Country and Global Leadership

MOMENTUM

ENSURING THE CONTINUITY OF VOLUNTARY FAMILY PLANNING AND REPRODUCTIVE HEALTH CARE AND INTERVENTIONS FOR YOUTH DURING THE COVID-19 PANDEMIC

WHO IS THIS DOCUMENT FOR?

Health systems are struggling to meet increased demand because of the COVID-19 pandemic while maintaining the provision of essential health services. There is significant global guidance, but it is not readily digestible for rapid application.

This document provides brief summary responses to key questions for health program managers and public health practitioners on adaptations required to ensure continuity of voluntary family planning and reproductive health (FP/RH) care and interventions for adolescents (ages 10–19) and youth (ages 15–24) during the pandemic. It affirms meaningful engagement of adolescents and youth as partners in adapting services and interventions.

The document builds on MOMENTUM Country and Global Leadership's theory of change for maintaining maternal, newborn, and child health services and FP/RH care during the COVID-19 pandemic, and articulates youth-specific recommendations for relevant strategies from the theory of change. Any service adaptation should be in line with country context and phase of the pandemic, national guidance, available services, and local government response, including existing movement restrictions.

WHAT IS ESSENTIAL REPRODUCTIVE HEALTH CARE FOR ADOLESCENTS AND YOUTH?

During a pandemic, essential RH care for all women, including adolescents and youth, should be based on the components of the *Minimum Initial Service Package for Reproductive Health in Crisis Situations*. This includes voluntary FP for the prevention of unintended pregnancies, postabortion care, intrapartum care and emergency obstetric and newborn care, essential newborn care (including early initiation of breastfeeding), clinical care for rape survivors, and prevention of and treatment for HIV and other sexually transmitted infections. Beyond the *Minimum Initial Service Package,* services such as antenatal, postnatal, and newborn care should continue as long as the system is not overstretched with COVID-19 case management. Priorities should be guided by health system capacity and burden of disease.

All services for adolescents and youth should be accessible, acceptable, equitable, appropriate, and effective, in line with the World Health Organization definition of youth-friendly services.

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WHY SHOULD FP/RH CARE FOR ADOLESCENTS AND YOUTH BE MAINTAINED DURING THE COVID-19 PANDEMIC?

Adolescents and youth are particularly vulnerable in a pandemic, when their needs are often forgotten or deprioritized. For example:

- The closure of schools and disruption of routine health services impacts their education and further reduces their chances of accessing FP/RH information and care confidentially or at all.
- Lessons from previous disease outbreaks show that adolescents often face heightened risks and additional barriers to FP/RH care, resulting in unintended pregnancy, maternal mortality and morbidity, and other poor health outcomes.
- Adolescents and youth are also at risk of mental health challenges, such as depression and anxiety, which may be aggravated by the uncertainty, social isolation, separation from peers, and disruption in normal routine due to local government responses to the pandemic.
- The gendered nature of pandemics, coupled with restrictions in movement, limited decision-making, and increased childcare and household responsibilities, further limits access to RH information and care for adolescent girls and young women, and increases vulnerability to gender-based violence (GBV).
- All of these challenges are amplified in humanitarian contexts where fragility, conflict, and emergencies have undermined institutional capacity and limited access to services.

HOW CAN ADOLESCENTS AND YOUTH BE MEANINGFULLY ENGAGED DURING THE COVID-19 PANDEMIC?

Adolescents and youth can be highly effective partners in the COVID-19 response. For example:

- They can be engaged in the iterative design and adaptation of service delivery approaches through SMS/WhatsApp, online platforms, and, where permitted, in-person discussions with local youth-led organizations and networks.
- They can act as change agents among their peer networks, informing them of how to prevent the spread of COVID-19 and of when, where, and how to seek essential health care. Capacity-building can be conducted using remote and online learning and, where possible, through small groups using masks, physical distancing, and other recommended prevention precautions.
- They can stay connected with peers and trusted adults through mobile or social media platforms and through online platforms to share their stories and experiences without risking infection. With the increased use of the Internet, adolescents and youth can support their peers and younger children to stay safe online by providing tips on how to avoid, detect, and report sexual exploitation and abuse, cyberbullying, and harmful content.

WHAT ADAPTATIONS SHOULD BE MADE TO ENSURE ACCESS TO FP/RH CARE FOR ADOLESCENTS AND YOUTH DURING THE COVID-19 PANDEMIC?

SUPPORT ADOLESCENTS AND YOUTH TO NAVIGATE NEW INFECTION PREVENTION AND CONTROL PRACTICES IN FACILITIES.

- Risk reduction measures, such as the use of an appointment system within a facility or a number system during health service outreach activities, floor demarcations to indicate physical distance, mandatory use of masks, screening and triage stations at the entrance, and handwashing stations, create a new client flow and service delivery process. Evidence shows that adolescents and youth struggle to navigate health services, so these adaptations may be particularly challenging for them.
- Communicate with adolescents and youth to be sure they are aware of these adaptations and provide extra support at the facility to help them navigate the health services. For example, position youth volunteers outside a health facility or in the community to inform peers on what changes to expect within the service delivery points, reinforce infection prevention measures, and address any questions or concerns related to service use.

STREAMLINE CARE AND PROMOTE APPROPRIATE SELF-CARE.

