



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: Benin

OneWorld Benin

OneWorld Bénin is an NGO founded in Benin in 2017. The organization aims to improve Beninese youth and adolescents' quality of life. OneWorld does so by equipping them with the knowledge and skills necessary to eliminate barriers, access universal services and reliable information, exploit their full potential and ultimately face the challenges of their time. Ultimately, the organization aims to promote leadership and the responsibility of communities in line with the SDGs.

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

Before COVID-19, our main activity was the provision of capacity-building services to youth through a mobile-learning (m-learning) application developed through funding from the Belgian government and the UNFPA.

Through this project we were able to develop three tools, that is:

- an m-learning application available on Google Playstore,
- an e-learning platform used to educate students in colleges as part of comprehensive sexual education in schools, and
- a website focused on providing information on Beninese laws related to gender-based violence and sexual and reproductive health and rights.

In addition, we trained youth as peer educators to enable them to share information with their peers in and out of schools, and in the informal sector. Our activities also included going to intervention zones to test the knowledge of the beneficiaries to assess if there were any behavioral changes resulting from our work.

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

As a part of our new approaches, we have been reaching the youth through messages on WhatsApp, and Facebook. To guide this process, we developed an editorial calendar where we would pick a topic and post it on a Facebook page as a form of awareness creation. We started carrying out our information campaign on a daily basis, before reducing it to about twice a week to enable youth to have the time to digest the messages and possibly comment and debate on certain issues.

As part of the campaign, we created e-posters that we put on our WhatsApp statuses and prompted our contacts to do the same. At times we would also initiate debates on our social media platforms on certain SRH topics to engage youth to share their point of view.

Information shared on our platforms included content on COVID-19, gender-based violence, the importance of parent-to-child communication, menstrual health, women's rights, early and unintended pregnancy as well as HIV and STIs. In addition, we made use of international commemoration days like World Population Day as opportunities to create and share new content.

In the future, we are planning to develop another interactive e-learning platform on SRHR that uses videos and messages adapted to the needs of adolescents in rural and urban areas. The platform would ideally include live messaging as a feature, which would improve interactivity.

Why did you decide to use these approaches?

We noted that there is a remarkable interest in Information and Communication Technology (ICT), especially among young people. Adolescents are becoming the leading subscribers of mobile phones and users of computers mainly for social networking. Consequently, the increased availability of the internet at home and at school, as well as the wide use of mobile phones, has created new opportunities to provide sexual and reproductive health information to adolescents.

We acknowledged that adolescents prefer sexual health information to be easily accessible, trustworthy, credible, confidential, and non-threatening. However, there were very few avenues available for adolescents to engage with accurate SRHR information during the COVID-19 outbreak. The introduction of our platforms aimed to fill this gap and be a good opportunity to share information on ASRH. This was a strategy that we were already using but this was enhanced during the COVID-19 outbreak.

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

We carry out periodic check-ups through the platforms we use and through the in-person sessions we are able to conduct whilst following COVID-19 prevention protocols. To do this, we work through focal points that engage young beneficiaries in order to get their feedback. Over a short period of time, more than 300 young people had read our publications, whilst

149 had subscribed to our Facebook page. We enrolled 10 new volunteers who have been supporting our fieldwork, which in turn has reached more than 1000 young people and adolescents.

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