Q&A from IAWG ASRH Virtual Panel

TITLE: Nothing for Us Without Us: Prioritizing Adolescent Sexual and Reproductive Health in Emergencies

SESSION SPEAKERS
Moderator: Khadijah Moore, Women Deliver Young Leader

Panelists:

- Hala Al-Khair, UNFPA, Reproductive Health Officer
- Sarah Ashraf, Save the Children, Director, Maternal, Newborn and Reproductive Health in Emergencies
- Eden Getachew, IRC, Health Coordinator for WISH
- Argaw Korssa, IRC, Monitoring, Evaluation, and Learning Manager

The following questions were asked during the presentations and/or during the Q&A portion of the session. We have followed up with the speakers to provide their answers to your questions.

UNFPA/Hala Al-Khair
Question: Vocational training is not in UNFPA mandate, how did manage to do?

- Answer: since 2011 UNFPA Syria country office is providing support under the humanitarian response modality and as part of WGSS activities and women empowerment UNFPA offered vocational training to women and girls based on community needs assessment and complement with UNDP to refer trainees to receive support to involve in the market.
  All the mentioned above approved by national authorities and regional office.

Question: What were the SRH services that were provided? How many family planning client visits were there? How many CYPs did the programme provide?

- Answer: At the beginning we provided MISP package including family planning but only to married women and girls due to legal issues and social norms then in 2019 we start to shift to Comprehensive reproductive Health services CRHS in average per year we provided 15,000 - 20,000 health service in the static clinic 25% were Family planning consultations to around 11800 beneficiaries and of out of the total beneficiaries 3000 young girls received vocational training and youth activities

Question: One key element of addressing ASRH in HS is the availability of data so at to target the most vulnerable and direct limited resources based on pressing immediate issues. This question goes to Hala Al-Khair from UNFPA- (1) Given the paucity of data in Syria, especially in child marriage, which has seen an increase from other boutique projects within the country, is UNFPA engaged in additional data collection, beyond the conventional household surveys (i.e. DHSs and MICs) at the national level, that can later be devolved at the sub-national level? (2) You had also mentioned about a project ongoing in some parts of Syria, is this long term or a cross-sectional boutique intervention? (3) Can this data be publicly accessible?

- Answer: UNFPA in corporation with other 5 UN agencies and the national bureau of statistic (CBS) conducted in 2017 the social demographic survey and all results published on the official website of CBS. On the other hand we planned in 2020 to support the CBS to conduct survey on

early marriage the national and sub national levels but due to COVID 19 pandemic activity suspended until today

- Actually when we start an project we planned for one year project and based on availability of fund we continue and since 2016 we maintained all achievement made and expanded in the humanitarian response. Also we always put exit strategy to ensure sustainability through improving the performance of the NGO or shift provision of services to public institution. In the presented project we started in 2017 and still continuing our support until 2020 without shortage of fund.
- You can find all data in our website , social media and NGOs pages as well

Question: so does UNFPA advocate for safe abortion?

- Answer: actually no because priorities and needs during humanitarian response did not listed as one of them but we focused on raising awareness and provision of family planning (FP) services to avoid unsafe abortion and unwanted and unentitled pregnancy to save lives.

Question: Were they any baselines that were done for all the three Projects?

- Answer: question is not clear for me if you mean calculate baseline yes we used achievement of the first year as baseline to plan for next years

Question: These are very interesting and useful presentations from the panelists. Overall, there is an over emphasis of pregnancy related outcomes and their associated risk factors i.e. family planning, pot-abortion care etc. However, adolescents with disability, whom are likely to be over-represented in humanitarian settings compared to non-HS are not highlighted. We should be cognizant of this vulnerable group, taking into account their heterogeneity as well. Secondly key pubertal milestones, such as menstrual health management is paramount to address in such settings (Thank you Sarah Ashraf for mentioning puberty- this is an avenue where menstrual health can be addressed as well). Another participant added: Agree with Dr. Elsie Akwara - in that sense do the services include ITS´s tests and treatment?

- Answer: in Syria most of the time STIs treatment provided based o syndromic approach in the public and NGO services except for HIV , Hepatitis B&C and sometimes referred to private sector for testing for other diseases due to limited availability of testing in the public institution and GOs as well .

IRC/Eden Getachew & Argaw Korssa

Question: specifically want type of family planning services are offered for these adolescents?

- Answer
- Proper counselling of family planning where is comprises of the different modern contraception methods from condom, short acting to LARC methods is offered to adolescents especially focusing on the benefits of delaying pregnancy in the aspects of economical and health benefits.
- Answer provided during session: Type of other services offered- we support services of STI, GBV, PAC and integration of FP services with MCH (Delivery and Post partum/immunization). And also strong integration wit other services offered under IRC such as Community well being initiatives.

Question: why was there a decline in adolescents served between August 2019 and December 2019, then a sharp increase, followed again by as sharp decline?

- Answer

- There was conflict in one of the refugee camp in Assosa which ended up in interruption of communication and program intervention. There was no internet access in this area and security was not stable during the specified time. This was changed when the security was stable since focus was given on resuming project intervention with increased effect.

Secondly, was there a focus on LARCs compared to short acting methods- is this why we see the shift from short acting to long acting, what can you also say about the availability of the different methods available?

- Answer: All types of methods are available for contraception in the SDPs. There was also focus on increasing LARC method (especially implants) for those adolescents who were not married or in school.

Question: with the reduction in utilization of the male condom, are we not concerned about STIs/HIV? Perhaps dual methods would have been desirable.

