

Welcome

We will be beginning shortly

- Feel free to use the chat box to introduce yourself and tell us from where you are joining!
- We will be moderating the Q&A section for questions during dedicated sessions of the webinar.
- French interpretation is available.
- Please plan on staying for the whole duration of today's meeting.
- We will be recording the webinar to be published online.

IUSSP Webinar Series

*Family Planning Research under the COVID-19 Pandemic:
How is it going and what are we finding?*

23 March 2021
3:00 PM UTC

Webinar Flow

Moderator: **Priya Nanda**

Panellists (6 mins each):

- **Modupe Oladunni Taiwo**, Save the Children International
- **Dinah Amongin**, Makerere University School of Public Health, Uganda
- **Georges Guiella**, Institut Supérieur des Sciences de la Population (ISSP), Université de Ouagadougou, Burkina Faso

Moderated Q & A and Brief Discussion (20 mins)

- **Anoop Khanna and Danish Ahmad**, PMA India & IHMR University, Jaipur
- **Tanmay Mahapatra**, CARE India Solutions for Sustainable Development, Bihar
- **Mohan Ghule**, Center on Gender Equity and Health - University of California, San Diego

Moderated Q & A and Brief Discussion (20 mins)

Family Planning Research under the COVID-19 Pandemic: How is it going and what are we finding?



23 March 2021
3:00 PM UTC

Assessment of impact of Covid-19 pandemic on Adolescent sexual and reproductive health services in Northern Nigeria.

Dr. Modupe Taiwo

Save The Children, International

Objectives

Objective of the study

- To examine the level of awareness of COVID-19 pandemic among adolescents and health workers?
- To assess the level of knowledge of adolescents and health workers on COVID-19 infection, risks and prevention?
- To assess the gendered impact of COVID-19 pandemic on adolescent sexual and reproductive health services including SGBV?.

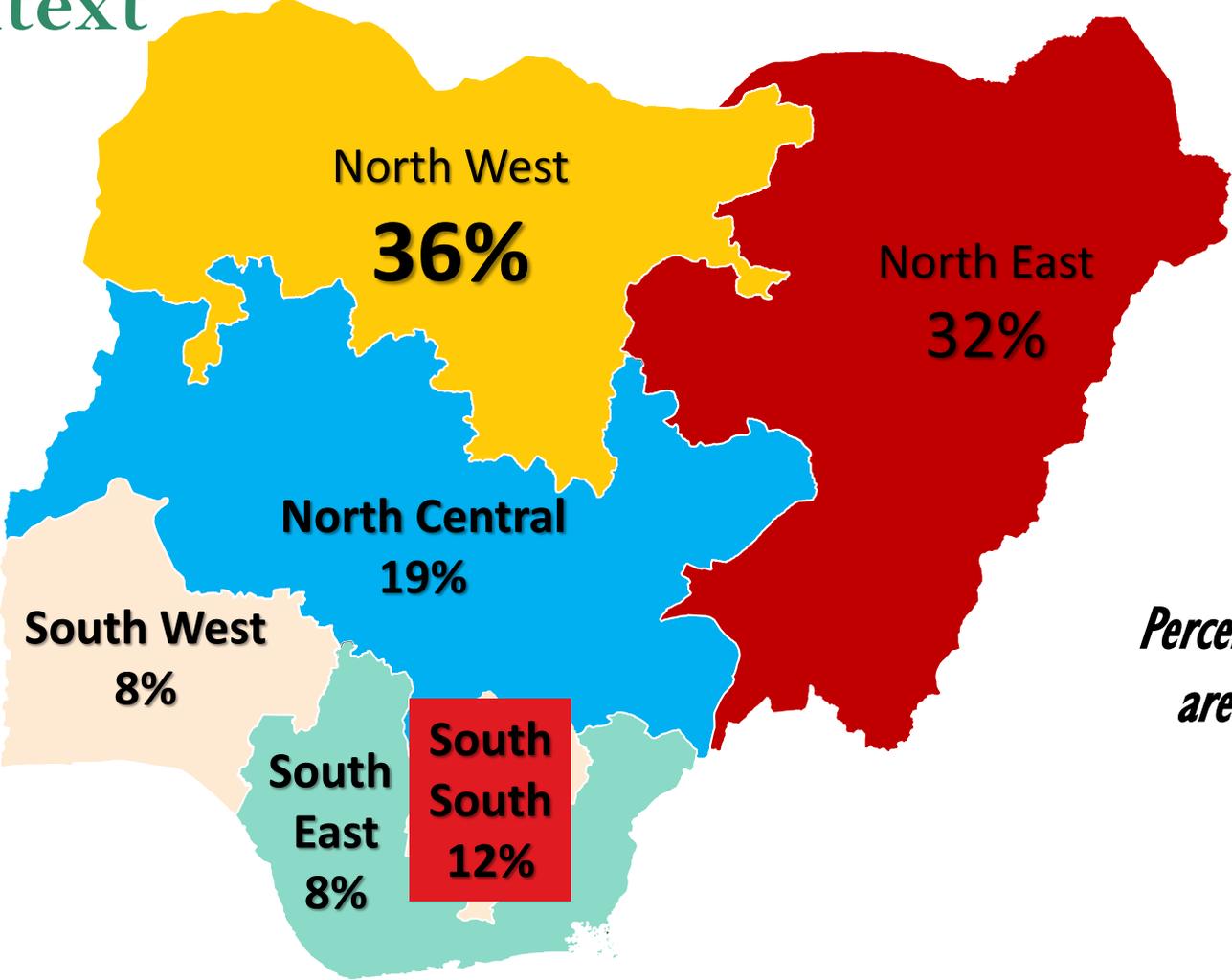
Country Context

Adolescent Sexual & Reproductive Health Situation

- Female 25% are sexually active and 19% have begun childbearing¹.
- Worst outcomes in health, nutrition, education, poverty, CEFM and ASRH;
- 11.6% of girls are married by age 15,
- 40% of all vesico-vaginal fistula cases worldwide,
- FGM is over 20%
- CPR for 15-19years is 2%
- 30% have experienced SGBV
- Infant mortality-132/100,000 live birth, MMR-512/100,000live birth, 37% of U-5 malnutrition

