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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: Myanmar

Marie Stopes International (MSI) - Myanmar

Marie Stopes Myanmar (MS-M) has been working in Myanmar since 1997. MS-M's mission is "Children by choice, not chance" while the vision is "A world in which every birth is wanted". The organization has been implementing integrated sexual, reproductive, maternal, newborn, child, and adolescent health, and STI/HIV prevention and care interventions with a view to increase access to high quality, gender-sensitive, and rights-based sexuality and reproductive health services. MS-M, through outreach clinics, Marie Stopes Ladies and social marketing initiatives, and partnership with public sector and ethnic health organizations, delivers information, commodities, and services and promotes rights.

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

We have been delivering Sexual and Reproductive Health and Rights (SRHR) services and knowledge for men and women of reproductive age (15-49) including adolescents and young people. Young people aged 15-24 years comprise approximately 25 percent of total clients for Family Planning service delivery.

Since 2019, we have been implementing a range of youth-focused activities in some areas of Kayin State and Magway Region. With technical support from UNFPA, a manual for Comprehensive Sexuality Education (CSE) was developed. MS-M-trained facilitators have been engaging with the communities and facilitating CSE sessions named "YESS! Youth Empowerment, Safety, and Sexuality" using this manual for guidance. We also conduct SRHR awareness-raising activities for adolescents and young people in coordination with local stakeholders and youth networks. We have been operating Youth Corner, a youth-friendly safe, and accessible space at Hpa-an in Kayin State to provide SRHR information and counseling services. Weekly SRHR talks are conducted both at this Youth Corner as well as in the community.

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

In view of the continued need for SRHR services during the COVID-19 pandemic, while the public sector focused on the control and management of COVID-19, at MS-M, we continued operating our 27 clinics across 12 states/regions with modified approaches:

Public announcements about our services via social media: We used Facebook and other social media pages to make announcements via Facebook of our opening days, hours, addresses, phone numbers, and available services at MS-M clinics. We also provided messages on social media about precautionary measures for COVID-19 such as screening for fever, travel history, washing of hands, wearing of masks, and social distancing.

Introduction of a booking system: We introduced a booking system for appointments at clinics to avoid overcrowding in waiting areas, to reduce waiting time, and ensure there is social distancing.

Teleconsultation: We introduced a special number that provides the schedule and contact details of available doctors as well as an appointment for teleconsultation. Our service providers delivered SRHR teleconsultation services. Those in need of SRHR information and services had the option of discussing their concerns with medical doctors during the period of mobility restrictions. In Hpa-an, we introduced SRHR online counseling via Youth Corner's chat box or mobile phones.

Modified clinical guidelines and protocols: We modified our guidelines and protocols on infection prevention to ensure safety for our clients and service providers. These updated guidelines, along with checklists, were made available to both clinic-based and outreach service providers where posters about COVID-19 were displayed in waiting areas. We distributed Personal Protective Equipment (PPE), hand sanitizers, and facemasks for our clients through outreach field teams.

SRHR talks for adolescents and young people via online platforms: Our SRHR talks usually provided at the Youth Corner in Hpa-an were moved to online platforms (a combination of Facebook, Messenger, and Zoom). In fact, through this approach, we were able to reach more young people in each session compared to in-person talks prior to COVID-19.

CSE trainings with a reduced class size: We conducted CSE trainings for out-of-school young people with limited participants to ensure social distancing and other preventive measures.

Why did you decide to use these approaches?

We recognized that it might take some time to return to normal pre-pandemic conditions. Government health facilities were preoccupied with COVID-19 and most private service providers (such as private hospitals and General Practitioners) had suspended their operations due to government restrictions. In some areas, local governments prohibited all outreach activities such as awareness sessions and outreach clinics. All these factors limited the

community's access to essential healthcare including SRHR services. If essential SRHR services such as family planning services were not easily accessible, unwanted pregnancies and unsafe abortions would be a major issue. We had to adopt alternate pathways to reach out to the community, especially the youth. We therefore MS-M decided to continue SRHR service provision with all possible modified approaches.

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

While in-person monitoring visits could not be conducted to field sites, we conducted regular virtual catch-up meetings with field teams via Microsoft Teams. At the meetings, Yangon support teams and field teams discussed local situations, each team's performance, challenges, concerns, and the support needed to implement modified approaches.

Our data shows that after about two months, our client loads gradually increased in most clinics. Until March 2020, the average monthly client caseload at all our clinics was around 6000, it had declined to around 1500 in April 2020. With the modified approaches, the client load has gradually increased back to around 6000.

In Hpa-an Youth Corner more young people -almost double- received online counseling for their SRHR problems compared to pre-COVID-19 times. Before the pandemic, about 5 young persons per month sought help via individual counseling. This number increased to about ten per month after the pandemic as SRHR Talks were conducted through online platforms allowing more participants to join from home.

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