

the applicability of this practice in many settings. My previous experience informed my knowledge for course content, however not suitable delivery methods. Most women had mobile phones, however barriers to accessing online content included intermittent internet access, low computer literacy, inadequate privacy, and need for translation. Following research into alternative formats, over a number of months we piloted; texts +/- attachments, voice messages, video streaming, online videos to download. The questions posed were 1. Which format was the most accessible/acceptable to the women? 2. When the format was decided, how many women would access the content and was this number comparable to the workshops? The feedback showed texts with links to unlisted YouTube videos with burned subtitles were best, enabling download when internet access/privacy allowed and requiring minimal computer skills. We created an SRH programme of 5-minute videos with feedback obtained via text. Each video has 4-21 views (averaging 8 and continuing to increase) at time of submission, comparable or more than the workshops. This innovative practice delivers SRH information to women in this migrant camp. It doesn't replace workshops but when access is restricted it can be used independently, or ordinarily as a supplementary tool to workshops. It is applicable in any setting when access is restricted. Benefits include; choice of when/where/how to access; repeat views; potential for wider reach/scaling to reach larger populations.

**Key messages:**

- These carefully designed digital resources have allowed non-English speaking migrant women in a migrant camp to continue accessing sexual and reproductive health education during Covid-19 lockdowns.
- This innovative practice of delivering information to vulnerable, hard to reach groups is applicable in many settings when face to face access is restricted.

## **Digital sexual and reproductive health resources for women living in a migrant camp in Serbia**

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Prior to Covid-19 (C19), I delivered sexual and reproductive health (SRH) educational workshops to refugee/migrant women in a migrant camp in Belgrade, Serbia. SRH education and access are key to the public health for all but specifically this vulnerable population. C19 and a national lockdown meant an alternative, none face to face delivery method was required. Migrant camps exist throughout Europe, and restrictions due to C19 continue across the world increasing