Teenage Childbearing by Zone, 2013

Country Context



Nigeria
23%

Percent of women age 15-19 who are mothers or pregnant with their first child

FMOH, Abuja

Source: NDHS, 2013

Study Size by categories

State	Adolescents	Health workers
Gombe	n=204 Female =102 Male=102	n=20 Female =12 Male =8
Katsina	n=198 Female =99 Male =90	n=20 Female= 5 Male =15
Zamfara	n= 173 Female=104 Male = 69	n=20 Female =3 Male =17

COVID and FP Data Collection- What Changed

- Virtual methodology training for field teams.
- Telephone interviews from existing directory of contacts of project adolescents.
- PPEs were procured for field teams and respondents – increased budget
- KoBo collect software for data collection
- Real-time and intensive monitoring
- Ongoing data cleaning, and follow up to address emerging issues

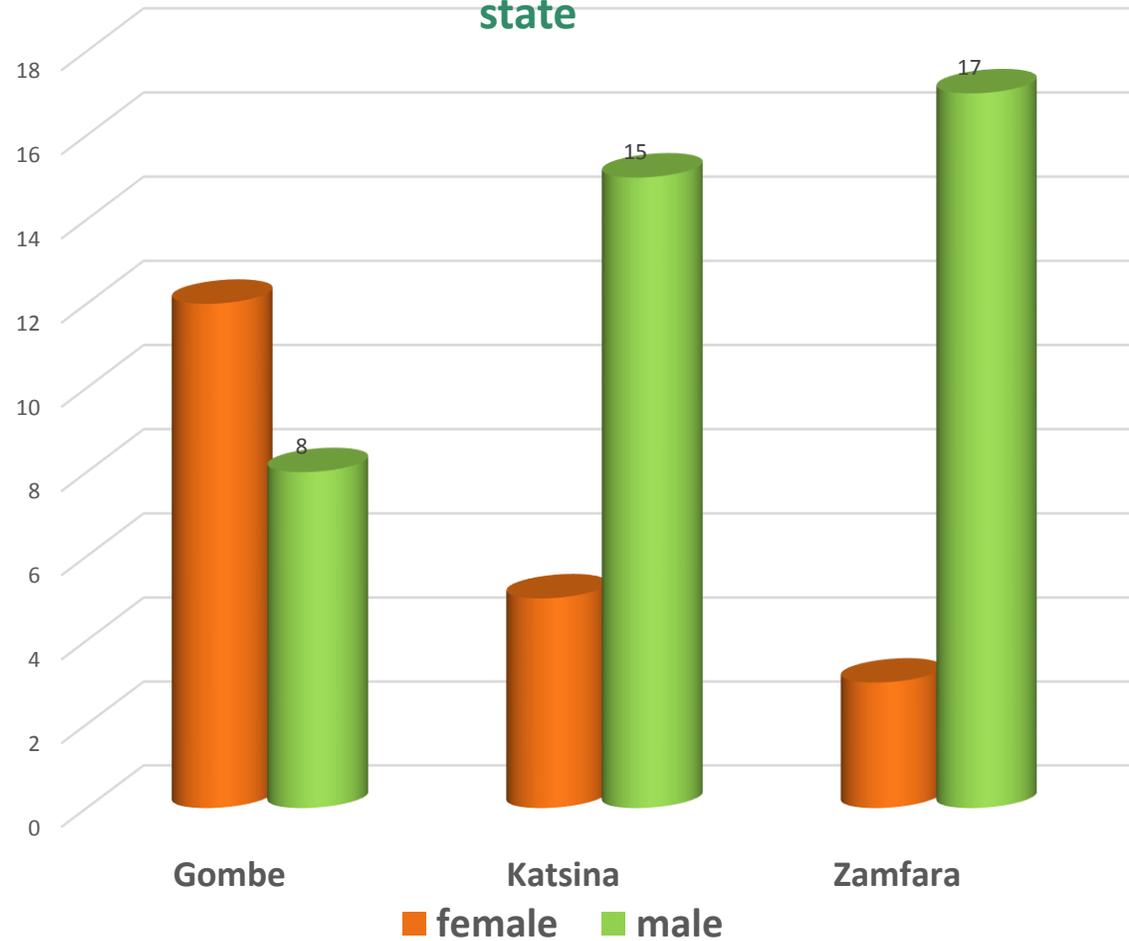
Impact of COVID-19 on data collection-

What changed

- Study methodology and training guide for field team in virtual data collection developed.
- **COVID-19 factsheet from NCDC in Hausa was handed to field teams**
- **All the protocols were strictly followed to ensure the safety of the project staff.**

