

COVID-19 Global Impact Assessment of IPPF Member Associations 3rd Survey Results & Analysis 26th November 2020

IPPF administered a survey to all IPPF Member Associations (MA) and collaborating partners (n=135) from October 30 – November 12, 2020 as part of its third (round 3) global impact assessment on Covid-19. The survey was administered through an online platform in three languages (English, French and Spanish). MAs that could not access the online platform were allowed to complete the survey in a word document (n=2, MA in DPR Korea and MA in El Salvador). Key highlights of the survey and the impact assessment are provided below.

- 118 MAs and collaborating partners completed the survey signifying a response rate of 86%.
- 83 MAs have completed all three rounds of the survey (March, June, November) providing three data points to assess situation development, based on select indicators between each round of survey. Regional response rates are:
 - Africa Region (AR) - 21, (64%)
 - Americas and Caribbean Region (ACR) -8, (40%) *
 - Arab World Region (AWR) -9, (64%)
 - East & South East Asia and Oceania Region (ESEAOR)- 18, (82%)
 - European Network (EN)- 19, (63%)
 - South Asia Region (SAR) – 8 (100%)

** NB ACR calculation counts 11 active affiliates of CFPA separately*

Survey results and categorization: IPPF's response to the Covid-19 challenge has been to enable the evolution of an equitable, resilient, rights-based ecosystem for SRHR and Member Associations (MA) to advocate for and provide SRH programmes in their communities. All response, mitigation and rebuilding efforts continue to be structured around three essential pillars.

Pillar 1: Ensuring continuity of SRH programmes

Pillar 2: Protect, promote and advance the SRHR agenda as responsible advocates

Pillar 3: Build resilience among IPPF Member Associations to weather current and future disruptions effectively

The results of this global assessment are presented under the following headings to provide a situation update. Where applicable, changes from results of the round 1 survey (April 1 2020) and round 2 survey (June 2020) are highlighted, in the context of round 3 (November 2020)

1. Update on Pillar 1: Ensuring continuity of essential SRH services

Based on survey responses, the overall situation for SRH service delivery continues to show improvement albeit differentially across the regions. The disruption caused to the SDP closures and service delivery scaling down appears to be improving. A total of 5,051 SDPs have now resumed operations and shows a vast improvement since March 2020.

Key results on SRH programmes:

- 105 of 118 MAs reported providing SRH services in this round of the survey
- Overall, it can be seen that SDPs were able to resume their services and the absolute number of SDPs closed from June 2020 has reduced by over 50% across static, mobile and community points.
- 37 MAs (35% of those providing services) are currently reporting at least one SDP closure, an improvement from both Round 1 and Round 2 data. As a result of MA efforts and IPPF support a total of 36 MAs have now re-opened all of their SDPs in November 2020. Re-opening of SDPs to provide SRH services have occurred in 29 MAs since June 2020 and 27 since March 2020.
- Since March 5,051 SDPs have resumed/re-opened and since June 3,443 SDPs have resumed/reopened service provision.
- While all regions have improved the number of SDPs that are operational since March 2020, the reopening of SDPs have had the most impact in ACR (966 SDPs reopened), AR (1,037 SDPs reopened) and SAR (1,856 SDPs reopened). ESEAOR (299 closures) and AR regions (859 closures) continue to experience the most SDP closures. Based on the data from MAs who have completed all the three rounds of the survey, the table below, highlights the number of SDPs re-opened and remain closed since March 2020.

Table 1

Region	No. SDPs re-opened since March 2020	No. SDPs remain closed
ACR	966	28
AR	1,037	859
AWR	470	33
EN	279	53
ESEAOR	443	299
SAR	1,856	21
Global	5,051	1,293

Africa Region is where 859 (66%) of closures are located, including 426 of the 429 partner site closures globally. The remaining closures are predominantly in ESEAOR, with 299 closures, mainly among associated health facilities.

The table below provides a summary of the total region-wise SDP closure.

Table 2

Round 3- IPPF Covid-19 Survey						
Region	Static	Mobile	AHF	CBS	Partner	TOTAL
ACR	12	4	3	9	0	28
AR	24	171	123	115	426	859
AWR	2	9	17	5	0	33
EN	10	36	1	3	3	53
ESEAOR	10	46	241	2	0	299
SAR	7	7	0	7	0	21
TOTAL	65	273	385	141	429	1,293

