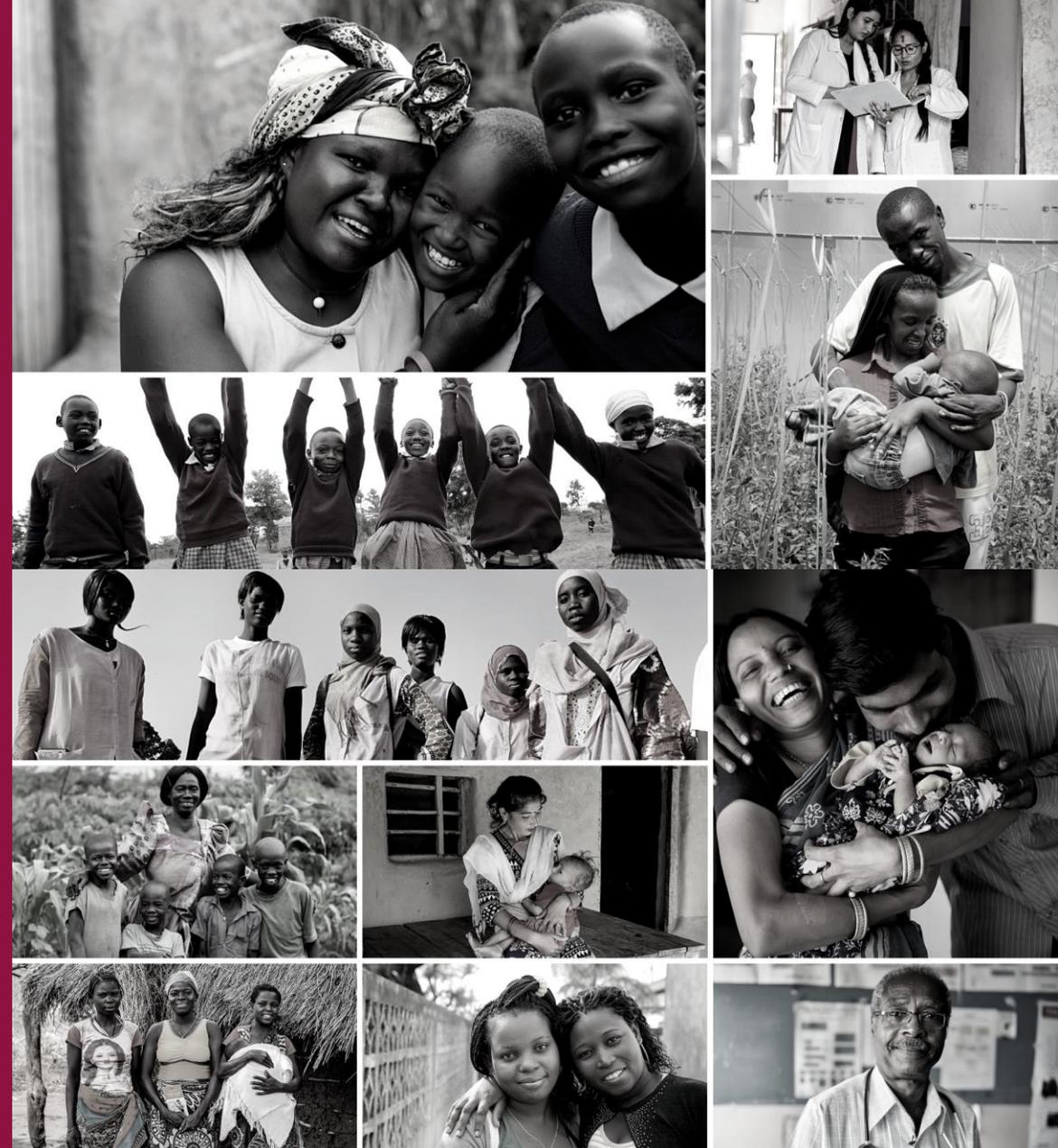


The Impact of the COVID-19 pandemic on the use of selected family planning and maternal, newborn and child health services in Uganda

Simon Kibira, Emily Evens, Lilian Giibwa, Doreen Tuhebwe, Rogers Kagimu, Fred Mubiru, Rhoda Wanyenze, Fredrick Makumbi