Key Findings: HEALTH WORKERS

Distribution of Health workers by sex and state

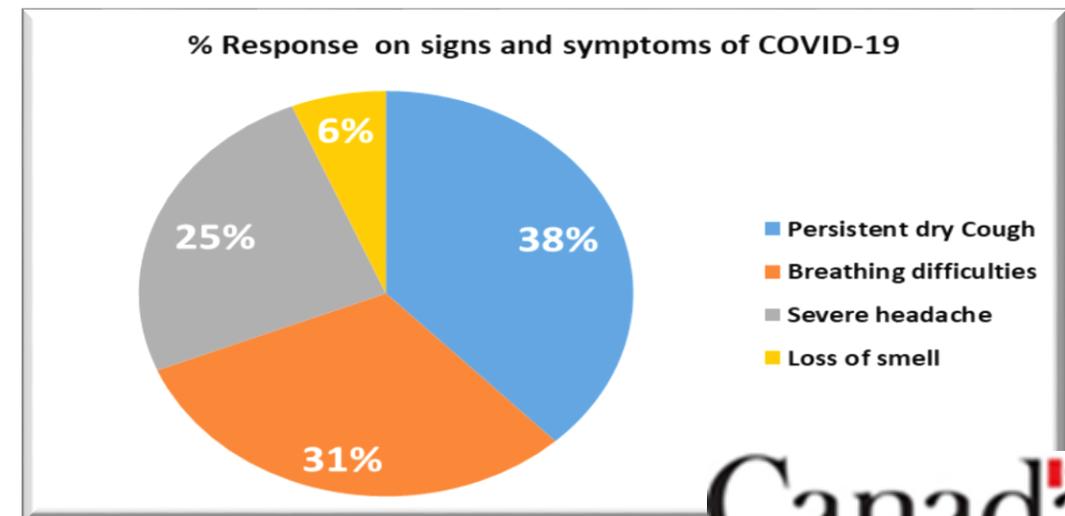
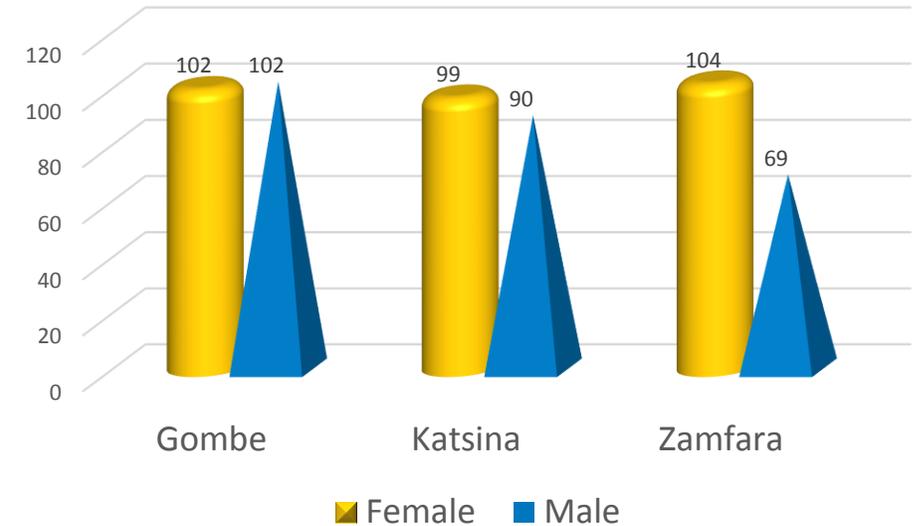


- 96% knowledge of COVID-19 prevention approaches.
- 86% confirmed non-availability of PPEs and other prevention measures
- Patronage dropped significantly and health workers work in fear of being infected.
- Health workers are discouraged from providing health services during COVID for fear of infection.

Key Findings: ADOLESCENTS

- 566 adolescents (M-261, F-305)
- 39% of adolescent own a phone while other have access form relatives.
- 67% in school, 19% completed school, 13% dropped out.
- 95% indicated radio as preferred source of information.
- High knowledge of COVID symptoms and prevention.
- 60% of married adolescent reported husbands have full control of decision to seek health care.
- 67% of married adolescents would be punished for taking own health care decisions.

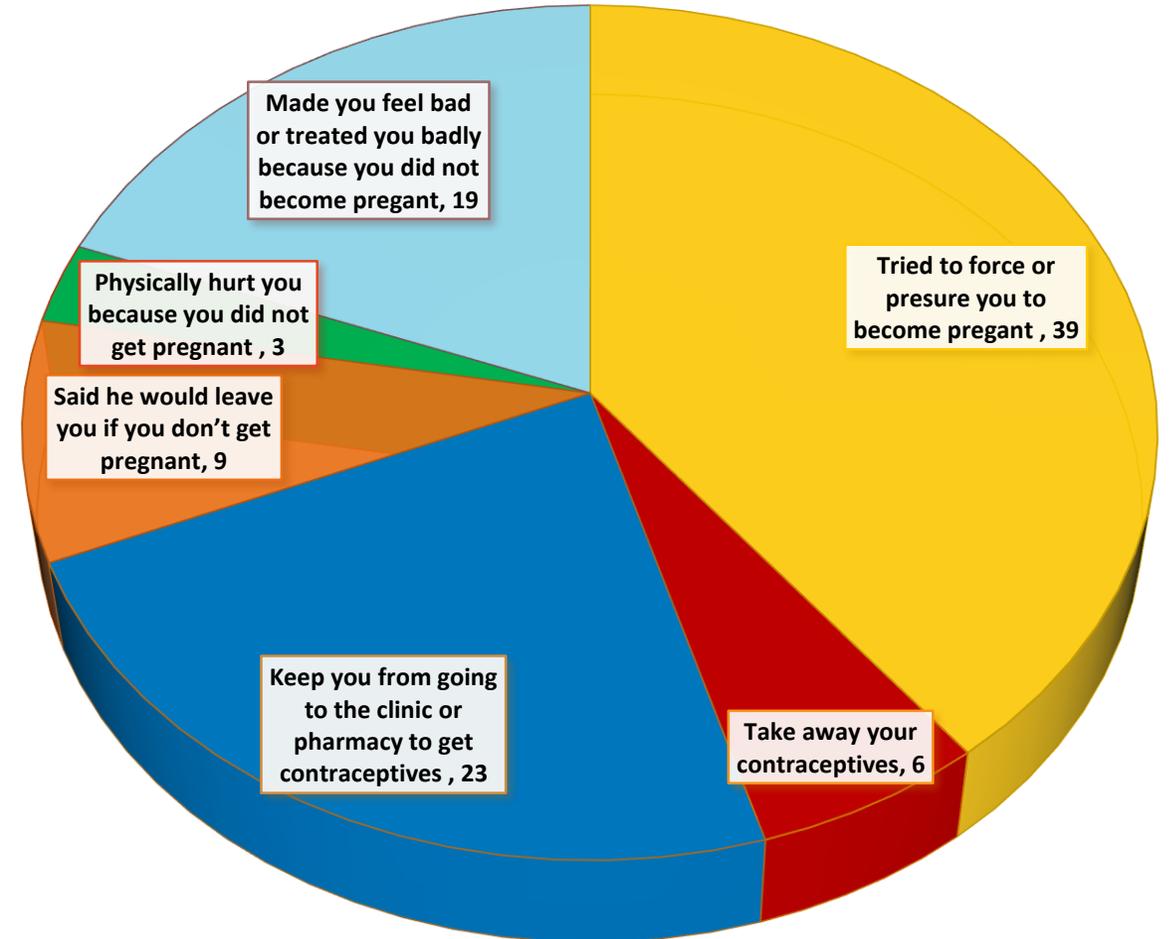
Sex of Adolescents by State



Key Findings: Adolescents

SRH/SGBV AMONG MARRIED ADOLESCENTS GIRLS

- 34% of married girls continue contraception during the COVID restrictions.
- Preference for community pharmacies and patient medicine store.
- 67% required husbands permission.
- increased SGBV during the COVID restrictions.
- 39% forced to get pregnant
- 23% prevented from accessing SRH services
- 3% physical abuse
- 20%. treated badly
- 66% reported low quality of health care during COVID.



