

September 2021

MAINTAINING QUALITY FAMILY PLANNING SERVICES DURING A PANDEMIC:

Afya Uzazi Programme COVID-19 Adaptions Brief

As COVID-19 spread around the world, the USAID-funded Afya Uzazi project (2016–2021) in Kenya rapidly adapted implementation approaches to ensure the continuation of family planning (FP) services while keeping clients, communities, and staff safe. To capture and share crucial lessons learned from May to November 2020, the USAID-funded Research for Scalable Solutions (R4S) Project supported Afya Uzazi to systematically document how it adapted to the challenges posed by COVID-19. This brief highlights these adaptations across the FP High Impact Practice (HIP) categories: social and behavior change, service delivery, and enabling environment including mass media, community health workers, mobile outreach, policy and digital health to support FP providers. Although the Afya Uzazi project has ended, the lessons learned can inform future projects as COVID-19 continues to present challenges to FP programmes.

Adaption:

Any modification made to a planned programme's activities, interventions, approach or funding due to COVID-19.

NUMBER OF ADAPTATIONS IN KENYA



- 1 Social and Behavior Change
- 4 Service Delivery
- 2 Enabling Environment

ABOUT AFYA UZAZI

Launched in 2016, the Afya Uzazi project worked to improve access to quality, client-centered and linked health care services in Nakuru and Baringo counties. In addition to maternal, newborn, child and adolescent services, Afya Uzazi implemented interventions targeting expansion of access to high-quality, voluntary and comprehensive family planning and reproductive health services by building the capacity of the public, private, and faith-based service providers. Afya Uzazi was led by FHI 360 in collaboration with a consortium of partners that included Gold Star Kenya, Management Sciences for Health (MSH), Kisumu Medical and Education Trust (KMET), and Family Health Options-Kenya (FHOK).

SOCIAL AND BEHAVIOR CHANGE



COVID-19 CHALLENGE: Lowered demand for FP services due to fear of COVID-19 transmission.

ADAPTATION

Mass media campaign about Community Health Volunteers

- Implemented a communication campaign comprised of 10 radio talk shows and a poster campaign in collaboration with counties and sub-counties to address fears that visits from Community Health Volunteers may put household members at risk of contracting COVID-19, and highlight available services.

SOCIAL AND BEHAVIOR CHANGE IMPACT



Messaging through mass media helped increase acceptance of Community Health Volunteer visits and led them to being seen as part of the COVID-19 response in addition to providing FP services.

SERVICE DELIVERY



COVID-19 CHALLENGE: Restrictions on public gatherings limited the number of clients that could be served with outreach services.

ADAPTATION

Scheduled appointments

- Outreach staff reached clients at their homes, farms and markets to provide information on FP, collect contact information, and provide them with a government referral ticket if additional services were desired. Health providers then contacted FP clients by phone to schedule an appointment time with them. This was done to ensure gathering restrictions were adhered to by limiting the number of clients presenting at the same time.

ADAPTATION

Increase the number of outreach events

- Afya Uzazi increased the number of outreach events by 60% when restrictions on gatherings relaxed to meet latent demand for services.



COVID-19 CHALLENGE: Community outreach was suspended until infection prevention protocols were in place.

