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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

Foundation for Reproductive Health Services - India (FRHSI)

Foundation For Reproductive Health Services, India (FRHSI) is an affiliate of Marie Stopes International (MSI). Set up in 2009, the organization empowers women and girls to make informed decisions and exercise their reproductive rights and choices. FRHSI provides contraception and safe abortion services, through clinics, clinical outreach teams, and support to the public sector. FRHSI has a public-private partnership service delivery mechanism for contraceptives in the states of Rajasthan, Bihar, and Uttar Pradesh.

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

We provide services to girls and women in the reproductive age group from 18 to 45 years. While we do not take explicit steps to address the needs of adolescents or young people and do not focus on age-specific service delivery, approximately 18% of our clientele is from the 18-24 age bracket. Any steps taken to reach out and meet the needs of women in the reproductive age group are taken up for adolescents or young people too.

Furthermore, for adolescents in rural areas who are unable to access reproductive health information and services, we launched mobile mini-clinical outreach teams (Mini-COTs). Each Mini-COT has three members; a driver-cum-assistant, a counsellor, and a trained nurse who can provide family planning services. This team provides services on a predetermined day at the government health sub-centres -identified in consultation with the district authorities. The community is informed about the Mini-COT visit in advance.

A Mini-COT can cover two sub-centres each day and offers counselling, IUD insertion, and removal, access to oral contraceptive pills, condoms, follow-ups, and referral services. For abortion services, we refer adolescents below the age of 18 years to government facilities to avoid mandatory reporting under the Protection of Children from Sexual Offences Act ^[1].

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

In the early phases of the lockdown, most FRHSI clinics were closed. Keeping in mind the time-sensitive nature of abortion services, 70 clinics spread across 63 cities and towns across 15 states were reopened and are now delivering safe abortion and post-abortion family planning services. The new steps that have been undertaken are:

Public announcement about services: Through advertisements and messages in newspapers and other media, including local audio-visual media, we have been communicating about facilities where our services are available and about the ways of accessing these services.

Outreach: Clinical outreach teams and trained accredited social health activists (ASHAs) in the clinic areas have been informing and educating girls and women about available services, helping them make decisions regarding an unwanted pregnancy and accompanying them to the place of service delivery— navigating all the mobility restrictions during the lockdown period. In some cases, we have been providing our ambulances to pick up and drop clients as our ambulances have permits for mobility.

Modified service guidelines: We revised our service delivery guidelines and protocols to ensure the safety of clients and service providers from the transmission of COVID-19. Clients are screened for signs and symptoms, social distancing is being observed and PPEs are used during service provision.

At the reopened fixed-day service clinics for contraception, a maximum of 10 clients are provided services at once and are taken through all service delivery steps.

Subsidized services: We have also reduced the cost of abortion services by half, from INR 2500 to INR 1250 keeping in mind the economic distress of people during these challenging times. Interestingly, we have found that despite the available discount, most girls and women are willing to pay the original amount.

Why did you decide to use these approaches?

FRHSI recognized that it cannot be business as usual during the pandemic and its consequences. Most government facilities had become dedicated COVID-19 centres. Private facilities either helped in combating the spread of COVID-19 or were closed due to a lack of safety equipment.

With the lockdown, NGOs such as DKT Janani, Family Planning Association of India (FPAI), Foundation for Reproductive Health Services India (FRHSI), and Parivar Seva Sanstha (PSS) had to completely stop their outreach operations in compliance with government guidelines. As a

result, fewer facilities were available for the provision of essential services including safe abortion services.

Anticipating a significant increase in unmet need for contraception, unwanted pregnancies, and the need for safe abortion services, we decided to take additional measures to reach out to people in the community and facilitate access to services during the pandemic.

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

FRHSI's work has been and continues to be in collaboration with the government. We monitor the services we provide with the help of district and state-level officials and take required action as and when needed. Where our monitoring team is unable to make field visits, we conduct online monitoring, through reviewing videos sent by the field team. We observed an increase in the number of cases coming for abortion once the lockdown was lifted but we are still far from our routine caseload during these months.

1. This comment refers to the Protection of Children from Sexual Offences Act, 2012 ('POCSO'). Under section 19 of this Act, every person is required to report apprehensions or knowledge of offences having been committed against children to the police. Failure to report attracts imprisonment of up to six months and a fine or both. [Source: <https://www.legallyindia.com/Blogs/mandatory-reporting-under-pocso-are-we-ready>]

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