COVID and FP practices.

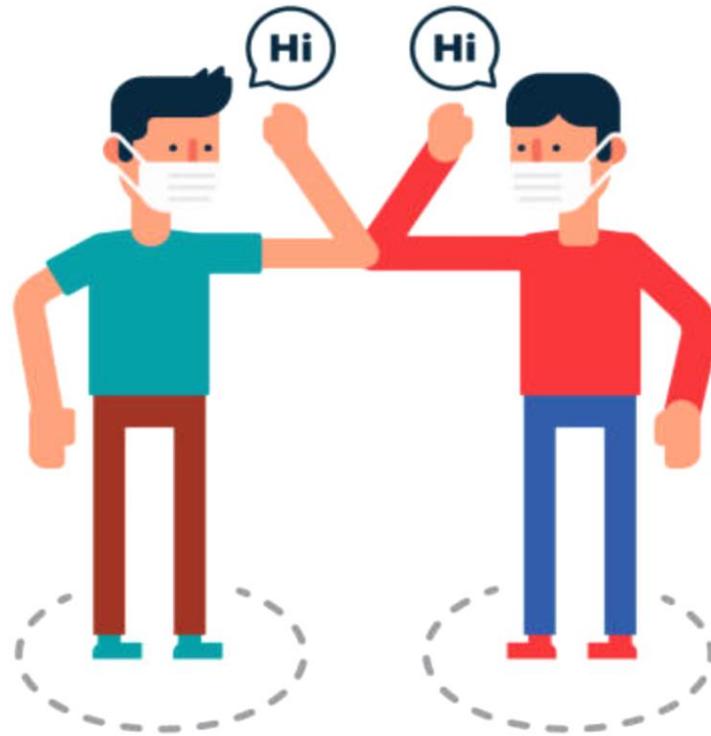
Conclusion

- Low supply of PPEs for COVID-19 response in Health facilities had significant negative impacted on the quality of SRH services.
- Less priority for contraceptive services with attendant Implications.
- Preference for PPMVs with low skills.
- Multiple factors hindered uptake and utilization of Contraception during COVID.

Acknowledgements

- Global Affairs Canada for funding support and flexibility towards responsive feedback
- REACH team in Nigeria commitment to adaptive programming in the pandemic.
- Community stakeholders including adolescents, parents and health workers for consenting to participate in the study.

ELBOW BUMPING GREETING



Thank you!



Rapid assessment of COVID-19 impact on FP access and use

Dinah Amongin (MPH, MD)

MAKSPH

Research For Scalable Solutions





Design and objectives

Prospective, longitudinal study with women ages 18 to 49 using Viamo 3-2-1 service in Malawi, Nepal, Niger and Uganda

1

Document unintended pregnancies

2

Track changes in modern contraceptive use

3

Examine women's ability to obtain their preferred method

4

Describe barriers to family planning access and use

Key Findings: Tradeoffs in data collection

3-2-1 survey with women ages 18-49 calling in to Viamo 3-2-1 service
Target : 18,380 women across 4 countries



Panel survey with non-pregnant women who :

- Are non-permanent, modern method users
- Have an unmet need for modern contraception*

Target : 5,732 women across 4 countries



~ 1 week after 3-2-1

Round 1
Dec 2020-
Mar 2021



3 months

Round 2
Mar-Jun 2021



6 months

Round 3
Jun-Sep 2021

- All data collection done through interactive voice response

*The definition of unmet need is based on contraceptive use and pregnancy intentions and does not account for fecundity and sexual activity.

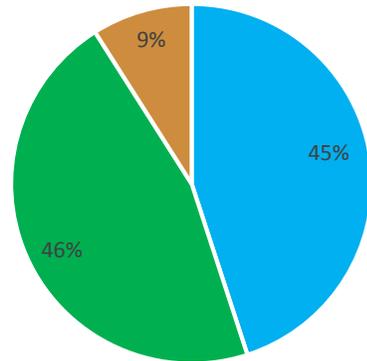




Unintended pregnancies (3-2-1 survey)

Reported pregnant in
3-2-1 (n=1037)

Distribution of pregnancies by pregnancy intentions



- Planned
- Mistimed or unplanned, due to covid
- Mistimed or unplanned, NOT due to covid

(n=251)

Main reason for mistimed or unplanned pregnancies (n=139)