ADAPTATION

Introduce COVID-19 prevention measures at the community level

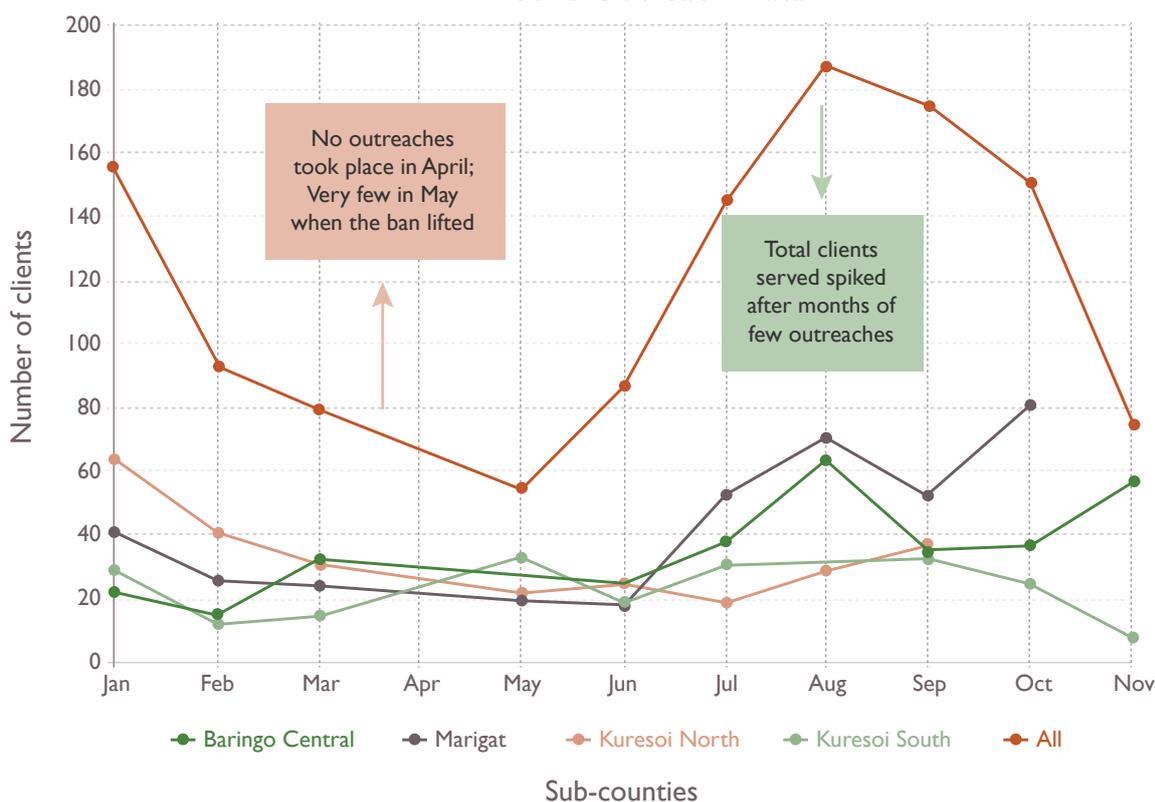
- Modified community outreach to ensure compliance to Ministry of Health COVID-19 prevention guidelines and protocols, including handwashing, PPE use, and distancing were being followed once outreach resumed.
- Prepared Community Health Volunteers to deliver COVID-19 prevention messages, and provided them with a job aid outlining key facts about the pandemic.

SERVICE DELIVERY IMPACT

Appointments allowed clients to continue receiving services, despite strict restrictions on public gatherings that limited those who could be served with outreach.

60% more outreach events led to an increase in number of clients receiving family planning services.

FP Mobile Outreach Data





COVID-19 CHALLENGE: Schools closed during lockdown, preventing Community Health Volunteers from reaching youth.

ADAPTATION

Move community-based youth services to households

- Community Health Volunteers shifted from reaching adolescents at schools to reaching them at or near their homes. However, due to lack of privacy, reaching youth with services and education remained a challenge until schools reopened. This proved to be one of the more difficult challenges for the project to overcome.

ENABLING ENVIRONMENT



COVID-19 CHALLENGE: Early in the pandemic, national guidance suspended community outreach, the provision of long-acting methods and non-emergency surgeries.

ADAPTATION

Interpret national guidance at the county level

- Afya Uzazi worked with the county-level COVID-19 Preparedness Committee to adapt national guidance for the county level. The county-level guidance lifted the restriction on community outreach and the provision of long-acting and permanent methods, provided infection prevention protocols were in place.

ADAPTATION

Use virtual platform to disseminate new guidelines

- Created new job aids and trained providers to implement outreach services under new COVID-19 guidelines.
- Used WhatsApp groups to disseminate and sensitize health workers on COVID-19 prevention guidelines to health workers.

ENABLING ENVIRONMENT IMPACT

- Community outreach with protocols in place were able to resume and provide the full range of contraceptives.
- 69 health workers were sensitized to new county-level COVID-19 guidelines.
- Over 900 Community Health Volunteers were prepared to deliver services according to COVID-19 prevention guidelines.

In its final year of 2020–2021, Afya Uzazi transitioned key activities to the county departments of health in a phased manner, starting with community-level activities. During the close-out phase, Afya Uzazi held a series of meetings at the county-level to coordinate handover of activity implementation, including a discussion of how the documented adaptations helped to address COVID-related challenges. Meetings were also held in the sub-counties and facilities to transition remaining activities handover micro-plans with site-specific details such as detailing roles, processes and tools. Additionally, USAID is supporting the follow-on project, Afya Tujenge Jamii, to work with the department of health in Nakuru county to implement the adapted activities over the next twelve months.



A mother receives services during the time of COVID-19. Afya Uzazi adapted programming to ensure the safe continuation of family planning services

This brief is made possible by the support of the American People through the United States Agency for International Development (USAID). Research for Scalable Solutions (R4S) is a global project funded by USAID and led by FHI 360 in partnership with Evidence for Sustainable Human Development Systems in Africa (EVIHDAF), Makerere University School of Public Health in Uganda (MakSPH), Population Services International (PSI), and Save the Children (STC). The contents of this brief are the sole responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.

For more information about Afya Uzazi's COVID-19 adaptations:

✉ Dr. Marsden Solomon (msolomon@fhi360.org)