



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: Nigeria

Society for Family Health (SFH)

Adolescents 360 (A360) was launched in 2016 with the aim of revolutionizing girl-centered contraceptive programming. As an organization, A360 believes that when girls have the tools to take charge of their lives, such as contraception, they have the power to achieve their goals. However, many years of insight gathering have shown that girls do not necessarily see the connection between contraception and their future. The girl-centered approach to contraceptive programming shows that girls' voluntary uptake of contraception can be increased, and that they can be supported to choose the lives they want to live. A360 ensures adolescent access to a full range of contraceptive methods, and provides discreet and confidential counselling services, alternative delivery models for contraceptives that are more accessible. In addition, it sets up hotlines for adolescents providing information and advice on contraceptives.

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

A360 is a sexual and reproductive health (SRH) program geared towards adolescents led by **Population Services International (PSI)** and implemented by the **Society for Family Health Nigeria (SFH)**. Working alongside girls and the government, **9ja Girls** (focused on unmarried peri-urban girls mostly located in Southern Nigeria) and **Matasa Matan Arewa (MMA)** (focused on married peri-urban and rural girls in Northern Nigeria) support girls aged fifteen to nineteen years old to access adolescent-friendly services, and gain knowledge and skills.

From January 2018 to September 2020, over 119,000 girls and another 35,600 voluntarily chose to adopt a modern contraceptive method through **9ja Girls** and **MMA**. This was around 75% and 85% of the eligible girls who attended group events and one-on-one counselling at both organizations. Estimates of show a 72% and 78% LARC use rate among users reached by **9ja Girls** and **MMA**, compared to less than 1% in national survey data (MICS). It is worth noting that of the users reached by 9ja Girls, 31% adopted Long-Acting Reversible Contraceptives (LARCs).

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

Maintaining SRH services as essential services and provision of staff WhatsApp training:

When the COVID-19 pandemic in Nigeria began in March 2020, we worked in partnership with the Ministry of Health (MOH) to ensure that SRH remained part of the essential services package so that girls could continue utilizing these services even when lockdown measures were in place. We also moved quickly to procure personal protective equipment (PPE) for all frontline workers and to ensure that all staff were trained on COVID-19 protection and prevention. In order to train frontline workers safely and with lockdown measures in place, we used text and video chats on WhatsApp.

The training program extended beyond COVID-19 prevention and protection to include information on how to use social media to reach girls with information on the pandemic, as well as SRH information and services. A360 Nigeria began holding weekly review meetings via WhatsApp with field staff to combat misinformation, and discuss challenges faced, the capacity-building opportunities needed, and work planning around COVID-19 and SRH. During these meetings, our teams used data to identify program successes and areas where adaptations were still needed. Youth peer mobilizers and community health workers who are based in communities where girls live were trained to support girls in receiving follow-up services and accessing DMPA-SC contraceptives for self-injection.

Provision of daily vocational skills training sessions to girls via WhatsApp: Previously, we offered in-person group sessions that focused on life and health where girls could learn vocational skills and have an opt-out private moment with a youth-friendly provider. During COVID-19, we moved these sessions to an online mode given the restrictions on group events. These online activities were held via WhatsApp on a daily basis. Girls were able to ask questions through the group chat, messaging or calling the provider directly. Girls who were interested in adopting a contraceptive method could privately message the provider who would arrange for her to visit a facility. We adapted our model at reach-out sites such as rural areas, where SFH staff provided on-the-job coaching to government providers on youth-friendly services. This ensured that instead of holding events for adolescent girls a few times per month on an ad-hoc basis, we ensured continuous one-on-one mobilization, counselling, and service provision.

Online and SMS community outreach initiatives: In May 2020, we launched a new Facebook family planning promotion campaign where girls can be referred to clinics. Our team also worked at the state level to send bulk SMS reminders. These messages were framed as either direct information bites or interactive myth-buster quizzes to allow girls to engage with us directly on topics such as COVID-19, SRH, gender-based violence, and livelihood development. Girls were also provided with a contact number of a youth-friendly provider.

Why did you decide to use these approaches?

We first identified the barriers to accessing SRH information and services during COVID-19. Then, we worked to find creative solutions that ensured that girls in need were able to continue receiving those services. These approaches also ensured that we prioritized best practices around prevention and protection against COVID-19. We expanded our existing girl-centered insights to understand girls' priorities amidst the pandemic and used an evidence-based, insight-driven, adaptive approach to implementation to modify programming accordingly.

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

We have continuously monitored our social media data, and collected insights and feedback from girls, providers, and our staff. This has allowed us to continuously adapt and improve our performance and identify how and why adaptations have been successful.

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