

# MAINTAINING DEMAND FOR AND ACCESS TO FAMILY PLANNING DURING A PANDEMIC: Mhuri/Imuli Project COVID-19 Adaptations Brief

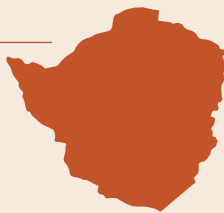


**Adaption:**

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

**NUMBER OF ADAPTATIONS IN ZIMBABWE**

- 2 Social Behavior Change
- 3 Service Delivery
- 3 Enabling Environment



As COVID-19 spread across Zimbabwe, the USAID-funded Mhuri/Imuli project responded to challenges such as strict lockdowns, curfews and supply chain disruptions by rapidly adapting implementation approaches to keep clients, communities, and staff safe while continuing to deliver critical family planning (FP) services. To document and share crucial lessons learned, from May–November 2020, Research for Scalable Solutions (R4S) supported the documentation of Mhuri/Imuli’s COVID-19 program adaptations in Zimbabwe. 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, digital health for social and behavior change, mobile outreach, FP and immunization integration, community health workers, and supply chain management. While COVID-19 is still impacting Zimbabwe’s FP programs, the Mhuri/Imuli team in Zimbabwe has identified successful adaptations that will be maintained moving forward.

**ABOUT MHURI/IMULI**

Launched in 2018, this five-year USAID-funded project aims to improve maternal, newborn and child health (MNCH) and family planning services in Zimbabwe through strengthened health worker capacity and outreach services. Mhuri/Imuli is implemented by FHI 360 in support of Ministry of Health and Child Care and the Zimbabwe National Family Planning Council.

**SOCIAL AND BEHAVIOR CHANGE**



**COVID-19 CHALLENGE:** Lower demand for FP services and lack of clarity on how to access services during the pandemic.

**ADAPTATION**

Utilized mass media to generate demand for FP and allay fears

- Two radio shows were conducted by the project in Manicaland province on Diamond FM, a local provincial radio station, in July and August 2020. The shows aimed to dispel myths and misconceptions around FP methods, raise awareness of service availability, and provide a schedule of FP outreach services provided by the project. Shows were interactive with listeners calling in asking questions about FP. This benefitted rural communities who then accessed FP services according to the outreach schedules that were shared.

**SOCIAL AND BEHAVIOR CHANGE IMPACT**



An estimated **1 million listeners** were reached through radio messaging.



An FP fact sheet **helped inform clients** about the importance of FP during the pandemic and prepare them to receive services during outreach events.

## ADAPTATION

### Developed key messages about FP during COVID-19

- The project developed a fact sheet on the importance of FP during the COVID-19 pandemic. The fact sheet included messages on the impact of COVID-19 on FP, why FP is an essential service, the availability of methods and safe ways of accessing them during the pandemic. Beginning in November, the messages were shared through social media ahead of outreach events, and at health education sessions during FP outreach.

## SERVICE DELIVERY



**COVID-19 CHALLENGE:** A total lockdown started on the 31st of March, 2020 and extended into early May. The announcement was abrupt, leaving clients and providers unprepared. Outreach was initially suspended, and when it resumed, gathering restrictions limited client capacity.

## ADAPTATION

### Complemented community outreach with facility-based services

- FP outreach teams provided services at static health facilities because adhering to COVID-19 protocols (such as gathering restrictions) could be more effectively implemented. Outreach teams primarily offered long-acting reversible contraceptive (LARCs), while short-term methods were provided by health care workers from the static facility.
- To support this model, Community Health Volunteers and FP service providers directed clients to facilities when possible, while raising awareness of FP. The project continued using this model when community outreach resumed in June.

## ADAPTATION

### Integrated community service delivery

- To mitigate the impact of suspended community outreach and gathering restrictions and to improve the project's community reach, outreach teams joined existing Ministry of Health and Childcare (MoHCC) activities at the community level, such as immunization programs, to provide FP services. This enabled women to access care in a one-stop-shop manner.

## SERVICE DELIVERY IMPACT

Providing LARC services at static health facilities helped maintain safe access to services with more stringent COVID-19 prevention protocols in place.

The integrated model of service delivery allowed women to access care in a one-stop-shop manner, reducing burden both on themselves and on the health system. Individualized counseling allowed the teams to comply with COVID-19 prevention requirements while maintaining service delivery.

Although one-on-one counseling reaches fewer clients than group sessions, using this approach temporarily prevented total cessation of informational activities.