- Existing challenges that adolescents and youth face in accessing health care are exacerbated during the COVID-19 pandemic by the restrictions on movement, fears of visiting health facilities, and the potential for service disruptions.
- When adolescents and youth do come for services, health care providers should optimize any contact with adolescents and youth, and provide integrated services, aiming to limit the number of physical provider-client interactions. For example, in addition to FP/RH counseling, providers should offer rapid screening for sexually transmitted infections (including HIV), screening for pregnancy, referrals to GBV resources and services, care for pregnant adolescents, and linkages to community-based care or remote follow-up (e.g., via telephone) during each contact.
- Adolescents and youth are more prone to discontinuation or suboptimal use of contraception than adults. Therefore, providers should take more time to discuss side effects and correct use of methods during counseling on the full range of FP methods, including long-acting reversible contraception.
- For adolescents and youth who choose oral contraceptive pills or condoms, providers should issue at least a three-month supply and offer emergency contraception as a backup method.
- Providers should discuss self-care options with adolescents and youth, including over-the-counter refills of oral contraceptives and self-administered contraceptive injections (where available). Providers should consider barriers to practicing self-care for adolescents and youth, such as cost and lack of privacy, and work with them to identify ways to address these barriers.
- As long as limitations in physical provider-client interactions are in place, remote interaction through mobile phones, hotlines, or telemedicine portals should be encouraged. This will ensure that health care providers can continue to counsel and support adolescents and youth to maintain healthy practices (including the voluntary use of contraception), encourage and promote self-care, address any questions or concerns, and identify clients who may need an in-person consultation.

RE-ENGINEER SERVICES TO EXPAND ACCESS TO CARE AND ADAPTIVELY MANAGE RESPONSE.

- Working with adolescents and youth, health system managers should identify service delivery points that can provide accessible, acceptable, equitable, appropriate, and effective health services to adolescents and youth outside of potentially overburdened health facilities. These include private providers, pharmacists, chemist shops, and community-level service provision through outreach and community health workers.
- Health managers should offer remote training and coaching to health care providers to ensure they adapt to the unique needs of adolescents and youth, and address any barriers to care seeking. For example, pharmacists can improve privacy and confidentiality by conducting consultations away from the main dispensing area in a private pharmacy. Community health workers can counsel adolescents and youth away from parents and family during a household visit.
- Health managers can create arrangements for private providers to source commodities from the public sector to offset or subsidize the cost of care for adolescents and youth.
- Service delivery points should be supported to collect age- and sex-disaggregated data, use the data to assess trends in service utilization by adolescents and youth, and adapt service delivery strategies accordingly.

WHAT HEALTH WORKFORCE MODIFICATIONS ARE REQUIRED TO ENSURE CONTINUITY OF FP/RH CARE FOR ADOLESCENTS AND YOUTH DURING THE COVID-19 PANDEMIC?

The pandemic has worsened existing health workforce challenges, and this is likely to aggravate the provider-related barriers that affect use of FP/RH care by adolescents and youth. As a result, adolescents and youth may have suboptimal experiences during interactions with health care providers, including rushed consultations with no opportunity to ask questions, disrespect and abuse, and judgmental care. To reduce poor experiences of care, public health managers and partners can:

- Support health care providers to feel safe and confident in continuing service provision without exposing themselves to additional risk while promoting safe task sharing to reduce workload.
- Include youth-friendly services content, including case studies of diverse youth clients of different ages and life stages, in all remote maternal health and FP/RH trainings, supervision, and mentorship.
- Provide adolescent- and youth-friendly counseling tools and job aids to support provision of integrated, respectful, nonjudgmental care.
- Use virtual group discussions and reflections among providers (e.g., via provider WhatsApp groups) on experiences and challenges providing care for adolescent and youth clients for remote peer support.

HOW CAN SOCIAL AND BEHAVIOR CHANGE STRATEGIES FOR ADOLESCENTS AND YOUTH BE ADAPTED TO MAINTAIN HEALTHY BEHAVIORS AND INCREASE DEMAND FOR SERVICES?

Many of the common ways of engaging adolescents and youth to increase health knowledge and agency, foster changes in social and gender norms, and catalyze use of services before COVID-19 are now limited by the closure of schools and implementation of physical distancing guidelines. In response, health program managers and partners can:

- Engage adolescents and youth to understand the best platforms for engagement and communication during COVID-19, with an emphasis on using different modalities to engage adolescents and youth of different ages and life stages, such as very young adolescents or first-time parents.
- Explore the use of social media, online platforms, radio, mobile apps, interactive voice response, WhatsApp groups, and hotlines to foster bidirectional communication on FP/RH, gender, COVID-19 prevention, and local myths and misinformation related to COVID-19. For example, many programs that implemented through small groups of adolescents and youth before COVID-19 have pivoted to delivering the curriculum-based FP/RH and gender content via radio and WhatsApp.
- Engage local youth-led organizations to devise a strategy for reaching adolescents and youth without access to digital resources. For example, if allowed by local COVID-19 guidelines, youth can conduct home visits using masks, maintaining the recommended physical distance, and sit outside. For younger adolescents, ministries of education have used television or radio programs designed for parents and very young adolescents to listen together to deliver health and life skills education while schools are closed.
- Use existing resources on COVID-19 communication and on FP during COVID-19. Ensure information on the location of FP/RH care and GBV services and any adaptations to service delivery due to COVID-19 is included in communication strategies.

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