COVID reasons

Supply side- 29%

1. FP services closed-20%
2. Preferred method unavailable- 9%

Demand side: They or family being afraid of getting covid- 20%

1. Afraid of getting COVID- 15%
2. Family would not allow due to COVID- 5%

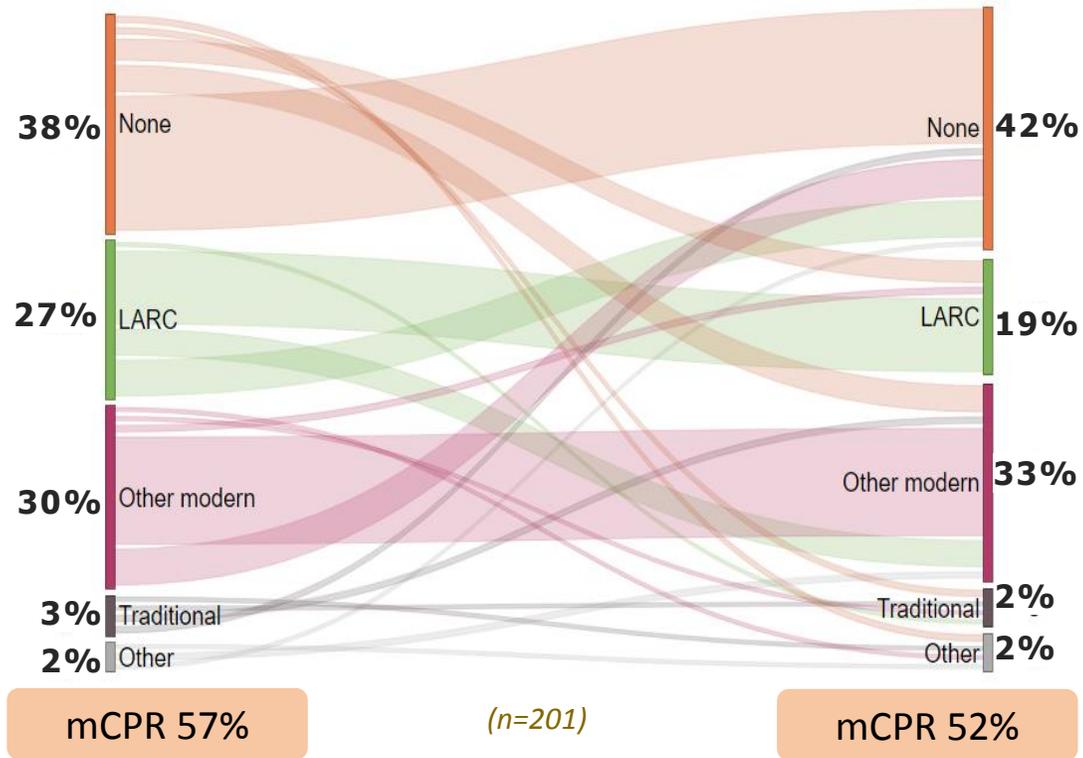
46% of all pregnancies were mistimed or unplanned for reasons related to the pandemic. Among all women with mistimed or unplanned pregnancies, **29%** attributed their pregnancy to supply-side constraints.



Modern contraceptive use (panel survey, full sample)

Pre-COVID FP use

Round 1 (current) FP use



Emerging story:
Method discontinuation and switching.

* The response rate for the panel survey was 30%. All but one current IUD users were lost-to-follow-up

LARC in the sample decreased from **27%** to **19%**. None use increased from 38% to **42%**.

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R4Sinfo@fhi360.org



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23

Impact of COVID-19 on RH careseeking among women in Burkina Faso: Evidence from a phone survey

Dr Georges Guiella

Study Topic and Population

- Objective: To collect data on women's knowledge attitudes and practices related to COVID-19, the economic implications of social distancing and barriers to accessing health services.
- The COVID-19 survey was conducted by telephone with a representative sample of women aged 15-49 years who were interviewed previously in a face-to-face baseline survey between December 2019 and February 2020, consented to follow-up and owned or had access to a phone (57.6% of the baseline survey population).

Study Topic and Population

- Of the 4,691 eligible respondents, 21.5% were not reached. Of those who were reached, 95.8% completed the survey for a response rate of 75.2% among eligible women.
- The PMA female survey measures COVID-19 awareness; perceived risk; mitigation behaviors; effect on household economic status; impact on fertility intentions, family planning (FP) use, and health service access and use.

Safety Measures: During Training

- The training of the 40 female interviewers was planned taking into account the latest government guidelines, in particular, no gathering of more than 50 people.
- Venue has been chosen while keeping in mind the social distancing requirements (an empty chair between 2 occupants).
- Masks and hand sanitizers were provided by PMA to its staff during the training and wearing mask was mandatory for everyone

Key Findings:

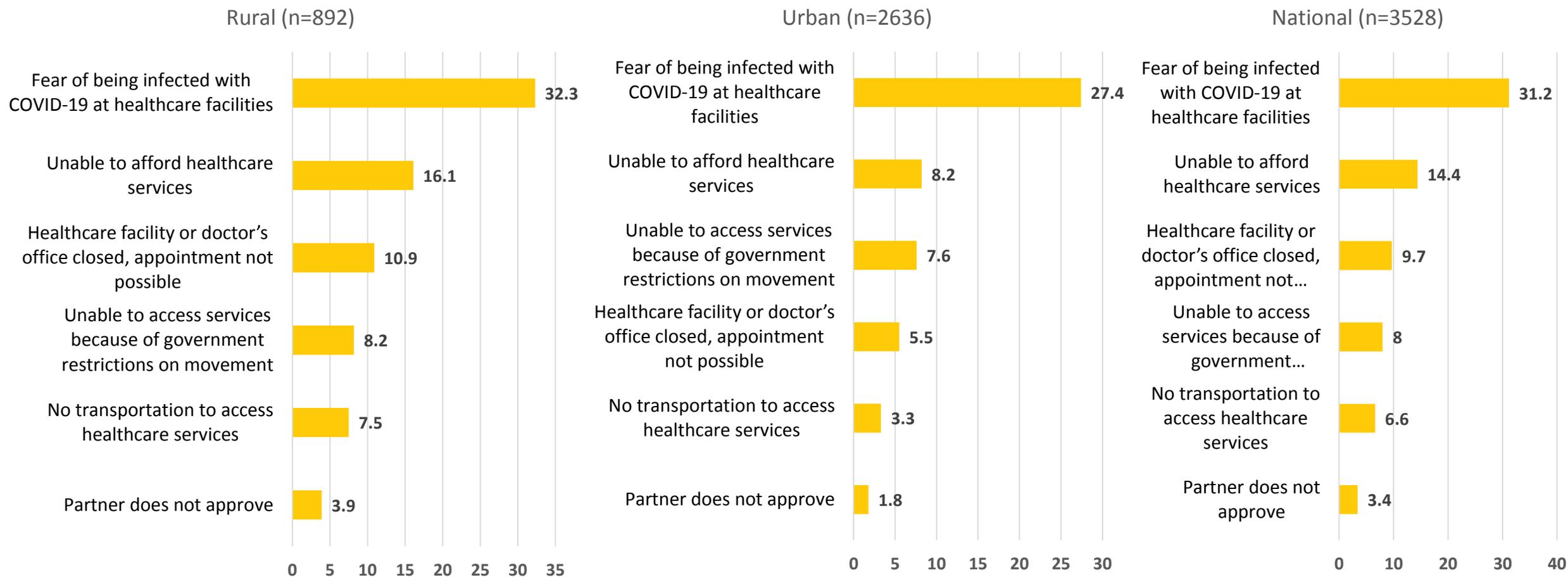
COVID and FP Data Collection

- The major lesson learned is that given the need for COVID-19 data to assist in decision making and the impossibility to conduct a face-to-face survey, the PMA platform was well positioned to shed light on this public health emergency, by collecting timely, high quality data.
- However, the 30-minute questionnaire proved to be long for a phone survey.

