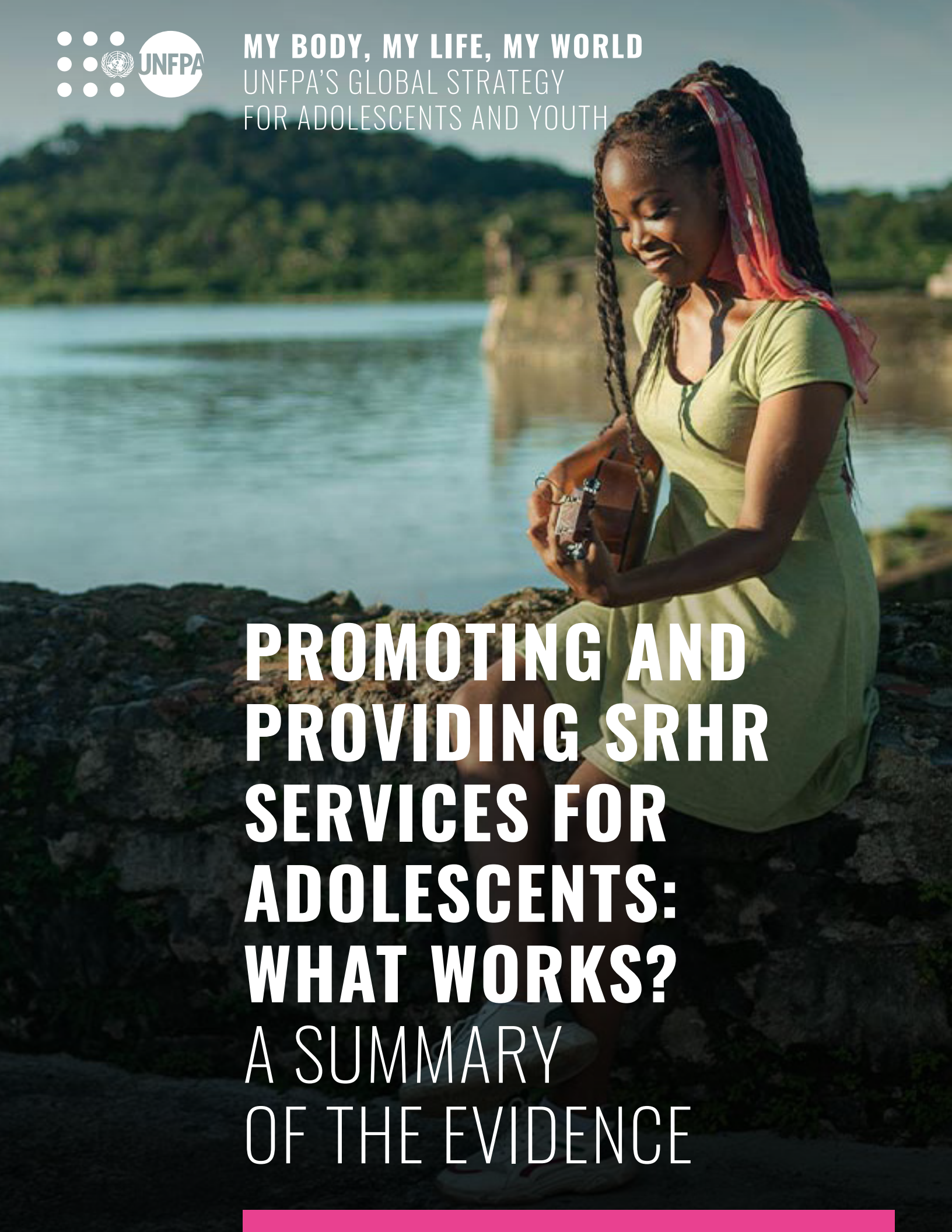

MY BODY, MY LIFE, MY WORLD
UNFPA'S GLOBAL STRATEGY
FOR ADOLESCENTS AND YOUTH

PROMOTING AND PROVIDING SRHR SERVICES FOR ADOLESCENTS: WHAT WORKS?

