

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.**

COVID-19 response; Partial "Lockdown" i.e. six month state of emergency in Ethiopia along with school closure and backdrop of frequent political unrest in Ethiopia hinders adolescents to get SRH information and not able to get previously available SRH services, particularly contraception services and Abortion care services and Gender based and Sexual violence standards of care. Health facilities their service inclined towards COVID-19 response rather than maintaining the prevailing SRH Services.

Even though no age disaggregated data to see adolescents specifically, Report from tertiary hospital in general showed that the number of clients presenting for family planning was reduced by 27%. Safe abortion services and comprehensive abortion care were reduced by 16.4% and 20.31% respectively when compared with a year before the pandemic (1).

### **Question 1.2**

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

1. COVID-19 guidance should be on the basis of research evidence about adolescent health and development and SRHR to address their needs and concerns. Federal Ministry of Health (FMOH) Ethiopia and partners (Donors, on-Governmental organizations, Civil Societies and other stake holders) must take swift action to prioritize SRHR in general ASRHR in particular to deliver information and services during COVID-19 for the needy people. Additionally health care providers should be reoriented, resources and staff must be maintained to ensure continuation of the service amid COVID-19 pandemic.
2. Innovative methods, such as telehealth (voice or video calls), self-care interventions, and utilization of health extension workers, need to be maximized to maintain and increase access to these essential health services.
3. There has to be consultation of experts in adolescent health, other responsible sectors, meaning full engagement of youths in the development of guidelines for COVID-19 or humanitarian response.
4. Age-disaggregated data (e.g., 10-14 years, 15-19 years, 20-24 years) should be collected, analyzed, used, and reported to assess the effect of the pandemic on the health and wellbeing of adolescents and young people (e.g. birth rates, closely spaced pregnancies, unsafe abortion, STIs, HIV, SGBV, and other relevant health concerns), and to target prevention and treatment efforts.

### **Question 2.1**

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

The examples from Education as a vaccine Nigeria illustrate Provision of CSE recommendation practices of “communicate CSE messages through mass media and digital media to which adolescents have access.

### **Question 2.2**

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

The use of mass media and digital media to address SRHR information for adolescents is still possible and feasible to do. However it is challenging to address significant number of adolescents in Ethiopia, as level of exposure to mass media is low, radio was the most frequently accessed 17% and 29% for women and men respectively. Followed by Television 16% and 21% of men and women respectively. The Internet is also a critical tool through which information is accessed. Overall, 4% of women and 12% of men age 15-49 have used the Internet as of 2016 report (2). The use of digital media by adolescents is influenced by wealth, place of residence and educational status, rural community still not fully accessed mobile telephone and other internet platform. Hence radio talk show and SMS will be a better way of conveying messages for ASRH.

Despite all these challenges use of mass media, mobile SMS and use of digital platform are among the strategies to disseminate health information and health promotion in Ethiopia(3).

### **Question 3.1**

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

RFHA Fiji practice illustrates the recommendations to maintain provision of contraception counselling and services by ‘Informing adolescents where and how to access contraceptive counselling and services, including changes, if any, to service delivery time location etc. during the COVID-19 response’.

### **Question 3.2**

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

It is feasible in the context of Ethiopia to endorse this practice recommendation. As there has been demonstrated experience of sexual health telephone helpline Ethiopia since May 2011 to expand access to sexual and reproductive health advice particularly for young adults by MSI Ethiopia, tremendous results have been achieved. In 2012, 54664 calls were received 62% of callers were age of 16-24years(4). Another convenient platform for health workforce improvement is to access in Ethiopia is leverage existing government health structures task sharing/shifting of SRH Services to health extension workers in Ethiopia.

From past experience in Ethiopia 27% callers for SRH information and services were referred from radio and 21% from friends, mainstreaming hotline service to mass media and social Medias will be important to optimize adolescent's access to SRH(4).

#### **Question 4.1**

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

FRHS India Practice illustrates the following specific delivery measures of comprehensive abortion care recommendations;

1. Inform adolescents where and how to access comprehensive abortion care including safe abortion to the full extent of the low and post abortion care, through specific appropriate channel.
2. In health facilities, ensure that comprehensive abortion care remains available for adolescents, is safe and is provided respectfully and confidentially.
3. Consider relaxing policies to enable the use of telemedicine for the provision of medical abortion to adolescents to avoid unnecessary clinical visits.

