

"Africans, we know how to adapt indeed."

Adaptations to family planning and reproductive Health services in humanitarian settings in Nigeria during the COVID-19 pandemic

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BACKGROUND / SIGNIFICANCE

Women and girls in humanitarian settings are vulnerable to adverse family planning and reproductive health (FP/RH) outcomes as access to services decreases while needs increase.^{1,2} Many lose livelihoods, education opportunities, and family and social support systems. Comprehensive health services are critical to meeting their needs and rights.³ The COVID-19 pandemic exacerbated these problems due to disruptions in supplies of contraceptives and personal protective equipment as well as the availability of health care workers.^{4,5,6} Common modes of delivering services in humanitarian settings such as community meetings, outreach activities, and peer support groups were disrupted when lockdowns were instituted.⁷

Two programs supporting FP/RH services for women in humanitarian settings were part of this study. The IHANN II project is a multisectoral humanitarian response project in Borno State that provides FP, RH and maternal and child health services

to conflict affected and displaced Nigerians. The UNHCR Health and Nutrition Activity operated in seven Local Government Areas in Cross River and Benuue states providing essential services including FP, antenatal care, and postnatal care to refugees living in settlements and host communities.

OBJECTIVES

The study purpose was to 1) identify modifications in FP/RH services due to COVID-19, 2) understand staff perception of the utility and impact of the modifications, and 3) gauge trends in key FP/RH in-service delivery indicators to assess changes after the March 2020 lockdown.

RESULTS

National and state policies issued in March and April 2020 provided guidance on continuing health service provision. Programmatic monitoring data from both projects show a decline for all services in the number of clients seen monthly corresponding to implementation of lockdowns and a subsequent rebound to levels at or greater than pre-COVID following the relaxation of lockdown restrictions.

In the IHANN II project, ANC was the most affected service, with a decline in April 2020 that reversed starting June 2020. HIV testing and counseling and provision of OPV 1 & 3 follow this same pattern but less dramatically. FP provision held steady throughout this period (Figure 1).

Under the UNHCR-SS-HNIR project, HIV counseling and testing shows the largest decline between March and April 2020. This increased again in May 2020 as both projects received support from the Global Fund and PEPFAR partners to provide integrate ANC services with HIV testing for pregnant women. ANC, FP provision, and OPV 1 & 3 show smaller dips (Figure 2). Both projects experienced their lowest provision of outreach services in May, with dramatic increases in June following the relaxation of lockdowns (Figures 3 & 4). In both projects deliveries attended by skilled personnel were the least affected service (Figures 1 & 2).

In KIIs project staff describe adaptations that increased access to key FP/RH services by providing them in new venues, at new times and in ways that enhanced patient access and control including shifting from group counselling to door-to-door activities and tailored health talks that allowed activities to continue in a safer format. Facility adaptations such as multi-month dispensing, offering appointments and increasing the number of service days ensured provision of key FP/RH services. While many staff from both projects noted outreach activities were affected by COVID-19, most UNHCR-SS-HNIR staff and approximately half of IHANN II staff felt that the adaptations made met the needs of beneficiaries.

"It's very, very important that as an implementer... If there is an emergency... [we] find out how you can... come up with strategies that will help you also to address that situation on ground."

– Outreach worker, UNHCR-SS-HNIR project

Persistent challenges to the delivery of health care in humanitarian settings such as inadequate human resources, materials and supplies were noted. Health care workers described needing better training, adequate remuneration, psychological support and opportunities for advancement. Logistic and cultural factors pose challenges and increased education, and outreach is needed. Finally, participants described how COVID-19 brought long-lasting benefits such as: improved organizational processes, the chance to learn new clinical skills and improve time management, along with increased awareness of the importance of adaptability, and strengthened interpersonal skills.

"COVID did not really come like a burden, it just came like something to implement, something to integrate."

– Project staff, IHANN II

"We must continue to explore every day of our work time in the humanitarian [setting] because nothing, nothing is constant. We should just continue [to] work well, and in the case of any challenges or any pandemic we will readjust our strategies."

– Project staff, IHANN II

METHODS

A mixed-methods study design was utilized. First, the study team compiled COVID-19 policies and recommendations on the provision of FP/RH services in humanitarian settings and then developed project-specific timelines of programmatic changes in response to COVID-19.

Second, quantitative FP and RH indicators collected during routine programmatic monitoring were analyzed: antenatal care attendees, deliveries attended by skilled personnel, women receiving FP services, individuals reached with RH community outreach, children receiving oral polio vaccines (OPV) 1 and 3, and pregnant women who received HIV counselling and testing. Descriptive analyses including frequencies and means were conducted using Excel to identify change between January and December 2020.

Finally, the team conducted 20 key informant interviews (KIIs) with clinical health care providers, programmatic staff and outreach workers from each project. Informants were asked about the impact of COVID-19 on FP/RH services, project modifications, and lessons learned. Interviews were audio-recorded, transcribed and analyzed using a thematic approach. Ethical approval was granted by FHI 360's Office of International Research Ethics as well as by Nigerian state level Ethical Review Boards in Borno and Cross River states.

CONCLUSIONS / NEXT STEPS

COVID-19 required humanitarian projects to act beyond their usual, significant responsibilities. While lockdowns had significant effects on provision of services, adaptations allowed the continued provision of essential FP/RH services to the most vulnerable populations without significant negative decline. A well-coordinated response was able to rapidly address the challenges at multiple levels. Additionally, these modifications potentially have systemic and personal-level benefits beyond COVID-19. Despite these encouraging results, more resources and support must be provided to health care workers and project staff working under these challenging conditions—financial, human resources, psychological, and logistic support is essential.

When protective measures are rapidly implemented, projects can demonstrate resilience in the face of a new threat disrupting both the health care and broader social systems. Given the challenges existing in humanitarian settings, this resilience is even more remarkable.

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