- Answer: While providing counselling before taking any kind of FP method clients are given proper information on the contraceptives including condom. Thus, clients are briefed that contraceptives other than condom will not prevent STIs. In addition to this, there are multiple condom outlets in accessible areas such as shops, public gathering places …for clients who would like to take condoms too. Thus clients with multiple partners are advised to use condoms rather than contraceptives to prevent STIs.

Comment: IRC needs to note that DMPA is technically not a LARC...perhaps intermediate.

- Answer: IRC did not consider DMPA as LARC. Please note that it is the Implants which are considered as part of LARC service.

Question: How did you manage FP services at the health facility? did you have separate FP unit? if so, how did you manage confidentiality and avoid stigmatization with youth and adolescents? because in other context, any adolescent who came to FP services was at risk of being recognized and stigmatized.

- Answer: Family planning services are offered in a separate room from other MCH services. IRC has built the capacity of providers towards youth friendly service offering and this has helped to motivate the providers in offering better service plus strengthening the working together with health social workers (peer volunteers). Some of the facilities in some of the refugee camps even agreed to work after business hours.

Question: Adolescents are not a homogenous group; what were your different demand generation methods/ approaches to reach the various groups?

- Answer: We are still learning to upgrade and improve to increase demand for adolescents in the 3 refugee contexts. What worked so far is information sharing on the benefits of family planning and where to get the service through the peer volunteers who were recruited from the community itself. Also, facilitating peer to peer discussions led by peer volunteers. Advocacy on family planning on events such as world refugee day, hygiene kit distribution ….

Question: Were they any baselines that were done for all the three Projects ?

- Answer: I think by 3 projects, it was meant 3 regions – yes during the inception phase and before that also baseline data was collected on contraceptive prevalence rate and facility readiness assessment.

Save the Children/Sarah Ashraf

Question: Since abortion is illegal in Yemen, how can these services be provided in a safe manner? And do the women who receive these services struggle with accepting these services because of stigma around abortion/SRH? Other participants asked similar questions: I second the question about how these things can be provided in Yemen when abortion is illegal, how do you even talk about it so openly with children? So there are abortion services provided?

- Answer: Yemen is a very sensitive environment. Most of the issues that we are able to talk about now like Family planning and post abortion care were sometimes very difficult to mention. Over the years since 2013 a lot of gains have happened in the reproductive health field. We understand that in cases of sexual violence and other criminal acts there is a system to address the needs of girls and women however this is not something that is openly discussed or spoken about. It is a process where we need to engage the Ministry of Public health and the reproductive health directorate in Yemen on reproductive health issues and continue to advocate for the needs of women and girls.

Question: is there a humanitarian exception for abortion to be provided within hospitals in Yemen since its status is illegal?

- Answer: Abortion is not openly spoken about in Yemen. The situation is not clear in terms of abortion services in Yemen. Something that needs to be explored more.

Question: but misoprostol is given?

- Answer provided during session: In terms of our Save the Children program, the primary treatments used for PAC are misoprostol and MVA. Emphasis is placed on the whole set of services for post abortion care which includes provision of services which is MVA and Misoprostol and then counseling and provision of an FP method before discharge from the health facility. There are a lot of gains in this programing and a shift from D&C to MVA and Misoprostol. There has been a lot of community sensitization on the importance of use of family planning post abortion for at least six months.

Question: what about MISP?

- Answer: MISP is implemented in Yemen but not with all objectives through this project. The aspects that still remain to be strengthened in Yemen are SGBV services and emergency obstetric care services.

Question: is there Adolescent clinic where they address issues of Adolescent health?

- Answer: The same health facilities have been targeted to be Adolescent inclusive. The service providers have been trained on ASRH specific needs and issues. Supportive supervision and clinical observations all focus on ASRH inclusiveness and support to the service providers. In my view the program needs to understand more in depth the social and cultural beliefs and adapt the program accordingly to ensure access of services for the Adolescent.

Question: Do you apply risk reduction program for abortion cases?

- Answer: Save the Children does not provide safe abortion care, only post-abortion care services. For PAC services, Save the Children takes all precautions to reduce risk for spreading Covid-19.

Question: Can you share any information on the numbers of FP clients/ client visits and the number of CYPs generated by the program?

- Answer provided during session: We don't calculate CYP routinely within this Save the Children project; though we have the data to do so and do use it periodically, especially when pooling data with other programs. We don't find CYP to be particularly responsive / accurate when it comes to LARC use, so it hasn't been particularly helpful for programmatic improvement purposes.

Comment: I would like to agree with Sonya that PAC is legal in many countries where abortions is illegal or not liberally provided for. Recognition and provision for PAC has been one of the junctures for advocating for safe abortion since it does not make sense to provide for PAC and not abortion. However this disparity sometimes leaves providers in limbo especially when opposition grows.

Question: Were they any baselines that were done for all the three Projects?

- Answer: There is has been regular information collected through client exit interviews, register reviews and focus group discussions. All the information has been used to feedback into the program and community education and demand creation. We hope to further expand on the ASRH study and collect more detailed information on certain areas.

Question: If unmarried adolescents are not allowed to get PAC and FP services at Health facilities, where do you think are they getting these services? Is there any advocacy going one in Yemen to make sure that unmarried adolescents access all services?

- Answer provided during session: The service providers have been sensitized on providing services. According to responses it seems it is an issue with the culture and social norms. They themselves mentioned that being not married they did not ask for the service. We understood that the pharmacy was mentioned consistently in terms of getting services. We plan to further expand this study. I am sure the fact that they feel they need to go with a mother or someone else might also be a barrier.