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: Namibia

Namibia Planned Parenthood Association

The Namibia Planned Parenthood Association (NAPPA) was established in 1996 to complement the Ministry of Health and Social Services' efforts in the provision of sexual and reproductive health (SRH) services to the young people of Namibia. The Association has continually expanded the geographic scope of its operations and operates in static clinics in eight of Namibia's fourteen regions, namely: Khomas, Erongo, Kavango East, Ohangwena, Karas, Omusati, Oshikoto, and Zambezi. The association subscribes to governmental policies and guidelines on population and reproductive health and focuses its services on the young people, the underserved, and marginalized communities. The adolescent-friendly approach adopted at NAPPA's clinics has proven very popular with residents in the clinics' catchment areas, resulting in a continuous increase in the number of clients seeking services from the association.

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

Our 8 facilities have been delivering SRHR services including comprehensive sexuality education (CSE) before the COVID-19 pandemic. We designed and continuously delivered a rights-based CSE curriculum, with the aim of equipping young people with the knowledge, skills, and attitudes they needed to safeguard their sexual and reproductive health and rights. The CSE sessions covered a broad range of issues: from values and rights, adolescent development, sexuality, gender roles and equality, pregnancy, sexually transmitted infections, prevention and risk reduction, sexual and gender-based violence to planning for the future, relationships, communication, and advocacy. Our primary target is young people in and out of schools aged 10-24 years. We have also always been providing SRH services and rights advocacy.

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

In order to overcome barriers created by COVID-19 in the region of Erongo and port town Walvis Bay, in particular, weprioritized the engagement of young people by using community-led approaches through peer educators and using WhatsApp to disseminate COVID-19 information. Our approach targeted women, young people, and vulnerable members of the community including men having sex with men, female and male sex workers, transgender males, and females. We also worked with other high-risk groups such as miners, truck drivers, and seafarers, who are mainly male migrant workers whose vulnerability is fueled by the fact that they work in areas far from their families. They are most likely to seek out sex workers and partake in unprotected sex, which poses a risk for STD transmission, including HIV.

Through the dual WhatsApp and peer educator approach, we managed to reach 2215 young people, women, and vulnerable members of communities with CSE and SRHR information as well as screenings and referrals. Interestingly, peer-to-peer learning had a wider reach, with Whatsapp groups attaining much lower reach because most young people do not regularly have access to the internet.

Due to the COVID-19 pandemic, we had to slightly modify our interventions to fit within the government regulations. Weprovided access to educational, peer-to-peer mental health advice and other programs to support adolescents and young adults through door-to-door outreach and mobile vans. The door-to-door and mobile van came about in an effort to avoid overcrowding.

These new initiatives and approaches focused on providing support to vulnerable and marginalized groups at increased risk of becoming infected with COVID-19. These initiatives were crucial in mitigating the impact of the closure of schools and support services.

Why did you decide to use these approaches?

NAPPA has always prioritized community-led and community-informed interventions. These five guiding principles inform the work we do with communities:

- Have shared local visions or goals drive action and change
- Use existing strengths and assets
- Enable different people and groups to work together
- Foster diverse and collaborative local leadership
- Adapt project planning and action to changes in outcomes

The door-to-door and mobile van peer learning approach, as well as WhatsApp outreach, prioritized these principles.

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

We decided to use community-led monitoring[1] as a technique initiated and implemented by local community-based organizations and other civil society groups, networks of key populations, people living with HIV, and other community entities to gather quantitative and qualitative data about our services. The overall target for the project was to reach 1500 individuals in Walvis Bay from the 15th October to 31st December 2020. In line with this, the project managed to reach 2215 with SRHR, GBV, and COVID-19 awareness information, screening, and referrals within 52 days.

Roughly 40% of the target population were considered vulnerable members of the community, such as sex workers, men having sex with men, transgender people as well as miners, truck drivers, and seafarers. Out of the 2215 people reached, 649 were young people.

1. Community-led monitoring combines systematic and routine data collection by communities with evidence-based innovative strategies to improve the quality of SRHR and health services. It is an effective tool to increase the accountability of decision-makers in national governments, health service agencies, and global health funders.

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