Overview

- Provide brief background of existing challenges for FP/MNCH services in Uganda
- Discuss our goal to analyze the effect of COVID-19 on utilization of these services
- Describe the utilization of a mixed-methods approach
- Share results
- Interpret results to prepare for future shocks to the health system

Background

- Despite significant gains in CPR, Uganda's FP/MNCH services still face challenges
- Demand, **access**, quality of care and resilience are key to a functional health system
- COVID-19 threatened to exacerbate existing challenges to delivery and use of FP and MNCH services

COVID-19 control measures and their impact on health services in Uganda

Stringent measures to combat COVID-19

- Travel restrictions & curfew
- Ban of public gatherings
- School closures

Measures likely curbed the pandemic but also had negative effects

- Limiting client access to health services
- Limiting providers' ability to provide care
- Constricting the supply chain

Goals

- To track the impact of COVID-19 on the utilization of four FP/MNCH services
 - FP service visits
 - Women delivering at health facilities
 - Attendance of at least 4 antenatal care visits
 - Full immunization by 1 year of age
- Document adaptations utilized by the Government of Uganda and its partners to ensure the continuity of services during COVID-19



Methods

Cross-sectional, mixed methods study

Quantitative data abstraction of key indicators from the HMIS

- Includes data from ALL facilities reporting to the HMIS
- Descriptive trend analysis by month across four time periods at national level
- Regression analysis to estimate the effect of the lockdown on utilization of services

Four time periods:

- January 2018 – December 2019
“Pre-COVID 19”
- January – March 2020
“Partial Lockdown”
- April 2020
“Complete Lockdown”
- May – December 2020
“Post lockdown”

Qualitative Key Informant Interviews

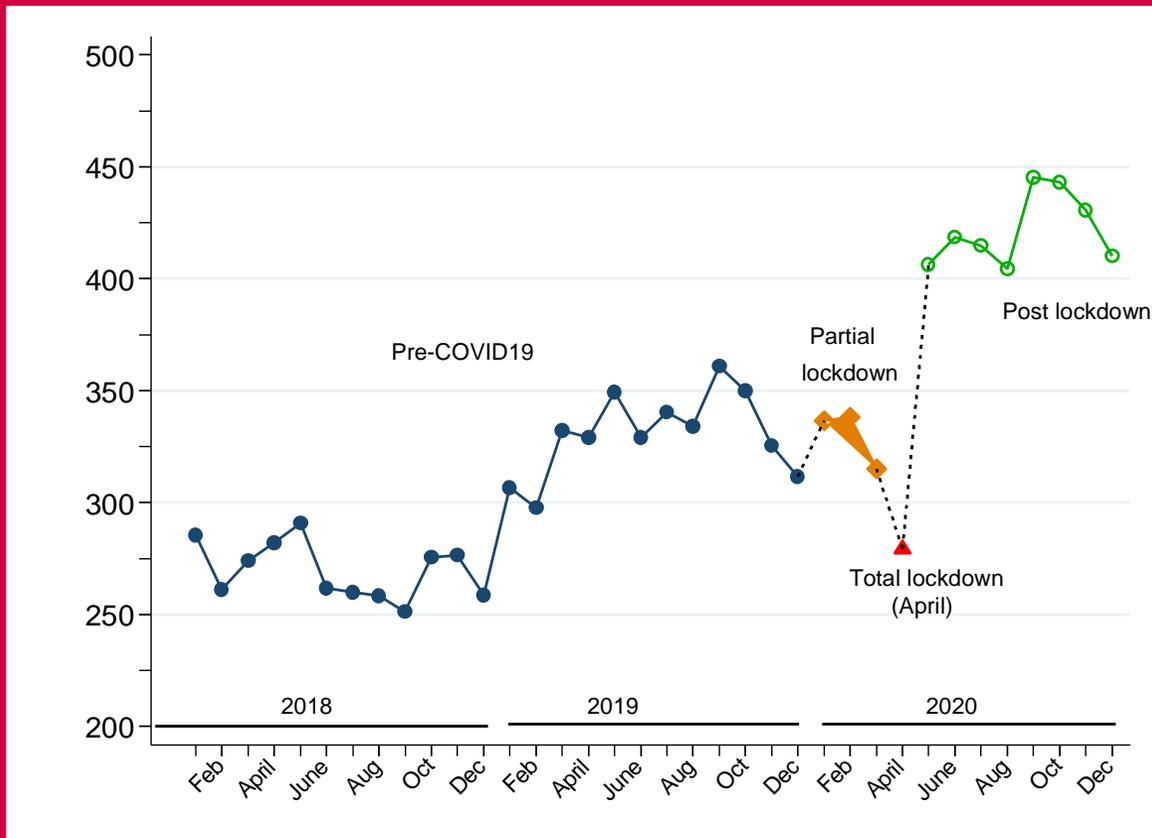
- Selection of top and bottom 4 performing districts
- 50 interviews with stakeholders including:
 - Health facility in-charges
 - District health officers
 - SRH/MNCH focal persons
 - District commodity storehouse managers
 - Village health team members
 - MNCH implementing partners
 - Private providers
- Semi-structured interview guide
- Interviews conducted by phone, audio recorded and transcribed
- Thematic analysis, aggregated by participant category across districts