*Integrated delivery of immunization and FP services with MoHCC staff at Gambuli Mining & Farming community point in Makonde, Mashonaland West Province.*

“Most clients opted for LARCs at the time because they wanted to avoid frequent visits to the hospital and were not sure when COVID-19 was going to end.”


*T. Vengai, Bulawayo Team Leader*

## ADAPTATION

### Transitioned group informational sessions to one-on-one counseling

- To adhere to distancing and gathering restrictions, the outreach teams shifted from conducting group informational sessions to one-on-one counseling. As gathering restrictions relaxed, group sessions resumed in adherence with COVID-19 prevention measures and with limited groups of clients.


## ENABLING ENVIRONMENT

 **COVID-19 CHALLENGE:** The FP supply chain supply chain was disrupted due to prioritization of COVID-19 related supplies. In addition, there were shortages of PPE and cleaning supplies due to increased demand.

### ADAPTATION

#### Redistribution and alternate sourcing

- PPE were initially redistributed within the project.
- Provinces were eventually able to source supplies from MoHCC facilities within their catchment areas.

 **COVID-19 CHALLENGE:** Prior to the pandemic, health workers from public sector facilities joined Mhuri/Imuli FP outreach teams to complete their LARC practicums, which are required for certification. When health facilities became short-staff during the pandemic however, it became challenging for facilities to release their health workers to join outreach activities.

### ADAPTATION

#### Facility-based LARC practicums for health workers

- LARC practicums transitioned from community outreach to facilities so that the health workers could remain at their duty station while completing this aspect of their certification requirement. The project prioritized facilities that had health workers with outstanding LARC practicums.



“ We were scared of the unknown, but we knew there were people out there in the hard-to-reach areas who needed our services, and this gave us strength and courage. It could have been risky, but the services were essential. With required PPE support and knowledge, we continued to offer FP services.”

*L.Yumisayi, Mash East Team Leader*

## ENABLING ENVIRONMENT IMPACT

The project adapted quickly to avoid prolonged PPE/FP stock outs. Once national guidelines that deemed FP an essential service were issued, supply chain disruptions improved.

By transitioning LARC practicums to facilities instead of outreach, the project was able to continue supporting skill building for LARC provision while not removing the workers from their stations.

Despite not being conducted in-person, data verification occurred.

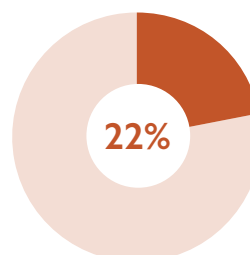
 **COVID-19 CHALLENGE:** Limited intercity travel prevented in-person data verification.

### ADAPTATION

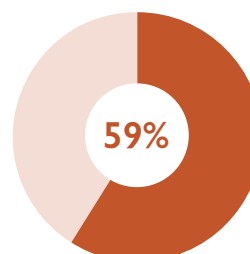
#### Virtual data verification

- Data verification was moved online by sending images of client registers to the M&E team via email.

Percent of mobile outreach clients receiving LARCs before lockdown (Jan–Mar, 2020)



Percent of mobile outreach clients receiving LARCs after lockdown (May–July, 2020)



## INTEGRATION OF ADAPTATIONS BEYOND COVID-19

Mhuri/Imuli will integrate the following adaptations into routine FP programming beyond COVID-19:

### **Complementing community outreach with facility-based services:**

FP mobile teams will continue to provide services at static health facilities in addition to the community outreach.

### **Integrated service delivery model:**

Integration of Mhuri/Imuli FP service delivery with MOHCC community and facility-based services such as child immunisation programs and cervical cancer screening.

### **Facility-based LARC practicums:**

LARC practicums for public sector health workers will continue to occur at facilities.

### **Virtual data verification:**

This will complement on-site data verification.



*Clients queuing up for FP services at a community outreach point (Chikuku clinic), Bikita district in Masvingo province.*

## Overall Project Impact

Within the documentation period, the number of outreach clients served in one week peaked in July at 1,759 (from a low of 203 in May) after national guidance deemed FP an essential service. The adaptation tracking revealed a shift in services provided through mobile outreach: clients choosing long-acting reversible methods increased from 22% to 59% during the 3-month period prior to and after lockdown, respectively. Possible contributing factors may include Mhuri/Imuli's greater focus on LARC provision at MoHCC static facilities, the possibility that women desired to avoid contact with the health system, and/or the influence of an unpredictable pandemic environment.

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