A SUMMARY OF THE EVIDENCE

THEMATIC AREA	DO NOT	DO
GENERAL CONSIDERATIONS		
HEALTH WORKER PERFORMANCE	× Use one-off in-service training as the sole means of improving health worker performance	✓ Use training as part of a package of evidence-based interventions **WHY:** Training alone is insufficient to lead to sustained improvements in health worker performance. However, in many instances training, often one-off training that generally uses didactic methods, is the only performance-improvement approach that is used. Comprehensive approaches that combine interactive and participatory training, job aids, supportive supervision and collaborative learning are more effective than piecemeal approaches in building competencies, positive attitudes and motivation and thereby improving performance. This is equally relevant for teachers and facilitators delivering CSE.
INTER-SECTORAL COORDINATION	× Simply call for intersectoral coordination and expect it happen on its own	✓ Put in place mechanisms tailored to the local context to make inter-sectoral coordination happen **WHY:** When there is high level attention and scrutiny strong inter-sectoral coordination happens e.g., with Ebola in Liberia and Polio Vaccination in India. Outside this context, strong intersectoral coordination and collaboration remains an aspiration that is more often than not, unfulfilled. Sector managers and workers at national or subnational levels do not see any gain to their sector's objectives in collaborating, and judge that they have little to lose by not collaborating. What results from this is token collaboration, with sectors doing just enough to have some something to report on, in the unlikely event that they are asked to do so.

THEMATIC AREA	DO NOT	DO
YOUTH CENTRES	× Rely on youth centers to facilitate the access of adolescents and young people to contraception and others SRH services	✓ Instead use more effective ways of providing adolescents and young people with contraception and the other health services they need. Increasingly, there are calls to include adolescent friendly health service elements into existing health services **WHY:** Youth centers are not an effective way to of increasing access to contraceptive and other SRH services. They are also not a cost- effective way of providing information and education. Studies have shown that most young people who used the centers did so for recreational purposes and infrequently accessed the facilities' health services.
PEER EDUCATION	× Rely on peer education alone to promote changes in behaviour, including increasing use of SRH services	✓ Use peer education in combination with other effective approaches, as part of a package of actions to provide information, build positive attitudes and promote changes in behaviour including using services **WHY:** A review of reviews illustrates that peer education has been shown contribute to more to improving knowledge than attitudes and behaviours (i.e., improving knowledge in 6 in 10 initiatives, improving attitudes in just over 5 in 10 initiatives, and promoting healthier behaviours in in just under 4 in 10 initiatives).

THEMATIC AREA	DO NOT	DO
IMPLEMENTING THE ESSENTIAL PACKAGE OF SRHR SERVICES FOR ADOLESCENTS		
PROVIDING COMPREHENSIVE SEXUALITY EDUCATION	× Focus on school-based CSE or out-of-school CSE alone	✓ Focus on both school-based and out-of-school CSE, and build synergies between the two
		WHY: In many countries, many young people in the lower-secondary and upper-secondary level are not in school. In marginalized communities the rates of those who are not in school are likely to be higher than the national average. Even those in those could benefit from complementary out-of-school education at home, in community settings e.g., in the context of Scouts Groups.
	× Limit CSE to older adolescents.	✓ Begin CSE programmes in late childhood/early adolescence, taking care to follow the ITGSE's guidance and age- and developmentally-appropriate CSE
		WHY: Older children and adolescents are biologically able to understand and learn important concepts early. Attitude and norm formation is incremental and important to begin early. A good example of this is gender attitudes and norms which form early in life.
PROVIDING CONTRACEPTIVE COUNSELLING AND SERVICES	× Limit contraceptive provision to condoms and contraceptive pills alone	✓ Provide the full range of methods, including emergency contraception
		WHY: There are no medical reasons to withhold the provision of any contraceptive methods to adolescents.

