



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: Nigeria

Stand with a Girl (SWAG)

Brief introduction to the organization: Stand With A Girl (SWAG) initiative is a registered youth-led organization dedicated to ensuring that every girl in Nigeria –no matter where she is born or found– is empowered to fulfil her maximum potential. The goal of the organization is to promote a safe and supportive environment for the social, economic, academic, and healthy development of girls in Nigeria. In the past six years of our existence, we have implemented activities with rural and peri-urban marginalized adolescent girls, parents, community members, religious and traditional leaders.

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

We were already working to ensure that girls are empowered to fulfil their potential. As such, we hosted physical safe spaces for girls where 20 adolescent girls are matched with a mentor to take them through life-skills components including sexual and reproductive health and rights (SRHR) issues and referrals to service providers, where possible. We also advocated for Girls' Education and support girls to remain in school by providing educational materials needed to keep them in school.

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

We designed and delivered a project with the goal of building the capacity of adolescent girls on life skills including SRHR. More specifically, we offered 137 girls aged 10-25 years with a virtual capacity building safe space. Sessions delivered within the safe space focused on life skills, discussing topics such as gender-based violence (GBV), menstruation, female genital mutilation (FGM), contraceptives, leadership, communication, self-esteem, advocacy, storytelling, and public speaking.

To deliver these sessions, we separated the young girls and women into two groups, one for adolescents; 10-17 year olds and another for young adults; 18-25 year olds, setting them in different WhatsApp groups. We then assigned eight facilitators to prepare and deliver presentations tailored to each group.

The presentations were delivered via voice notes using simple language and accompanied by attractive presentations. Sessions initially consisted of 45-minute presentations and 15-minute discussions. After receiving feedback from participants, we adapted the methodology and made the sessions more interactive, involving constant engagement between facilitators and participants.

Why did you decide to use these approaches?

We could not meet girls on a one-on-one basis because of the associated risks and so decided to design a way to engage with them virtually. While it was the best option available, it was not the most ideal for some girls from rural areas, who did not have access to technology. For girls in such circumstances, we worked closely with their parents or guardians to make arrangements for their access to the mobile phone of adults in their homes. Furthermore, we started with a call for applications for girls aged 10-25 years. For those selected, access was free, with the only associated costs for participants being the purchase of internet bundles. We set up groups on WhatsApp for discussion as this used less bandwidth and allowed for session material to be stored and accessible to everyone at any time.

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

Before starting sessions, we administered knowledge assessments pre- and post-intervention over a two-month period between April and May 2020. We observed that the knowledge of leadership and decision-making increased the most whilst the lowest change was in vocational skills. On SRHR, we collected qualitative data via a Google Form and received positive feedback on the experiences of participants during the project delivery.

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