Results

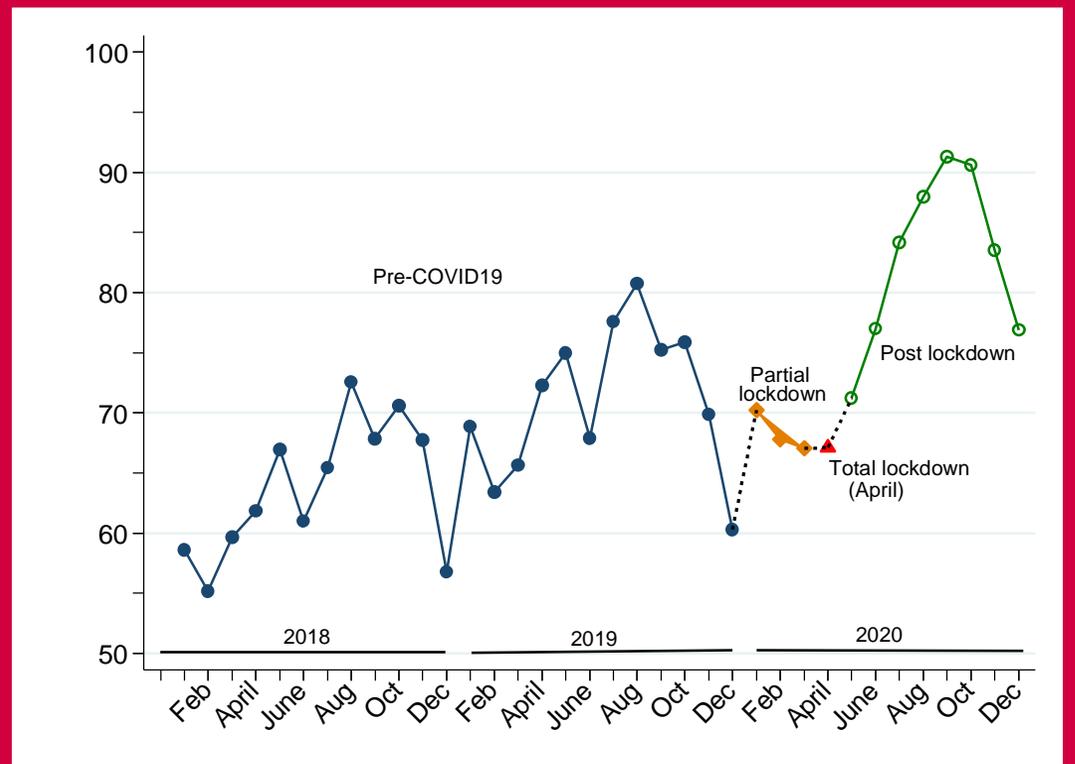


FP and ANC service visits over time

Trends in monthly total number of FP service visits

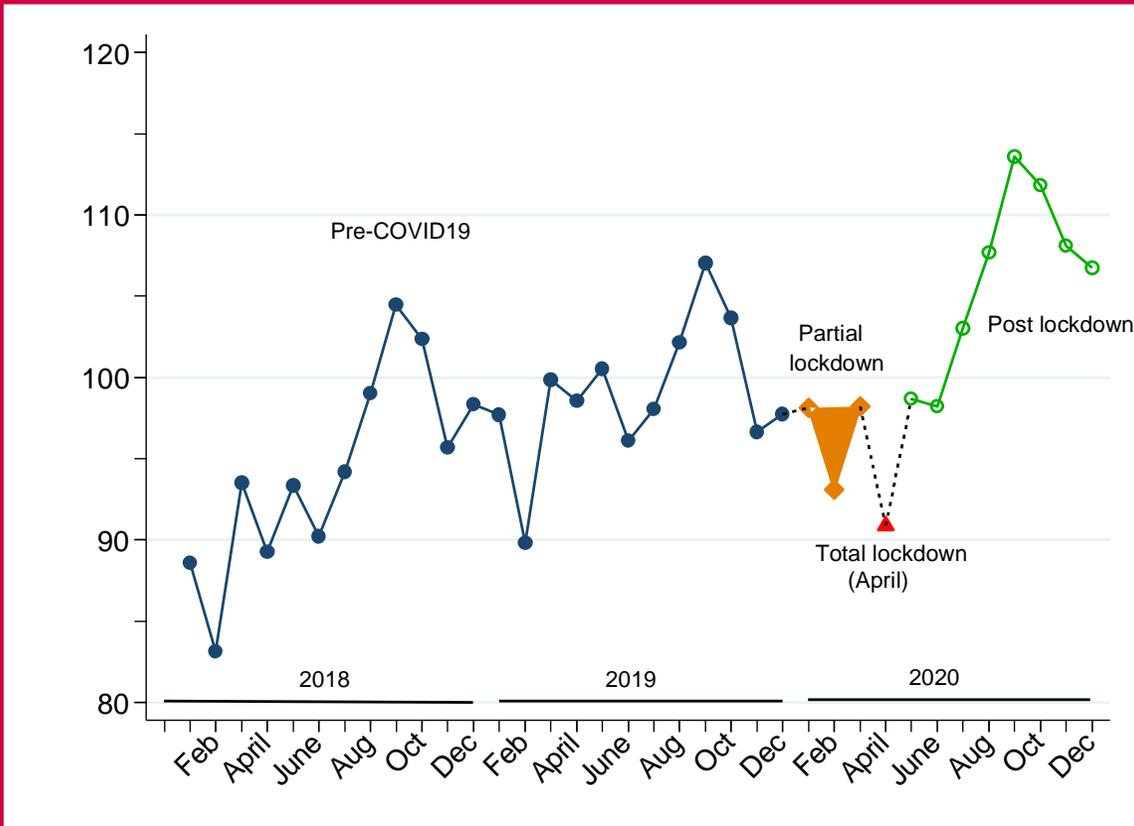


Trends in monthly total number of women attending 4 or more ANC visits

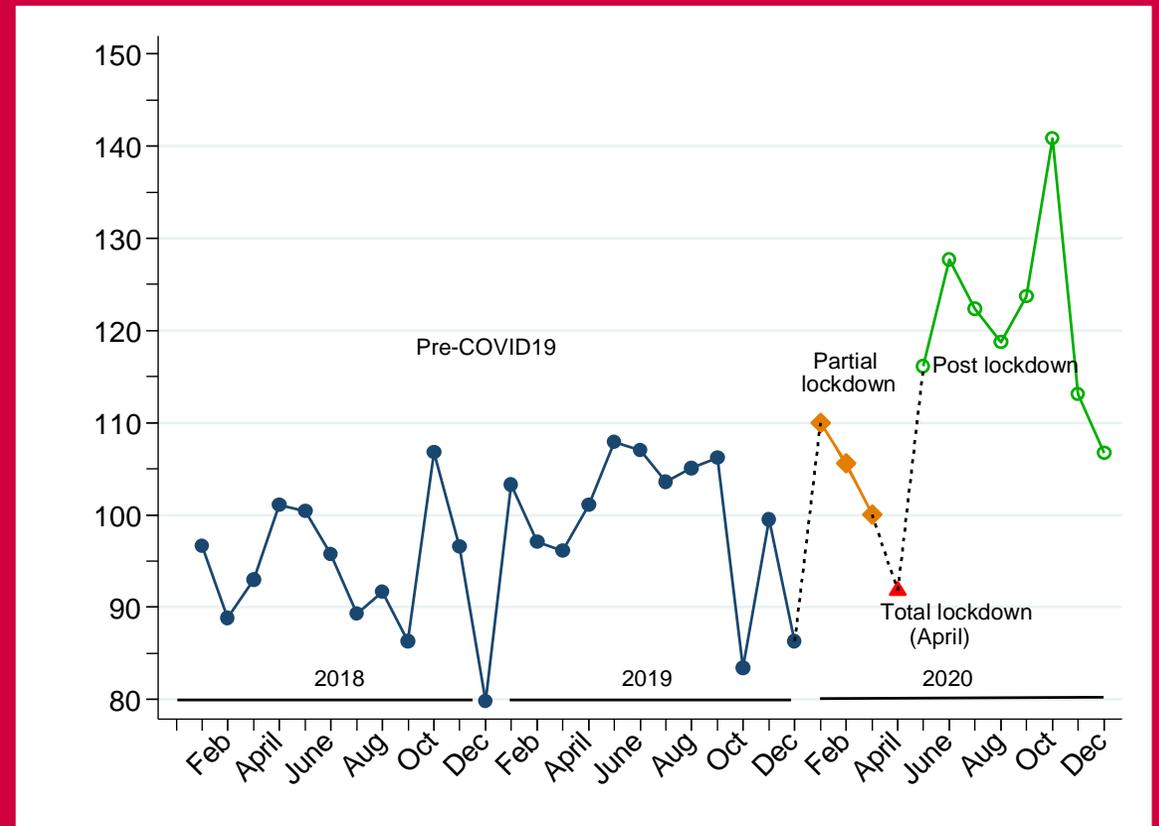


Facility-based deliveries and Immunizations over time

Trends in monthly total number of women delivering in health facilities



Trends in monthly total number of children fully immunized by one year



Changes in key outcomes relative to the pre-COVID-19 period

- During partial lockdown: FP and ANC declined significantly
- During total lockdown all services declined
 - Decline in immunizations not significant
- During post-lockdown immunizations increased significantly

	FP service visits	ANC-4 visits	Facility-based deliveries	Full immunization
Partial lockdown	-17%*	-6%*	-1%	+10%
Total lockdown	-34%*	-14%*	-8%*	-6%
Post-lockdown	- 5%	-5%	+3%	+26%*

Qualitative data: Key adaptations

Community Level

- Community outreaches
- Training mothers as community liaisons
- Support from local leaders to facilitate transport

Facility Level

- Creative use of space to accommodate social distancing
- Shifting provider roles

District Level

- Reassignment of health workers to closest facilities
- Passes to allow staff to travel
- Ambulance service
- WhatsApp groups to facilitate communication
- Redistribution of supplies