THEMATIC AREA	DO NOT	DO
	× Treat adolescents as a homogenous group	✓ Understand and respond to the differing and changing needs of different groups of adolescents **WHY:** Adolescents are a diverse group – in different stages of development and in different life circumstances. Some adolescents are not (yet) sexually active. Others have sex within or outside stable relationships. Their life circumstances and sexual behaviour change and evolve.
	× Assume that when contraceptives are made available, all sexually active adolescents will readily use them	✓ Understand the beliefs, attitudes and circumstances of your adolescent clients. Do they want to have a child or are they under social pressure to have a child? Do they have fears or concerns about contraceptives? Are they able to negotiate delaying and spacing and contraceptive use, with their partners and other influential persons in their lives? Based on your understanding, give them the information, advice and support they need. Also help them see contraceptives not just as a means of pregnancy prevention but as a means of achieving their life goals **WHY:** Many sexually active adolescents do not want to avoid, delay or space a pregnancy. Others want to do so but do not want to use contraceptives because of fear of negative effects. Still others want to use contraceptives but do not have the power/ability to negotiate this with their partners or other influential family members.

THEMATIC AREA	DO NOT	DO
	× Assume that once adolescents start using contraceptives, they will continue to do so	✓ Keep in regular contact with them and provide them ongoing counselling support as needed **WHY:** Adolescents are more likely than adults to discontinue contraceptive use because of side effects, renewed fears about not being able to conceive after they stop using contraceptives, or because they are unable to obtain contraceptives. They may also do so because the want to conceive.
PROVIDING SAFE ABORTION CARE	× Assume that health workers are fully aware of the prevailing laws and policies on the circumstances in which they can provide abortion care to adolescents	✓ Inform health workers about what circumstances they are permitted to provide safe abortion care, within the context of their country's laws and policies **WHY:** In many places, health workers are not fully aware of the circumstances in which abortion care can be provided. In fact, they often assume that the laws are more restrictive that they are. Further, many are uncomfortable about providing adolescents with safe abortion care.
	× Assume that adolescents are aware of the abortion services they are entitled to, and can access them	✓ Actively inform adolescents of the safe abortion services they are legally entitled to, and how to access them. In addition, work to overcome social stigma, financial restrictions, health worker bias and unfriendly health systems that they face in obtaining the services they need **WHY:** In many places adolescents are not aware of their entitlements to abortion services, as per the law. Further, even where there are no legal restrictions, adolescents – in many places – face social and economic obstacles in obtaining the care that they are entitled to.

THEMATIC AREA	DO NOT	DO
PROVIDING MATERNAL HEALTH SERVICES	× Assume that all pregnant adolescents will – be able and willing to – seek and obtain maternal health services	✓ Reach out to them and influential members in their families, in health facilities, in community settings and in their homes to encourage them to seek timely care **WHY:** Adolescents in many places start antenatal care late, and make fewer visits to health facilities during their pregnancies. This may be especially true in those who are not married/in union, and those who cannot afford to pay for services/ reaching services.
	× Assume that health workers with expertise and experience in providing maternal health services, provide the same level of quality of care to adolescents as they do to adults	✓ Train and support them to be especially sensitive to the adolescent patients **WHY:** In many places, pregnant adolescent girls receive fewer components of care than adult women do. They are also more likely to face complications during pregnancy, childbirth and the postpartum period.
PROVIDING OF STI AND HIV PREVENTION AND CARE SERVICES	× Assume that adolescents will seek and obtain STI and HIV testing and care services	✓ Provide STI and HIV testing and care services in a way that protects privacy and confidentiality. Actively communicate that you service assuring privacy and confidentiality, to the communities you want to reach/serve **WHY:** Relative to adults, adolescents have lower levels of use of STI and HIV testing and care services.