#### **Question 4.2**

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

Yes it is feasible. The penal code of abortion is partially liberal generally and almost fully liberal for adolescents as age below 18 is eligible to terminate pregnancy. The technical and procedural guideline for abortion care provision involves Health extension workers to advocate about the lows of abortion at community level to guide referral to health centers for safe termination of unintended pregnancy as per the Low of Land(5). So this platform enable the country to do advocacy about the legislation and service provision through media and use Health extension workers to strengthen abortion care service.

#### **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?**

The example from the University of Nairobi and the Nairobi City Council in Kenya illustrate the following practice recommendations;

1. 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) an occurrence of danger signs.

2. Put in place targeted outreach strategies where coverage and care seeking among pregnant adolescents has declined.

### **Question 5.2**

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

Yes feasible, the following platform may help to practice.

1. Federal Ministry of Health Ethiopia adopting WHO COVID-19 response protocol to maintain essential health services, mental health in pregnancy care and AYSRH is also included.
2. Establishment of youth friendly service at service delivery point. Adolescent can be easily reached.
3. Health extension workers at rural and distant community can be used for outreach service strategy, their knowledge is also re-enforced through integrated refresher training.

### **Question 6.1**

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

Examples of Zvandiri in Zimbabwe illustrate (Virtual case management Targeted home visits by mentors Virtual support groups, information-sharing, ART refill, adherence and viral load reminders, counselling, referral): the practice recommendation of ;

1. Inform adolescents where and how to access HIV and other STI testing and care where access is possible through mass media and digital media.
2. Where possible use digital platform and mobile health strategies to provide adolescents test results treatment prevention messages while ensuring privacy and confidentiality.
3. Modify services to promote out of clinic delivery of elements of the advanced disease package of care.

### **Question 6.2**

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

Yes, it is feasible to Ethiopia.

Ethiopia is committed to maintain strengthen HIV treatment in the context of COVID-19 through the following proactive measures Early push of ARV, policy changes, Un assisted HIV testing(6), phone service, virtual technical assistance, multi-month dispensation particularly for child and early adolescents(7). Therefore all these changes and setups enable the country to practice the recommendations .

### **Question 7.1**

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

Example from Centre for Catalysing Change in India illustrate the recommendation;

1. Inform adolescents where and how to get care, where access is possible, through mass media and digital media.
2. 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 adolescent's specific vulnerabilities.
3. Establish helplines or enhance existing help lines for adolescents to seek help if needed.

### **Question 7.2**

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

Yes, it is feasible to address.

GBV care in Ethiopia is prioritized in Ethiopia. During Covid-19 it is taken as essential health service that should be available for survivors. Federal court have been mandated to listen and to entertain charges of violence as urgent type of cases.

So mass media advocacy to increase awareness to the public as well as use of social media and use of Health extension workers to give support for vulnerable and survivors of GBV is feasible.

### **Question 8.1**

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

The ministry of Health Laos illustrates the recommendation of prevention of Cervical Cancer through HPV vaccine through the following practices.

Inform adolescents and their partners about the importance of a full serious of HPV Vaccination and any altered HPV schedule.

### **Question 8.2**

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

Yes, it is feasible.

HPV vaccines in Ethiopia is launched in 2018 by higher officials, the Ambassador for cervical cancer prevention is the former first Ledy Roman Tesfaye, the benefits rare side effects, the age group vaccine will be given 14yrs, place private and public school is announced by the Health minister. During COID-19 emergency school were closed so it is possible to resume having such prioritization.

### **Question 9.1**

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

Advocate the inclusion of menstrual products in the distribution of food and non-food items to girls with limited movement or those in camps and institutions.

### **Question 9.2**

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

Yes, it is feasible.

Government of Ethiopia highly accepted menstrual hygiene is a challenge for school continuation, it is one reason for drop out, it affects the life trajectory of women and girls, so advocacy to keep hygiene and respect girls, making available for menstrual hygiene products for community services is considerable. So doing this practice recommendation for Ethiopia.

### **Question 10**

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

COVID-19 might, in fact, present an opportunity for accelerating progress on ASRHR through the following ways;

1. Innovative ways for SRH service will be in practice as COVID-19 response
  - Self-care intervention;
  - Task sharing, tele-medicine and helplines for SRH information and service;
  - Online learning of providers for capacity building will be potentiated.
2. The COVID-19 crisis provides a powerful lever to challenge & change restrictive laws & policies, parental/partner control, health worker bias & other barriers.

## **References**

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