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: Argentina

Directorate of Adolescents and Youth and the Ministry of Health (DiAJu)

Background information on the National Program of Comprehensive Health in Adolescence: Health services for adolescents and young people particularly within the framework of the strategy for Comprehensive Health Counseling in Secondary Health Counseling strategy in Secondary Schools (ASIE) have been promoted since 2015 by the National Program of Comprehensive Health in Adolescence, currently led by the Directorate of Adolescents and Youth and the Ministry of Health of Argentina (DiAJu).

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

ASIE is one of the main strategies that DiAJu developed to promote the right to comprehensive health, emphasizing the shared responsibilities between users and those who deliver services to guarantee timely access of the population to the health system.

Currently, the ASIE strategy has a wide scale nationally. The program has been rolled out in 184 schools, articulated with 131 different health services distributed in 13 provinces. Within the framework of the National Plan for the Prevention of Unintended Pregnancy in Adolescents (ENIA Plan), 11 provinces are involved, in which 1596 consultations occurred, 1115 of which were in schools, and 481 in health facilities.

Before the COVID-19 pandemic, these health services worked through face-to-face support, advising sessions with individuals and groups, workshops and talks, delivery of supplies and contraceptive methods (accompanied by counseling on sexual and reproductive health), information stands, and the holding of seminars and intersectoral events with the community, among others.

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

One of the first actions coordinated by DiAJu was the elaboration of the Contingency Plan to outline the basic guidelines to adjust the provision of counseling in the context of the health emergency and in line with the reality of adolescents and young people. Three main adjustments were made to the ASIE strategy:

1. The format, the framework of counseling, and the use of health information
2. Access to health benefits
3. The monitoring of the new approaches

The format, the framework of counseling, and the use of health information: Given the cessation of face-to-face activities in schools, the format of comprehensive health counseling had to be transformed to a virtual space, utilizing all the available social media opportunities and other relevant means of communication (phone calls, WhatsApp, Instagram, Facebook, local radios, and others). Virtual counseling emphasized the importance of the guiding principles of confidentiality, privacy, autonomy, and direct participation of adolescents and young people. A guideline for consultations was developed to establish with adolescents and young people viable schedules, specify the means of communication and record the practices carried out.

Access to health benefits: An intersectoral network of partners that combined sectors such as education, justice, social development, and other local institutions was mobilized as a whole. It was noted that the counseling services were able to meet the demands and needs of adolescents. It should also be noted that, especially during the initial period of the mandatory social isolation, counselors contributed on several occasions to the process of linking adolescents to schools and other community spaces that, in addition to school functions, were nodes for the delivery of food and hygiene items. We referred and communicated, as appropriate, cases of suspected sexual abuse, suicide attempts, domestic or gender-based violence, and requests for abortion counseling and services, to rights protection agencies, provincial program referrals and, within the framework of the ENIA Plan, to the Territorial Focal Teams (EFT). Another particularity is that in several provinces ASIE teams decided to disseminate the telephone numbers of the counselors to offer guidance. In some provinces, advisory services were provided through telehealth.[1]

The monitoring of the new approaches: The Contingency Plan with virtual counseling at its core had to be included in our monitoring system, which helped us take the necessary actions to account for the continuity of service delivery despite their pivot to other forms of support, provide information on the demands of adolescents and young people in the COVID-19 crisis and ensure the evaluation of the strategy's implementation.

Why did you decide to use these approaches?

The approach and the different actions were decided considering the health situation of adolescents and young people in Argentina, their demands and needs in comprehensive health, and, therefore, the requirement to support consultations and services in the context of the

pandemic.

In principle, the Contingency Plan reinforced the need to support services in non-face-to-face formats, limiting physical interaction and respecting restrictions in circulation ordered by the national and jurisdictional government. Given that the adolescent and young population did not present an increased vulnerability to COVID-19 infection, care was coordinated based on the general recommendations made by the Ministry of Health of the Nation[2]. This included facilitation of access to contraceptive methods (including hormonal contraception and condoms), advice, and provision of ILE (legal interruption of pregnancy), among others.

