



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: Democratic Republic of Congo

Les Ailes du Cœur

Les Ailes Du Cœur is a DRC-based Non-Governmental Organization (NGO) working to empower young people and promote adolescent health; reproductive health in particular. The NGO's mission is to encourage young people, girls, and women to participate in decision-making. Particularly, Les Ailes du Cœur focuses on education, peace, and citizenship, and prevention of sexual violence. Services include communicating messages through mass and digital media, alternative delivery models for contraceptives to improve accessibility to adolescents, in addition to providing counselling services discreetly and confidentially.

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

Before the COVID-19 crisis, Les Ailes Du Coeur offered sexual and reproductive health (SRH) services to adolescents and youth. We trained 77 health workers and 124 community-based sensitizers to distribute contraceptives. They were trained on how to meet the needs of young people. Additionally, we sensitized 122,462 youth on contraceptive methods, which resulted in the enrolment of 5687 new contraceptive users, most of whom opted to use 'Jadelle'; a contraceptive implant.

Our primary strategy was to bring services to youth in their local areas to complement the regular facility-based delivery of services. In addition, we included demand-generation activities in our delivery model. This has involved organizing sports and entertainment events that attract young people. At these events, we ensured that SRH service providers were present to meet their needs.

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

We used distributors of contraceptive methods equipped with Infection Prevention and Control (IPC) tools to offer contraceptives to youth, door-to-door. We also identified one young person as a focal point and contraceptive supplier in each neighbourhood cell, which

constituted 10 streets, each. Furthermore, in our service delivery clinics, all staff were trained on IPC measures. We introduced the use of mechanical dispensers for certain contraceptives so a young person could pick up their own condoms, for instance, in a discreet place while wearing a mask and utilizing gloves that are placed next to the dispenser.

In addition, we used a WhatsApp contact number where a young person could ask questions and request certain types of contraceptives or make an appointment with a provider. In short, we used an approach that combined reproductive health services with raising awareness about COVID-19 prevention and the promotion of barrier measures.

Why did you decide to use these approaches?

We noted that adolescents' and youths' SRH needs were not met during the COVID-19 crisis due to imposed movement restrictions. We developed and collected data from surveys and key informant interviews. We consulted young people via Zoom, Google Meet, and WhatsApp calls. The feedback we collected from adolescents and youth, was utilized to validate changes to our delivery model. Through these engagements, young people told us that they were facing difficulties accessing services in a timely way during the COVID-19 outbreak. They recommended that we adapt our approach to providing them with SRH services. One of the specific suggestions they made was to create a way for individuals to access contraceptives without human interaction, which formed the basis for introducing a condom dispenser. They also recommended that we maintain SRH information in a youth-friendly way, with swift responses to any questions raised, which informed our use of WhatsApp for this purpose.

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

We directly tracked the number of contraceptives distributed from our outlets while collecting qualitative feedback from our young beneficiaries. We also followed up with service providers in our referral network to gauge how many young people had benefited from our referrals to their services.

Based on these data sources, more than 20,000 young people were sensitized on contraceptive use and COVID-19 prevention; 56 care workers and 77 community workers were trained digitally and in-person to deliver SRH messages and services to young people during the COVID-19 outbreak. In addition, 2023 new users of modern contraceptive methods were enrolled, with 43,200 condoms distributed.

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