Key Findings: COVID and FP practices

- The majority of women at risk of unintended pregnancy did not change their contraceptive status during COVID-19.
- Nearly three out of ten women changed their contraceptive use status (from user to non user or vice versa) between the baseline survey and the COVID-19 phone survey
- Sixteen percent of women continued using their contraceptive method between the baseline survey and the COVID-19 phone survey while 4% of women switched between the two surveys.
- Between the two surveys 8% of women stopped using a modern contraceptive method while 18% started using it.

Difficulties in accessing health services during COVID-19 restrictions among women 15-49 yrs old in Burkina (PMA-BF, 2020)



Key Findings: How are these findings being used?

- These findings from PMA-COVID-19 study were used as a basis for discussion at the National Forum on Covid-19 held on September 22, 2020.
- The forum was held under the theme "Mobilizing the entire Nation to intensify the response to Covid-19 and learn to live with it" and was chaired by the Prime Minister.

Thank you!

Moderated Q & A and Brief Discussion

Large-scale Community-based Data Collection on Family Planning During the Pandemic: Reflections from PMA Rajasthan, India

Dr. Anoop Khanna

Mr. Danish Ahmad

Study Topic and Population

PMA collects a nationally representative sample of data from households and service delivery points in selected sentinel sites, to estimate health indicators on an annual basis in nine pledging FP2020 countries.

- **Objective:** To monitor FP progress with a set of core indicators
- The survey sample is based on a multi-stage cluster design, typically using urban-rural and major regions as the strata.
- In each enumeration area, households are listed and mapped. Households are systematically sampled for inclusion in the survey round, using random selection.
- State-wide sample consisting of a total of 134 Enumeration Areas (EAs), of which 89 are rural and 45 are urban
- A total of 575 Service Delivery Points (SDPs) were surveyed across the Rajasthan state.

Impact of COVID-19 on data collection and how PMA adapted to it



- **Flexibility of PMA platform**
 - Added a module focussed on COVID-19
- **Virtual training**
 - Developed and shared web based training material with the field staff
 - Created videos on key sections of newly added module along with the existing FP module
 - ODK quizzes
 - Created WhatsApp group for sharing the important updates
 - Regular virtual meetings

Impact of COVID-19 on data collection and how PMA adapted to it

In-person Training

- Multiple venue
- Private vehicles
- Screening and sanitizing while entering the training hall
- Small groups created
- Single rooms to the staff
- Conducted in-depth session on COVID guidelines
- Mask, face shield, hand sanitizer and gloves
- Ensured proper social distancing
- Separate foods, separate washroom etc.

Data collection

- Ensuring the proper use of safety material
- Maintaining social distancing
- Mask for the respondent
- COVID screening tool for the respondent
- COVID factsheet for respondent
- Continuous follow up to check the adherence of the COVID guidelines
- Private vehicle used
- Weekly/daily WhatsApp and zoom call for reporting
- Health insurance to cover COVID related illness

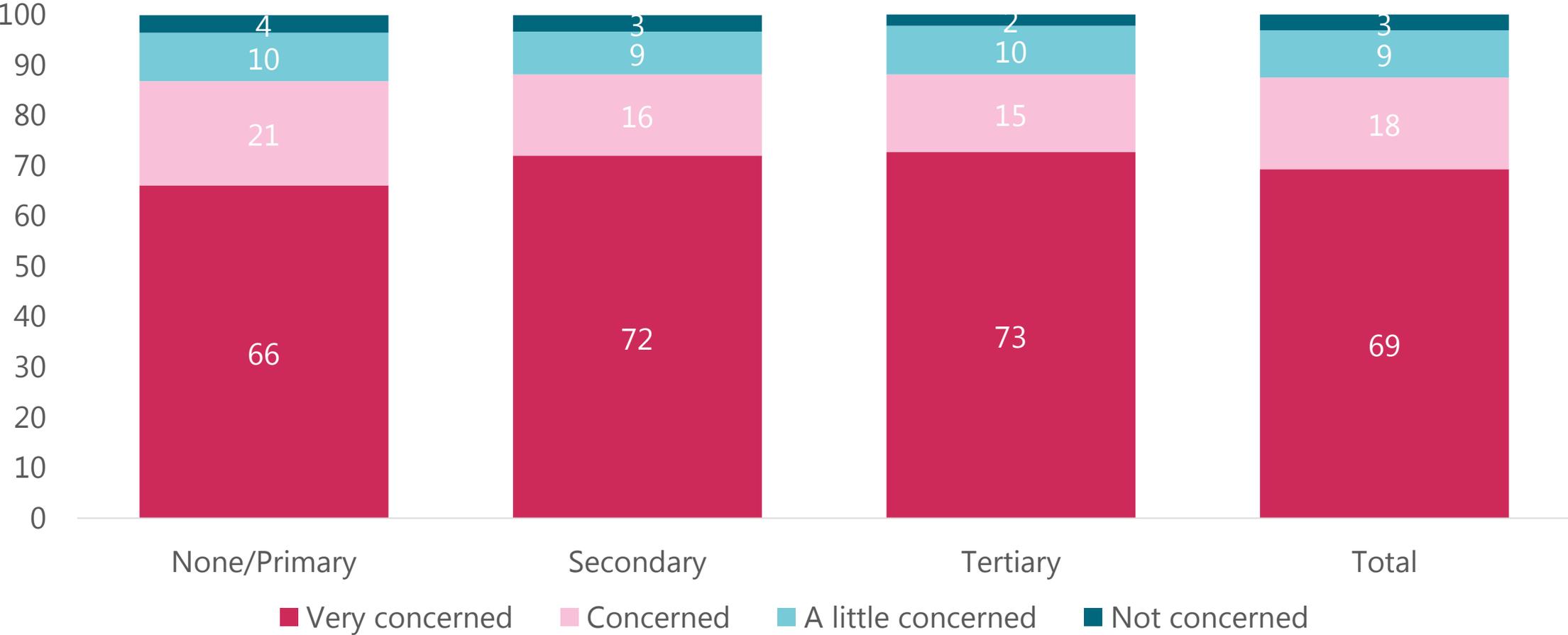
Challenges

- Limited transportation facilities
- Community entry
- Continuous change in guidelines of the government
- Lack of safety precautions by the local people
- Social distancing and privacy
- Lack of network connectivity
- Availability of hygienic stay and food services
- SDP and CEI data collection

