WHO Case Studies

Country: Multiple member associations

International Planned Parenthood Federation (IPPF)

In the early 1950s, a group of women and men started to campaign vociferously and visibly for women's rights to control their own fertility. Contraception is, as a human right, challenged by many social conventions. Campaigners faced great hostility to gain acceptance for things that we take for granted today. Some were imprisoned. But they emerged determined to work with different cultures, traditions, laws, and religious attitudes to improve the lives of women around the world. And so, at the third International Conference on Planned Parenthood in 1952, eight national family planning associations founded the International Planned Parenthood Federation (IPPF). Sixty-nine years later, the charity is a Federation of 118 Member Associations (MA) working in 129 countries, with an active presence in a further 13 countries, totalling 142 countries where IPPF operates.

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

Our MAs across the world are leaders in enabling and delivering comprehensive sexuality education (CSE). In 2019 alone, three million one hundred ninety thousand (3,190,000) young people completed a quality assured CSE programprovided by IPPF. We work in schools; we go to community centres and offer sexuality education (SE) online. We are also dedicated to developing positive rights and gender equality-based curricula which aim to equip all young people with vital life skills. We closely collaborate with UNESCO, UNFPA, WHO, and its collaborating centre, the German Federal Centre for Health Education– BZgA. We are aware that educators need support, so our MAs are dedicated to enabling better SE by building the capacities of the teachers and community educators.

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

At the outset of the COVID-19 crisis, most of our MAs reported that they would not be able to deliver SE. Only a small number, around 20%, among which the MA from Morocco, indicated that they would immediately switch to online methods of SE. In-person delivery which was the most common and effective method was no longer possible since schools were closed. In these first moments of the crisis, we registered that some MAs immediately focused on getting the best from what they already had: the existing online SE platforms available in different languages. Most MAs also had web pages to support teachers and parents regarding SE in local languages. In addition, in some countries, the member associations used or adapted Amaze videos[1] for local use.

Fortunately, led by the force of the youth volunteers, after only two months of the emergency, two-thirds of the MAs responding to our COVID-19 survey stated that they found a way to continue with SE online. Most of them adapted their in-person resources for digital use and used synchronous online platforms such as Zoom. Some of them were focused on providing single sessions, while others used small group sessions. Some MAs in countries which were not immediately affected by the pandemic and succeeded in working in schools while following strict safety measures and social distancing.

On the other hand, we recorded some innovative examples of social media use, such as awareness-raising campaigns for safety, sexual pleasure, or COVID-19 preventive measures. The important part is that online SE and information maintained its primary function: to refer young people to services. In most cases, the digital delivery provided online counselling for contraception, sexual and reproductive health, and sexual and gender-based violence.

Why did you decide to use these approaches?

Our main motto was not to stop delivering our services. Facing an unprecedented crisis, our MAs leaned on what they knew best. They listened to the underserved and accommodated their needs. While employing the existing digital platforms and social media has shown to be an effective tool for first response raising awareness, the demand for continuation with the SE sessions was on the rise. For instance, in Estonia, SE was already integrated into the educational curriculum of the capital Tallinn. The Eesti Seksuaaltervise Liit (Estonian Sexual Health Association) decided to act quickly and used Zoom to contribute to the ongoing online schooling in the city. As a result, the organization reported that the interest in SE increased and reached more young people than before.

In Bulgaria, the Bulgarian Family Planning and Sexual Health Association started online counselling during the pandemic, like in many other countries. MAs used new technologies to refer those in need of abortion to providing healthcare facilities when their own clinics were forced to close. Some members started stationary/mobile clinics to serve those most in need[2].

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

In 2020, we delivered a total of 2,185,000 sexual and reproductive health services across our MAs worldwide. Our members rolled up their sleeves and set up systems to ensure nobody was left behind. They quickly adapted their own healthcare delivery models, piloted and implemented innovative methods to continue to provide care to the most underserved. Half of our European members reported that they provided SRH programs through innovative approaches like telemedicine or online platforms. These methods were particularly useful for the provision of clinical consultation and counselling services, and the delivery of information on SRH as well as comprehensive sexuality education (CSE)[3].

In May 2020, IPPF conducted a second COVID-19 survey among its MAs. There was a considerable demand for investments and further guidance on how to develop and deliver digital SE. More specifically, the MAs were asking for more training on the effective implementation of digital SE. Their main inquiries were related to the best way of adapting the existing in-person methodologies for online use. For example, how can they adapt a workshop that aims at fostering positive the attitudes and values towards sexual orientation and gender identity in a virtual space? How can they organize an effective workshop based on a debate activity and dialogue among young people? Most of all, how can they ensure that the

privacy and safety of participants and facilitators? They highlighted the challenges of not having the usual safety net as before. Finally, they inquired about if they are achieving the desired impact and asked how can they evaluate and measure the effects of the online delivery of SE?

They shared their concerns as well, where the most significant concern was protecting young people living in homes where discrimination, homophobia, and violence are present. Furthermore, there is a need to ensure that the online SE has a strong link with services, whether in-person or virtual. That also raised the concerns of the substantial digital divide. For instance, the examples presented here were from countries where access to the internet is not an issue. This raised questions about the need to use suitable alternatives during the COVID-19 pandemic in areas that lack access to internet.

IPPF engaged with young people and gathered their feedback. These are the few recommendations coming from them: "*We should pay attention to making sure our young members know where to find information on trans health, mental health, and health during pregnancy. We should also be mindful that a non-negligible number have been looking for information on overcoming relationship problems, cyberbullying, and coping after sexual violence during the time of lockdown".*

1. Amaze videos cover age-appropriate information on puberty for tweens and their families https://amaze.org/

2. Source of information: https://www.ippfen.org/sites/ippfen/files/2020-08/How%20our%20members%20stood%20up%20for%20access%20to%20abortion%20care%20during%20COVID19_0.pdf

3. Refer to the previous source of information

Interrnational Planned Parenthood Federation (IPPF)

Kontakt

Deutschschweiz
Medicus Mundi Schweiz
Murbacherstrasse 34
CH-4056 Basel
Tel. +41 61 383 18 10
info@medicusmundi.ch

Suisse romande
Route de Ferney 150
CP 2100
CH-1211 Genève 2
Tél. +41 22 920 08 08
contact@medicusmundi.ch

Bankverbindung
Basler Kantonalbank, Aeschen, 4002 Basel
Medicus Mundi Schweiz, 4056 Basel
IBAN: CH40 0077 0016 0516 9903 5
BIC: BKBBCHBBXXX