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# MAINTAINING EQUITY IN FAMILY PLANNING DURING A PANDEMIC:

## Strengthening Access to Adolescent Sexual and Reproductive Health Services During 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 KENYA



- 3 Social Behavior Change
- 3 Service Delivery

*Strengthening Access to Adolescent Sexual and Reproductive Health Services During COVID-19*, implemented from July–December 2020 and funded by a private donor, sought to strengthen and maintain access to contraceptive services for adolescents **during the pandemic**.

As the COVID-19 pandemic spread across the world, Save the Children was implementing *Protect*, a respectful care project in Kibera, Kenya, the largest informal settlement in Nairobi. The project aimed to test the feasibility of using group reflection and dialogue by health workers to increase respectful care and reduce provider bias. After the first lockdown due to the COVID-19 pandemic, only projects that delivered essential services could operate, and this project would be paused and restarted after restrictions were eased. The same private donor provided additional funding to support adolescents' access to contraception during the pandemic in the same facilities through the *Strengthening Access to Adolescent Sexual and Reproductive Health Services During COVID-19* project. Designing this project after the start of the pandemic meant that adaptations could be anticipated and were considered in the project design. To document and share critical lessons learned, from July–December 2020, Research for Scalable Solutions (R4S) supported the systematic documentation of the adaptations that were incorporated into the project design. This brief highlights key insights in COVID-19 adaptations across the FP High Impact Practice (HIP) categories: social and behavior change and service delivery, including community health workers, community group engagement, digital health for social and behavior change, and adolescent-responsive contraceptive services. The program's increased reach to adolescents has led Save the Children to identify several effective COVID-19 adaptations that will be maintained in a post-pandemic setting, via the respectful care project.

## SOCIAL AND BEHAVIOR CHANGE



**COVID-19 CHALLENGE:** In-person dialogue groups are limited to 12 participants with reduced frequency.

### ADAPTATION

#### COVID-19 protocols

- Youth CHVs mobilized participants for group dialogues that were held on a monthly basis. Sessions were held outside, when possible, and there were never more than 12 participants including the facilitator. Masks were supplied and worn during the sessions, while social distancing, handwashing, and sanitation were maintained. If interest in the session exceeded the maximum number of allowable, additional groups were organized and held concurrently.

### SOCIAL AND BEHAVIOR CHANGE IMPACT



Between July–December 2020, **1,048 adolescents** were reached through discussion groups with an average of **175 adolescents** participating monthly.

## ADAPTATION

### WhatsApp group discussions

- Youth community health volunteers (CHVs) led WhatsApp group discussions about FP that included information sharing, Q&A and idea prompts with the groups.
- As the frequency of the dialogue groups was limited to monthly occurrences, WhatsApp discussion groups were created to keep the groups active, continue discussions and engage additional young people. The groups were facilitated by experts and included weekly prompts to spark discussion, which sometimes included the use of vignettes.

## ADAPTATION

### Targeted CHV outreach

- Limited participation of very young adolescents (VYAs) aged 10–14 years who were new moms in the in-person or WhatsApp discussion groups, revealed a gap in outreach. CHVs conducted specialized outreach. It took more time to identify these adolescents as CHVs and health centers interacted less frequently. In-person discussion groups were established specifically for VYAs who were new moms to discuss postpartum FP, reproductive health, mental health, nutrition, breastfeeding and parenting.

## SERVICE DELIVERY



**COVID-19 CHALLENGE:** Restrictions limited the number of participants per training.

## ADAPTATION

### Limited participants

- COVID-19 precautions were followed during training of youth CHVs including limitations on number of participants, mask wearing, handwashing, frequent sensitization on COVID-19 updates and social distancing.



Discussion group for older adolescents.



A service provider at a participating facility in Kibera, Kenya, talks to adolescents about contraceptive methods

## SERVICE DELIVERY IMPACT

Adaptations focused on service delivery allowed for safer interactions while accessing care at health facilities while also reducing the need for clients to visit health facilities for family planning. From July–December 2019 (pre-pandemic), 4,245 adolescents and youth (15–24 years) received contraceptive services from facilities (CHVs report their data to facilities). From July–December 2020, 4,656 adolescents and youth received contraception from the same facilities, showing no drop in the number of adolescents and youth reached with family planning services. Youth CHVs reported being able to talk to clients to arranging times and locations to meet that were mutually convenient. Youth CHVs reported being able to spend more time to talk to clients, including about method satisfaction, switching, and referral.



**COVID-19 CHALLENGE:** Concerns about attending static health centers due to the pandemic, combined with lockdown and other movement restrictions, and the older age of CHVs limited access to and use of FP services.

## ADAPTATION

### Youth CHV cadre created

- Created a youth cadre of CHVs who are integrated into the Community Unit, the foundation of Kenya's community health system, and can provide FP counseling, referrals and distribute pills and condoms. Youth CHVs were connected to a link health facility, where they received their supply of commodities, reported their data, received supervision from, and referred clients to. Youth CHVs were paired with a seasoned CHV for on-the-job mentorship. This reduced contacts, but also ensured that the youth volunteers gained necessary skills.



**COVID-19 CHALLENGE:** Health facilities were not equipped to enforce social distancing guidelines.

## ADAPTATION

### COVID-19 protocols implemented

- Save the Children procured stickers to facilitate social distancing guidelines in health facilities and, notably, in waiting areas. Further, needed barriers and PPE were acquired to keep health providers and clients safer. Finally, airtime bundles were provided to CHVs, as face-to-face interactions were not possible at many points in time throughout the pandemic.

“ I am no longer ashamed to discuss sex and family planning.”

*Kibera resident and mother, age 23*

## INTEGRATION OF ADAPTATIONS BEYOND COVID-19

Guided by insights on the project’s ability to reach adolescents and youth, Save the Children has incorporated a number of adaptations into Protect project moving forward. These adaptations include:

### Discussion Groups with Adolescents and Youth

Discussion groups have provided an opportunity for an additional mode to use to engage adolescents and youth. In person and WhatsApp discussion groups will continue to be supported through the Protect Project.

### Youth CHVs

Youth CHVs have been integrated into the Government of Kenya’s Community Unit in Kibera and CHVs will receive ongoing support from the link facilities, supervision, training and mentorship.



*Members of the Very Young Adolescent (VYA) targeted group discussions*

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**For more information about the Save the Children COVID-19 adaptations:**

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