



Lessons learned from nimble adaptations to organisations' responses to the sexual and reproductive health (SRH) needs of adolescents in the context of the COVID-19 crisis.

Country: India

Family Planning Association of India (FPOI)

Family Planning Association of India (FPAI) was founded in 1949 with a vision to empower people to enjoy their sexual and reproductive health choices and rights without any stigma or discrimination. In pursuit of that, this non-governmental social impact organization delivers essential sexual and reproductive health services in 18 states of the country to vulnerable and marginalized adolescents. This is in partnership with national and state governments and other non-governmental organizations. FPAI aims to provide information, counseling, and sexual and reproductive health services in a youth-friendly manner.

Were you delivering services to young people before the COVID-19 crisis?

We have a seven-module Comprehensive Sexuality Education (CSE) program for young people 10-24 years of age. The program is implemented for both school-going and out-of-school adolescents. The modules cover topics such as human rights, gender norms, sexuality, sexual diversity, the importance of consent, reproductive anatomy and physiology, relationships, communication, decision-making as well as the prevention of pregnancy and sexually transmitted infections. We focus on providing scientific, culturally appropriate, gender-sensitive knowledge and life skills to encourage adolescents to make informed decisions about their sexuality and lifestyle.

What new approaches did you use to respond to the barriers created by the COVID-19 pandemic to reach young people?

During the lockdown period, we kept adolescents engaged, informed, and motivated through a series of competitions such as a poetry competition on menstruation and a mobile phone film-making competition titled "Lockdown Environment Awakening". We facilitated the International Menstrual Hygiene Day celebration using the hashtag #RedDotChallenge on Instagram. It aimed at increasing awareness of taboos related to menstruation. The campaign also helped us conduct the distribution of biodegradable sanitary napkins to marginalized sections of the population in Nagaland.

Using all recommended precautions and in compliance with the local movement guidelines our program officers, counselors, outreach workers, and peer educators reached out to teachers, youth groups, and partner community-based organizations (CBOs) to get access to young people and youth networks. Leveraging these platforms, we identified and virtually gathered them for providing information and services.

We then reached out to adolescents through virtual platforms such as Zoom and WhatsApp to provide teleconsultation and counseling services. We conducted online sessions with youth under our CSE program to create awareness about COVID-19, their roles, and responsibilities to keep themselves and others safe during the pandemic.

Why did you decide to use these approaches?

As the schools were shut and local movement restricted during the lockdown, the usual means of reaching out to adolescents through school or community-based in-person sessions were no longer feasible. We hence adopted a virtual means to access our audience.

Over time we realized that the virtual medium is not only accessed more often by adolescents but is also their preferred medium for information-seeking.

How are you working to find out if these approaches are having the desired impact?

We have been using virtual means to reach adolescents for the past six months. Preliminary anecdotal information suggests that young people are benefiting in some ways from the virtual support we provide. However, it is too early to tell the extent of the reach and effectiveness of our offerings. We recently carried out a "100-days survey" to assess the impact of COVID-19 on different segments of the population, and we hope that this will give us more insights from the community.

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