The majority of adolescents and young people spent lockdown periods in the family environment, subject to confined spaces, sharing technological devices between cohabitants, and sometimes with internet access difficulties. It required work on the communicative ability of the counselors to verify with adolescents if they are speaking or writing in conditions that respect their privacy and reschedule counseling if necessary.

The interviews conducted with key stakeholders highlighted the implementation of specific ASIE approaches, after assessing population vulnerability criteria and/or barriers to health access linked to connectivity and the availability of mobile equipment. For example, the following issues have been addressed:

- the problem of self-inflicted violence through prevention, assistance, and postvention[3] action in localities that presented situations of adolescent suicide during the pandemic
- generating other means of access to contraceptive methods in neighborhoods far from the delivery centers
- the broadcasting of comprehensive health content on local radio and television stations in areas where instant messaging and networks are not a daily communication resource.

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

The ASIE strategy favors the process evaluation of its practices and has generated different recording instruments to track the variations in their performance.

Although the pivot in services due to COVID-19 requires a detailed study and is in verification process, it is estimated that until June 2020, 636 virtual modality devices have been added in community spaces in response to school closings and difficulties in accessing health services.[4]

The bimonthly monitoring report for May-June 2020 distinguished a significant relative decrease in the amount of individual and group counseling in the periods of March-August 2019 (58,594) and 2020 (14,885)[5], which is explained by the impact of the pandemic on society, the isolation measures sanctioned, the time of the teams to reactivate the care network and the necessary adjustments in the registration systems to integrate the counseling in virtual format.

Comparing the second quarter of 2019 and 2020, the use of sexual and reproductive health services present a significant percentage decrease of 12 points, from 67% (20,351) to 55% (3,722), respectively. Need for contraception services, however, increased by 1% in the periods analyzed. There is also a significant decrease in the services tagged as "Sexuality" (-8%), "Sexually Transmitted Infections" (-2%) and "Puberty" (-3%). It should be noted that the reasons grouped "Mental Health" show an increase of 8.3 percentage points, going from 12% (3,782) in the second quarter of 2019 to 21% (1,381) for April-June 2020.

Regarding consultations referred to health workers, the historical value is around one third of adolescents referred out of the whole set of patients (31%). In the May-June 2020 two-month period, the proportion of adolescents referred increased significantly to 45% probably due to the pandemic.

In general terms, the significant drop in access to ASIE (70%) in the periods compared April-June 2019 and 2020, accounts for the impact of the pandemic. However, the virtual counseling option absorbs the drop in face-to-face counseling (11%) for the expansion of the virtual modality (89%). Among the virtual modality assessment platforms, messaging (90%) like WhatsApp accounted for 90% of users, activity through other social networks, 6%, and phone calls, 4%.[6]

We hope that the study of the interviews which is currently conducted with key ASIE actors will allow us to make more complex and rich conclusions based on good practice experiences, and the lessons learned in the context of the construction of unprecedented collective health.

1. For more information, go to: https://www.argentina.gob.ar/salud/telesalud

2. Information available at: https://bancos.salud.gob.ar/sites/default/files/2020-04/covid19_recomendaciones-atencion-adolescentes-jovenes.pdf

3. Postvention is an organized response in the aftermath of a suicide to accomplish any one or more of the following:

    - To facilitate the healing of individuals from the grief and distress of suicide loss
    - To mitigate other negative effects of exposure to suicide
    - To prevent suicide among people who are at high risk after exposure to suicide

4. Source: ENIA -DSSR / DIAJU / ESI / DBC monitoring system. Data as of June 2020.

5. Source: ENIA -DSSR / DIAJU / ESI / DBC monitoring. Data as of August 31, 2020.

6. Source: ENIA -DSSR / DIAJU / ESI / DBC monitoring. Data as of August 31, 2020.

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

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