Key Findings

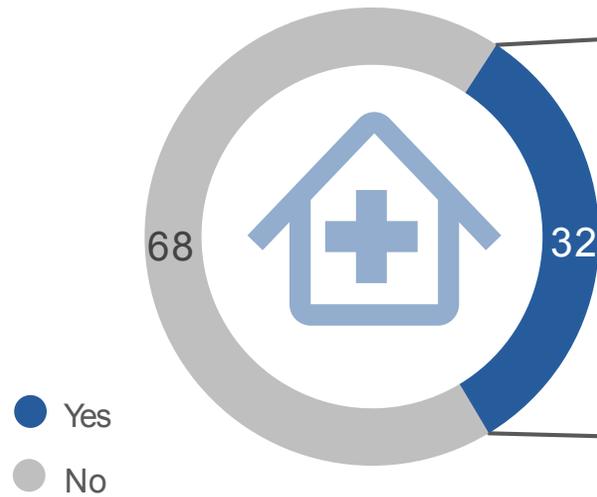
Concern About COVID-19

Percentage of women who are concerned about getting COVID-19, by education (n=5,385)

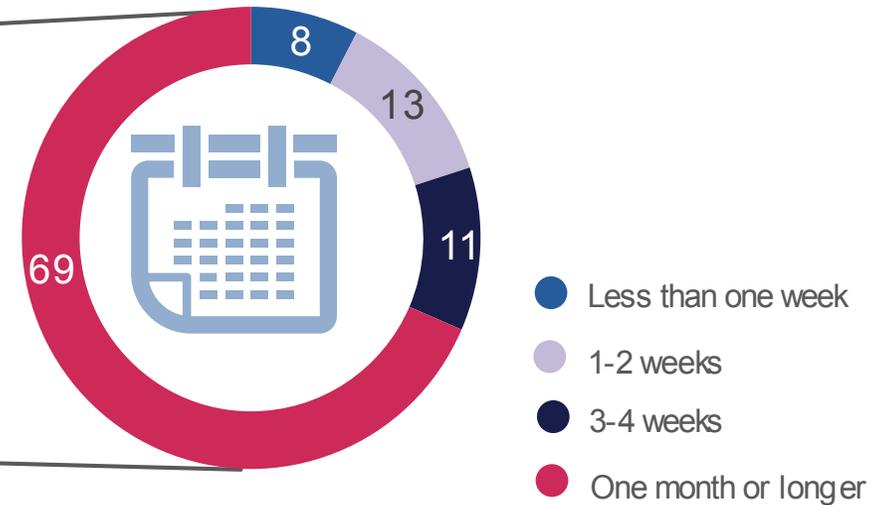


Health Facility Closure During COVID-19 Restrictions

Percentage of public and private facilities that closed during COVID-19 restrictions when they would have otherwise been open (n=575)

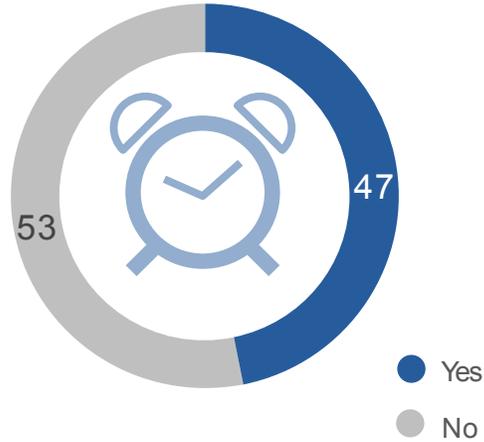


Among public and private facilities closed during the COVID-19 restrictions, the percentage distribution of the amount of time closed (n=184)

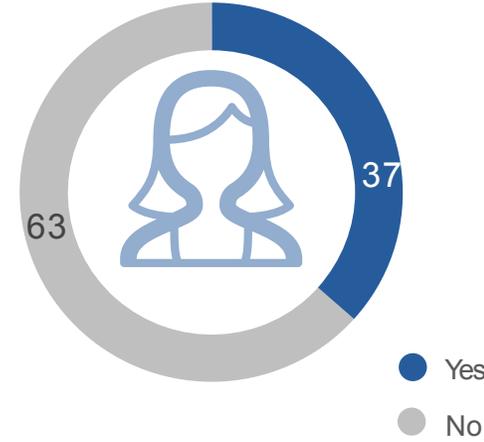


Impact on FP Services During COVID-19 Restrictions

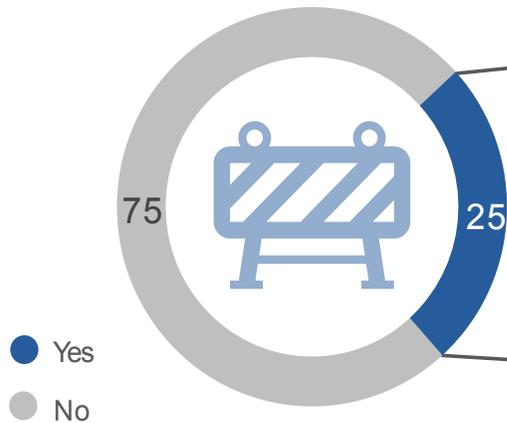
Percentage of all facilities reporting reduction in number of hours of operation during COVID-19 restrictions (n=573)



