



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: Fiji

Reproductive Family Health Association of Fiji (RFHAF)

The Reproductive and Family Health Association of Fiji (RFHAF) was inaugurated in June 1996. The organization has played a key role in shaping national family planning policies in Fiji and in promoting sexual and reproductive health (SRH) education particularly among young people and communities in which myths about the dangers of family planning prevail. RFHAF has also undertaken national advocacy work with a particular emphasis on HIV and AIDS through our involvement with the National Advisory Committee on AIDS and Fiji's Coordinating Mechanism. As such, the organization has played a critical role in securing the HIV Prevention and Treatment Decree which outlaws discrimination, promotes counseling, testing, and reporting, assures confidentiality, and legislates the supply of blood products.

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

We provided various SRH services, such as family planning counseling and offering access to contraceptives to youth through a network of youth peer educators from various communities across Fiji.

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

COVID-19 had a profound and far-reaching impact in the Pacific, and the most significant impact has been the restriction of movement between and within countries. This affected our ability to provide mobile outreach services, a significant aspect of the work in reaching the most marginalized and underserved communities predominantly made up of young people from various subsets. Although our clinics were required by the government to close temporarily, they quickly adjusted their static clinic services to meet restrictions on gatherings. We adjusted by keeping in contact with our youth volunteers and providing telephone and online services, extending opening hours of our clinics, and scheduling client appointments to meet the SRH needs of our populations despite the restrictions.

We provided family planning counseling services by establishing a helpline in partnership with the Ministry of Women in Fiji, during the country's COVID-19 lockdown and restrictions on travel. As a result of government restrictions, we mobilized its pool of formerly retired nurse midwives, counselors, and youth to accompany health partners and ministries in reaching communities with SRHR information and services. Our RFHAF static clinics' opening hours were extended from 7 AM to 7 PM seven days a week despite country-wide curfews (11 PM to 4 AM). We increased our visibility on social media and mainstream media to raise awareness of the services available, and how members of the public could access these services. We also prioritized the safety of our clients and staff by ensuring infection control practices at static clinics, including the use of Personal Protective Equipment (PPE), were strictly followed.

Our management team met with youth volunteers to discuss the way forward to overcome the obstacle posed by COVID-19. This was accomplished through the mobilization of volunteers such as retired nurse midwives, drivers, counselors, and young people who continuously provided SRHR information and services. Youth volunteers were the main link to other young people in the community. We had an established referral system, whereby young people were contacted through mobile phone and social media communication, including for booking appointments with clinic staff. Our program gave mobile data and call vouchers to our volunteers for the purposes of referrals, and to keep in touch.

Why did you decide to use these approaches?

The youth volunteers in the community noticed more young people than usual approaching them for information on STI, HIV, unsafe sexual practices, conception, and a sudden increase in the demand for condoms. This led the youth volunteers to reach out to our RFHAF program team.

Most of the approaches adopted were recommended by our youth volunteers in discussion with the program team. We had to liaise with the relevant ministries and government departments to seek approval given the restrictions on movement, which led to a partnership with the Ministry of Women. We decided to better refine and adapt these approaches, since our initial social media campaign attracted a good number of parents, bringing young people for insertions of Long-acting Reversible Contraceptives (LARC), with two recorded insertions for people under the age of eighteen.

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

All the young people who attend our static and mobile outreach clinics go through an exit interview process. This process captures details about their referral through our youth volunteers, their experience interacting with clinical staff and services and surveys youth friendliness and how likely they would recommend our services. Young people are also able to

drop comments on the social media site or private message the administrator; all this data is captured and shared with our program team. Furthermore, we hold a monthly meeting with our youth volunteers via phone or Zoom to collect their suggestions on how to amend our approaches as part of our regular monitoring processes.

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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