

Training course in adolescent sexual and reproductive  
health 2020

Approaches to ensuring the continuity of SRH information  
and services provision to adolescents in the context of the  
COVID 19 crisis: and using the opportunity of COVID-19  
to build back better

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### **Question 1.1**

**Name one issue described in the FP2020/IAAH statement that hinders adolescents' access to SRH information and services in your country.**

One of the issue hindering adolescent accessibility to SRH services and information is the lack of access to schools, communities and health facilities, as result of the lockdown due to the pandemic. Adolescents cannot connect with their peers, classmates, supportive adults, health providers, and other social networks for peer support, sexuality education, safe spaces, health services and products.

### **Question 1.2**

**Describe briefly what approach you would use to overcome this issue.**

Access to quality SRHR information for adolescents can be sustained by comprehensive sexuality education through digital and mass media, platforms such as websites, hotlines, social media, SMS and telehealth. This will provide adolescents the opportunity to connect with health providers and their peers. Community based outreaches can be carried out in line with physical distancing and other Covid 19 measures, with the aim of keeping in touch with adolescents and bringing SRHR services to their doorsteps, to support and equip parents with the appropriate knowledge and skills that are needed to empower their adolescents while protecting them from SRHR risks and vulnerabilities, address misinformation against SRHR, promote community conversations between parents, teachers, local leaders, and adolescents about adolescent sexuality and reproductive health

### **Question 2.1**

**Which recommendation(s) on CSE does the example from Education as a Vaccine Nigeria illustrate?**

Education as a vaccine (EVA) Nigeria illustrates the recommendation; “communicating CSE messages using mass media and digital media to adolescents” who have access to it. This is demonstrated in their use of SMS based online platforms, mass media, mobile applications such as Frisky and Diva, creating conversations and sharing information via the social media such as Facebook, Instagram and WhatsApp

### **Question 2.2**

**Do you think this example would or would not be feasible in your country? Briefly explain your answer.**

Communicating CSE messages using mass and social media is feasible in Nigeria, this is as a result of the increasing access to digital tools (phone, internet and social media) by adolescents and their ever growing online presence. Adolescents lacking access to digital tools can be reached via mass media such as radio and television programs.

### **Question 3.1**

**Which recommendation(s) on contraception does the example from RFHA Fiji illustrate?**

RFHA Fiji illustrates the recommendations; “inform adolescents where and how to access contraceptives and counselling services, including changes, if any, to service delivery time, location during Covid-19 response”, “consider establishing alternative delivery modalities for contraceptives that are more available to adolescents (such as through pharmacies, shops or community based deliveries)” and “consider setting up hotlines for adolescents providing information and advice on contraception self-use, side effects, method choice and other SRHR related questions. This is demonstrated by RFHAF providing contraceptive services to young people through mobile outreach and a network of peer educators, adjusting static clinic services by extending opening hours, implementing a new scheduling system, establishing a helpline, providing telephone and online services, sharing information on social and mainstream media about the services that were available and how to access them.

### **Question 3.2**

**Do you think this example would or would not be feasible in your country? Briefly explain your answer.**

RFHA Fiji model can be achieved in Nigeria, helplines and online services can be created by service providers for adolescents to access CSE information and counselling via their phones, mobile and community outreaches can be conducted to bring SRHR services and commodities to the doorsteps of adolescent, clinic service time can be adjusted to facilitate easy access to SRHR services.

### **Question 4.1**

**Which recommendation(s) on comprehensive abortion care does the example from FRHS India illustrate?**

FRHS India illustrates these recommendations; “inform adolescents where and how to access comprehensive abortion care, including safe abortion to the full extent of the law and post-abortion care, through appropriate channels”, “In health facilities, ensure that comprehensive abortion care remains available for adolescents, is safe and is provided respectfully and confidentially”, “Consider relaxing policies to enable the use of telemedicine for the provision of medical abortion to adolescents to avoid unnecessary clinical visits”, Consider reducing barriers that delay access to care and therefore increase risks of adolescents reverting to un-safe abortion practices. In particular, consider waiving restrictions (if these exist), such as on age, parental/spousal consent or marital status, and providing services subsidized or free of charge within the relevant legal framework and in line with international guidelines”. This is demonstrated through advertisements on newspaper and mass media, outreaches, revised service delivery guidelines and reduced abortion cost.

### **Question 4.2**

**Do you think this example would or would not be feasible in your country? Briefly explain your answer.**

Establishment of the FRHS India model will be very challenging in Nigeria because of the strict laws against abortion making it illegal except if the life of the mother is in danger as a result of the pregnancy. However, safe abortion care can be made available early enough for adolescents with life-threatening pregnancies.

### **Question 5.1**

**Which recommendation(s) on maternal care and mental health does the example from the University of Nairobi and the Nairobi City Council in Kenya illustrate?**

University of Nairobi and the Nairobi city council illustrates these recommendations; “Consider using telemedicine for counselling and screening, including for risk factors known to be increased in the context of COVID-19 and to which adolescents may be particularly vulnerable (e.g. mental health conditions and gender-based violence) and the occurrence of danger signs”, “Put in place targeted outreach strategies where coverage and care-seeking among pregnant adolescents have declined”. This is demonstrated by using the WHO mhGAP-IG to integrate screening of common mental health problems in primary care centers and establishing hotline and an online psychotherapy service.