*“At first, the community members would fear to come to the outreaches, but later, after sensitization with the local leaders, **they understood and accepted** to come for the services in the community.”*

- Focal Person

*“It is because we redistributed the excess supplies got from one facility to another that needed them and in that **the gap was covered.**”*

- Commodity Store Manager



Qualitative data: Key adaptations

National Level

- Production of guidelines on the continuity of health service provision

Partners

- Provision and redistribution of commodities including, FP methods and PPE
- Technical support, and training

*“**They have helped us**...where we had a gap, we have been able to improve due to guidelines. So, before the guidelines, we were afraid but when the guidelines came up the services continued smoothly. The health workers knew how to protect themselves like get masks on, sanitize.”*

- Focal Person

*“...those implementing partners... **that are helping us**. They used to come here and ask, ‘we are going to this facility; do you have anything [to deliver]?’ Actually, they are more effective in those issues of redistribution. So, you could give them commodities and they delivered to health facilities that were in the same direction.”*

- Commodity Store Manager

Discussion and Conclusions



The number of services provided generally increased between 2018 and 2020 for all four services:

FP and ANC services most affected during lockdown

- These may not have been considered essential

Travel restrictions affected all services

- Clients and providers may have also feared seeking care in facilities

Immunization less affected than other services

- Flexible timing of vaccinations
- Families who postponed vaccinations during lockdown could have returned in higher numbers

How did adaptations enable continued service provision?

- The **availability of guidelines** helped providers know how to ensure safe service provision
- **Heavy reliance on implementing partners** could limit development of long-term resilience
- **District level flexibility** was key to ensuring communication, redistribution of supplies, availability of providers and accessibility for clients
- **Community adaptations** had the greatest impact

Conclusions

- Uganda is on a positive trajectory of improving the number of clients who receive FP and MNCH services
- Clarification of essential services is vital
- Evaluate the benefit of travel restrictions relative to the burden they impose
- Consideration of how to build resilient systems should focus on all levels
- Continued focus is needed on community engagement, supporting health care workers; improving transportation; and ensuring commodities are available

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Thank you!



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