



Medicus Mundi Suisse

Réseau Santé pour tous
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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: Philippines

Family Planning Organization of the Philippines (FPOP)

The Family Planning Organization of the Philippines (FPOP) is the largest and most prominent non-governmental family planning organization in the Philippines. The organization seeks to secure universal access to quality family planning information, education, and services, with the intention of enabling young people to make active personal decisions about their sexual and reproductive health (SRH).

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

We have been providing SRH services through our network of 17 clinics, 22 mobile teams, and 117 community-based volunteers across the country. We were running comprehensive online sexuality education training for young people, even prior to the COVID-19 pandemic.

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

When the Philippines government announced its lockdown due to the COVID-19 outbreak in mid-March, some of our clinics' operations needed to be scaled down and our clinic staff began to use online spaces to connect with clients. Besides this, we employed two main approaches to maintain the continuity of SRH information and service provision to adolescents in the context of the COVID-19 crisis.

YouRHotline: Due to physical distancing measures, young people under 21 years old were not allowed to leave their homes. Schools were closed and when classes resumed it was moved online. Taking the opportunity that young people were staying at home, we launched YouRHotline, a Facebook-based platform to cater to those with sexual and reproductive health and rights (SRHR) and mental health-related concerns. Originally, the hotline was slated to launch about 2 weeks before the lockdowns happened in the Philippines in February 2020, as part of our programming. The purpose was to cater to young people who are shy to go to

clinics because of the stigma associated with self-harm and abortions. However, once lockdowns started, we decided to focus our energy on strengthening YouRHotline. Prior to the pandemic, we had only planned for a single provider, but when the first lockdown happened, we recruited more providers.

Dedicated staff monitor and respond to inquiries and refer the clients to the nearest FPOP's or partner's clinic, when necessary. Specifically, we have offered SGBV counseling and psychological services.

As a response to client needs on the hotline, we have also done door-to-door delivery of varied SRH commodities, including HIV tests as well as pregnancy tests. Home delivery launched in November 2020. When someone calls our hotline requiring the delivery of SRHR products, we find someone to deliver the items they need. In some cases, clients needed contraceptive implants. Often a nurse or midwife will accompany the delivery person and perform the implant within the client's home.

The hotline currently covers all 12 chapters of the FPOP nationwide. We initially started off with just one hotline number but because of the demand, we had to set up a separate hotline for post-abortion care, another specialized one for SGBV prevention, one more number handled by clinics directly, and one by midwives catering for pregnant women. Typically, midwives, doctors, and social workers are managing these hotlines.

Finally, the YouRHotline Facebook page also hosts a Facebook group, a community where young people post SRHR questions, which we answer.

Online training on comprehensive sexuality education (CSE): Online training for CSE became even more important during COVID-19. It helped us generate leads of young people who may can get their needs served as clients of YouRHotline. Furthermore, we trained young volunteers who work on the hotline. The basic CSE training (Level I) was not enough for the specific needs for the volunteers to manage the hotline. Therefore, we conducted Level II training to help with triaging and providing general SRHR information.

Additionally, because face-to-face peer education sessions were challenging to hold, we have trained the volunteers on how to share messages about sexually transmitted diseases and safe sex on Facebook chat or TikTok, as well as dating apps like Tinder or Grindr.

Why did you decide to use these approaches?

We chose Facebook to advertise the hotline because it allowed for interaction between ourselves and the potential clients. Facebook can be used without purchasing a large data package in the Philippines. Generally, 50 pesos or 1 dollar worth of internet can be used for an entire day of Facebook browsing. In the Philippines, people can access Facebook as long as

there is a signal. Using the Facebook platform online enables us to reach young people, who then learn about the phone numbers they can contact for help. Additionally, it was important for us to engage young people to plan and implement these activities.

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

Through Facebook analytics, we were able to figure out how many people read our posts. As of June 2021, we reached 400,000 people with a short series of online webinars. So far, through YouRHotline, we have liaised with 61,456 clients in total. We have also trained 10 youth volunteers to support the hotline.

We will continue to have regular meetings and evaluations to figure out with team members, clients, and stakeholders whether our services are meeting the desired outcomes.

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