### **Question 5.2**

**Do you think this example would or would not be feasible in your country? Briefly explain your answer.**

University of Nairobi and the Nairobi city council model is feasible in Nigeria, telemedicine can be used to screen for common mental health problem such as depression and provide remote telepsychotherapy services to pregnant adolescent, treating and monitoring their mental health.

### **Question 6.1**

**Which recommendation(s) on HIV does the example from the Zvandiri in Zimbabwe illustrate?**

Zvandiri in Zimbabwe illustrates these recommendations; “Inform adolescents where and how to access HIV and other STI testing and care, where access is possible, through mass media and digital media”, “Where possible, provide home-based HIV and other STI tests, as well as information about proper self-sampling and where to send samples. Establish clear pathways for further testing services and linkage to care”, “Where possible, use digital platforms and mobile health strategies (to minimize clinic visits) to provide adolescents with test results, treatment and prevention messaging, while ensuring privacy and confidentiality”, and “Modify services to promote out-of-clinic delivery of elements of the advanced disease package of care (prophylaxis,

screening for CD4 count and tuberculosis screening)”. This is demonstrated by their use of Virtual case management, Targeted home visits by mentors and Virtual support groups

### **Question 6.2**

**Do you think this example would or would not be feasible in your country? Briefly explain your answer.**

Zvandiri model is feasible in Nigeria, HIV/AIDs screening and treatment services can be modified to provide home and out-of-clinic services for patients by collecting samples for tuberculosis screening, CD4 counts and viral load monitoring including ART refills.

### **Question 7.1**

**Which recommendation(s) on gender-based violence does the example from Centre for Catalysing Change in India illustrate?**

Center for catalysing change in India illustrates these recommendations; “Inform adolescents where and how to get care, where access is possible, through mass media and digital media”, “Sensitize and alert health-care providers, community workers and support networks to the potential for increases in sexual and gender-based violence and ensure they are aware of adolescents’ specific vulnerabilities (e.g. limited ability to report abuse)” and “Establish help lines or enhance existing help lines for adolescents to seek help if needed”. This is demonstrated in awareness raising with communities, capacity building of frontline workers on counselling and legal procedures, ensuring the availability of a mobile phone in each village that girls could use to access helplines

### **Question 7.2**

**Do you think this example would or would not be feasible in your country? Briefly explain your answer.**

Center for catalysing change in India model is feasible in Nigeria, by creating awareness, setting up helpline for easy accessibility to help when needed, providing telephonic counselling to adolescents.

### **Question 8.1**

**Which recommendation(s) on HPV does the example from the Ministry of Health of Laos illustrate?**

Ministry of health of Laos illustrates these recommendations “Inform health workers and others involved in different aspects of HPV vaccine delivery (e.g. community health workers or teachers) about altered HPV schedules and updated age restrictions. Communicate the importance of HPV vaccination and the efficacy and safety of the new schedule or longer interval between vaccine doses, “Inform adolescents and their parents about the importance of a

full series of HPV vaccination and any altered HPV schedule, reassuring them about the efficacy and safety of HPV vaccination and the alternative interval.”

### **Question 8.2**

**Do you think this example would or would not be feasible in your country? Briefly explain your answer.**

Ministry of health of Laos model is feasible in Nigeria, however, accompanied with several challenges. Currently, HPV vaccination has not been introduced into the national vaccine schedule, vaccines are only available at private health center based on personal arrangements with high cost.

### **Question 9.1**

**Which recommendation(s) on menstrual health does the example from the Footprints Foundation in South Africa illustrate?**

Foot print foundation South Africa illustrate the recommendation, “Advocate for the inclusion of menstrual products in the distribution of food or non-food items to girls with limited movement or those in camps and institutions”, “Ensure that menstrual health information is included in health service provision and that it is provided other health information efforts including those on self-care. This is demonstrated in their services which includes puberty education, provision of menstrual products, and WASH improvement in rural communities across the country.

### **Question 9.2**

**Do you think this example would or would not be feasible in your country? Briefly explain your answer.**

Foot print foundation model is applicable in Nigeria; menstrual products can be made available to in-school and out of school adolescents for free, puberty education can be taught to adolescents.

### **Question 10**

**In what ways do you think COVID-19 might, in fact, present an opportunity for accelerating progress on ASRHR?**

COVID-19 provides an opportunity to interrupt the persistent cycle of inattention to adolescents within health systems, and more widely. It also presents an opportunity to think and solve problems differently. These also provide direction on how to strengthen health systems to better respond to the health care needs of adolescents. Similarly, Covid 19 crisis provides a powerful lever to challenge and change barriers such as restrictive laws and policies, parental and partner control access to SRH services, health worker bias and other barriers. It also presents an opportunity to engage adolescents, give them a voice and a responsibility, empower and equip

them. Likewise, it provides the government, stakeholders and other key decision maker in making evidence-based decisions on the health and wellbeing of adolescents and young people using researched data not assumptions.