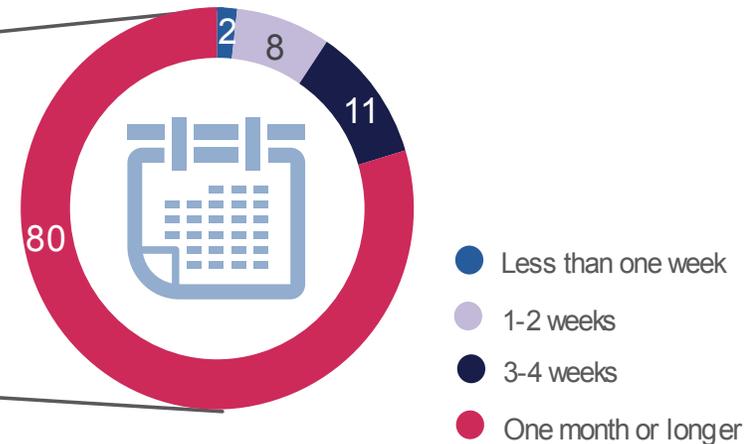
Among facilities offering FP, the percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=506)



Among facilities offering FP, the percentage reporting a suspension of FP services during COVID-19 restrictions (n=507)

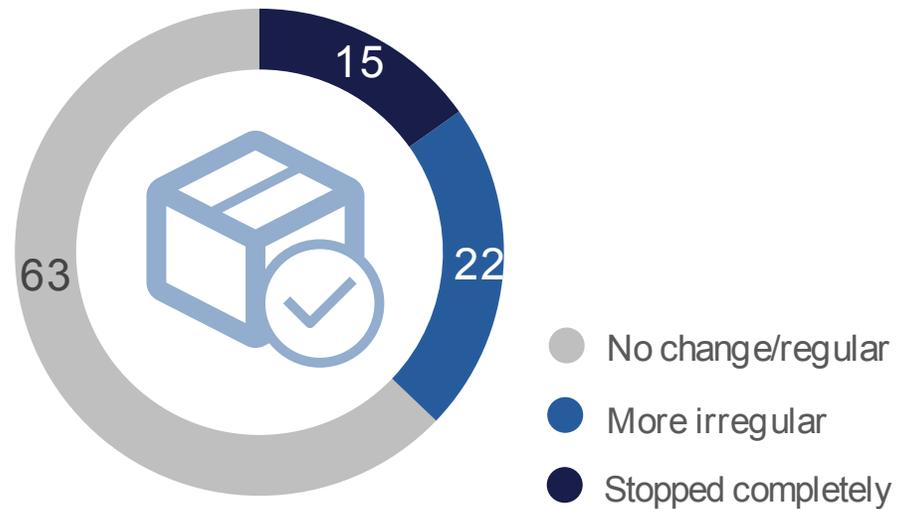


Among facilities reporting a suspension of FP services during the COVID-19 restrictions, the percentage distribution of the amount of time FP services were suspended (n=128)



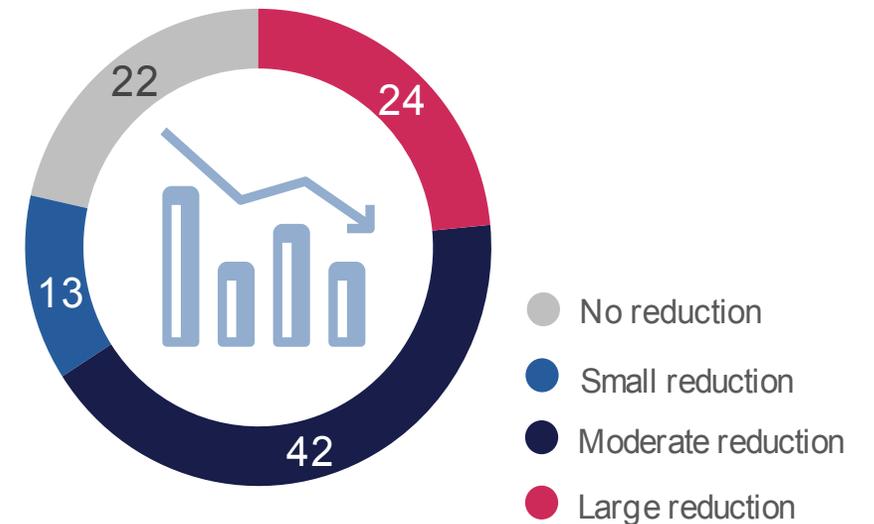
Supply of FP Methods

Among facilities offering FP, the percentage reporting an irregular or stopped supply of FP methods during the COVID-19 restrictions (n=506)



Reduction in FP Clients

Among facilities offering FP, the percentage that reported a reduction in FP clients during the COVID-19 restrictions (n=507)



Glimpses of Training and Data collection



Thank you!

**Understanding Family Planning Under the
COVID-19 Pandemic:
Findings from a study with young married
couples in rural Maharashtra, India**

Mohan Ghule, PhD

Study Topic and Population

- COVID-19 impacts including family planning
- ~1,000 young married couples from a larger FP intervention study [CHARM2] in Pune
 - Pune has ~19% of confirmed cases in Maharashtra, which has ~20% of India's 11.4 million confirmed COVID-19 cases
- Cross-sectional survey, data collection ongoing February/March 2021
- High participation despite COVID-19 challenges (~90%)

Key Findings:

COVID and FP Data Collection

CHALLENGES:

- IRB restrictions on phone surveys & collecting COVID data
- Permissions from various authorities
- Migration – substantial in and out house migration
- Maintaining privacy with outdoor/distanced interviews
- Refusals due to more visits from local health workers, desire to avoid people from outside household
- Reluctance to use safety measures
- Positive COVID cases during the survey
 - 10% of households with positive diagnosis

Key Findings: COVID and FP practices

- All government services were technically operational
- In practice, lower access [fear of COVID at health center, ANMs/ASHAs primarily working on COVID]
 - 1 in 10 women didn't receive FP care due to COVID
 - 4 in 10 women who needed healthcare in the past year did not seek care due to COVID
- Among women who might want to get pregnant again, 60% want to wait until after the pandemic
- 8% of non-sterilized participants were pregnant at time of survey
 - 57% of currently pregnant women reported pregnancy was unintended
 - >80% of women who had an unintended pregnancy said that COVID affected their ability to avoid or delay pregnancy

Thank you!

We would like to thank our participants, intervention providers, field staff, research partners, and funders.

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Moderated Q & A and Brief Discussion

Thank you for joining us!