THEMATIC AREA	DO NOT	DO
	× Assume that adolescents who are under treatment with antiretroviral medication will continue to adhere to their medication, on their own	✓ Monitor them carefully and provide them with support to help them stay on their medication, even if they face challenges e.g., side effects **WHY:** Adolescents are less likely to adhere to their antiretroviral treatment than adults. Ongoing support form caring adults and peer support can enable them to stay on their medication and to feel positive about themselves.
PREVENTING CHILD MARRIAGE	× Use a one-size fits all approach	✓ Devote time and effort to learn about the drivers of child marriage in each context, and use a package of interventions tailored to the local context **WHY:** Although gender-discrimination is a central determinant of child marriage, the precipitating factors vary from place to place. They include poverty, lack of opportunities to study and work, restrictive social and cultural norms, and insecurity resulting from war or civil strife. The mix of these and other factors will need to determine the package of actions used in each setting.

THEMATIC AREA	DO NOT	DO
PROMOTING MENSTRUAL HEALTH AND PROVIDING MENSTRUAL HEALTH INFORMATION AND PRODUCTS	× Focus only on providing menstrual products × Focus only on girls young women, leaving out boys and young men	✓ Contribute to efforts to enable adolescent girls to (i) grow up in a context where menstruation is seen as healthy and normal, (ii) be well educated about menstruation, (iii) have access to a range of menstrual health products that are of quality and are affordable/free of charge, (iv) to have access to water, soap, menstruation-friendly sanitary facilities and environmentally-friendly disposal facilities, (v) to receive empathy and support during their menstrual periods, and to be able to seek care from a competent and caring health worker when they have menstrual health problems **WHY:** Piece-meal approaches and those that focus only on menstrual product provision ignore the other pressing needs of girls and young women, and others who menstruate.
CARE OF COMPLICATIONS RESULTING FROM FEMALE GENITAL MUTILATION (FGM)	× Assume health care providers will assess for and know how to manage complications of FGM	✓ Routinely ask about FGM status and potential complications, utilizing effective communication skills ✓ Ensure that health workers have knowledge, skills, and tools (clinical aids and standard operating procedures) for the clinical management FGM of complications **WHY:** To avoid stigmatizing women who have undergone FGM and to promote a woman-centred approach to care, health care providers should be well informed about FGM and communicate sensitively so they can support women to make informed choices about their care. Health workers often have not received training on FGM prevention and care.

THEMATIC AREA	DO NOT	DO
PREVENTION OF FGM	× Ignore the role of health care providers in preventing FGM	✓ Provide person-centered communication for FGM prevention using the 'ABCD approach' (Assess, address Beliefs, Communicate for change and Discuss and decide)
		WHY: The health sector can play an important role as part of multi-sectoral efforts to prevent FGM. Health workers can be opinion leaders reaching at-risk and affected populations. Person-centered communication for FGM prevention using the 'ABCD approach' has been shown to be effective in changing knowledge and attitudes of women attending antenatal care in FGM prevalent settings in three countries.
PROVIDING CARE AND SUPPORT TO THOSE WHO EXPERIENCED GENDER-BASED VIOLENCE	× Use universal screening to identify girls who experience Gender-Based Violence (GBV) or just identify and refer to other services × Insist on involvement of parents or caregivers, especially against the wishes of the adolescent, unless their safety or life is at risk × Have only stand alone GBV care services	✓ Based on signs and symptoms, train and support health workers to provide first-line support that is survivor-centered and involves Listening with empathy, Inquiring about their needs and concerns, Validating, Enhancing their safety and facilitating Support (i.e. using the LIVES approach) ✓ Involve parents or caregivers only where the adolescent specifically wants or agrees to it or their safety or life is at risk ✓ Integrate services for GBV into existing primary health care programmes including dedicated adolescent services, and SRH and HIV services reaching adolescents
		WHY: WHO has developed guidelines on responding to intimate partner violence and sexual violence and responding to child and adolescent sexual abuse. To help implement these guidelines, WHO has developed practical tools that provide health care providers with guidance on clinical care, and for health managers on how to strengthen health systems for responding to violence. This includes training materials and job aids.

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