- The situation for static and mobile service delivery points (SDPs that offer the widest range of SRH services) has improved across all IPPF regions since June 2020.
 - Static clinic closures make up 5% of all SDP closures. However, the absolute numbers are now much lower – this is a fall from 238 static SDPs closed to 65.
 - Mobile closures are up to 21% of the overall total from 16% previously, and now only 273 mobile sites are closed compared to 847 previously [in June].
 - 47 MAs (45%) report an increase in client flow compared to June 2020, and 11 no change. Among MAs reporting an increase in the number of client flow the majority report up to 25% increases from June 2020 and 7 MAs (2 in Africa Region, 2 in European Network, 2 in ESEAOR and one in South Asia) report increase of over 50%.
 - Among MAs reporting continuing SDP closures, a little over a third of all closures are due to lack of government approvals (35%). Challenges in ensuring health worker safety and availability are significant concerns that have limited MAs’ ability to resume operations of SDPs with non-availability of service providers and lack of access to PPE contributing 12% each to SDP closures. 37 MAs report clinic closures currently, down from 46 in June, with by far the most common reason being government instructions (35% of all closures). The next most common reasons were lack of availability of service providers (12%), lack of PPE (12%), low client flow (11%) or other reasons (11%).
 - 3 MAs (Pakistan, Niger and France) report a return to pre-COVID service levels across all service categories. A total of 21 MAs reported a return to pre-COVID service levels in at least 5 out of the 9 categories (i.e. more than half).

- Contraceptive services are showing the highest availability, with 54 MAs reporting that these services are ‘scaled up’ compared to June 2020 or back to pre-COVID-19 levels. 48 MAs reported this for specialized counselling services, 41 for SGBV services and 41 for gynaecological services. Only 29 out of 105 MAs report that abortion services are scaled up or back to pre-COVID-19 levels.

- The number of MAs reporting that services are still scaled down compared to June has declined. 32 MAs reported scaling down of HIV services, 29 for contraceptive services and 24 for gynaecological services as compared to 44, 39 and 40 respectively in June 2020

- 32 MAs (up from 11 in April 2020) report no reduction in the offering of SRH services due to Covid-19 (as compared to pre Covid-19 times). Positive shifts are noted in AR (14 MAs), ESEAOR (9MAs), SAR and ACR (3 each).

- Client flow to MAs increased in 46 respondents since June but decreased in 47, with 11 showing no change. Most increases were relatively small, with 28 of the 52 MAs reporting an increase of below 25% and only 7 showing more than a 50% increase. On the other hand, 9 MAs reported a decrease in client flow of more than 50%, with another 10 reporting a decrease of more than 25%.

- EN and ESEAOR all reported more MAs with decreases in client flow, while in ACR 7 MAs reported increased client flow and only 5 decreased, in AWR 6 Increased, 6 decreased, 1 no change), and AR 17 increased, 17 decreased, 2 no change.

Adaptation to SRH service delivery

Thanks to the IPPF COVID-19 Grant project: It led to creation of a CSE mobile application. Association Comorienne pour le Bien-Etre de la Famille (Comoros MA)

Since the outbreak, as a business continuity strategy, MAs have continued to focus on **expanding their digital work as well as online CSE programmes for young people.**

- Compared to 29 MAs in the last survey, currently 69 MAs are providing telemedicine for SRH services, including virtual counselling, consultation and follow-up, and online prescriptions.
- One of the positive trends reported was 33 MAs are providing support for self-care or self-testing including for HIV testing, medical abortion, and contraception
- 53 MAs offering home based care or door delivery of SRH commodities (increase from 26 MAs in June 2020)
- 57 MAs reported integrating online innovative CSE programmes into their current programming to mitigate the impact of Covid 19

“The national tender for procurement of HIV test kits was unsuccessful due to non-availability of bidders. In October 2020, HERA has procured some amount of HIV rapid tests, from its own savings to cover the gap at national level” (approx. 2-month period till 17 December)- The Health Education and Research Association (HERA) Macedonia

While many MAs have undertaken mitigation efforts, upstream disruptions in the SRH supply chain, especially for contraceptives, compounded by regional Covid-19 transmission dynamics is beginning to impact on the ground availability.

- 32 MAs reported no challenges
- 78—MAs reported procurement challenges (excluding last mile distribution and challenges in in-country distribution)
- ACR is the worst affected region, with 15 of 17 responding MAs reporting procurement challenges. AR reported 29 MAs with challenges, 78% of the total. Only 15% of EN MAs report challenges.
- 8 MAs are now reporting an SRH commodity shortage for the first time during this survey

2. Update on Pillar 2: Protect, promote, and advance SRHR as responsible advocates

A brief summary of the positive actions around SRH by governments as reported by MAs include:

56 MAs (53% of respondents) reported that their national government had included SRH as part of the Essential Health Services Package. Of these, 84% indicated that this had a positive impact, while 13% indicated that it had not had an impact, and 3% said they did not know. All respondents in South Asia Region reported an impact, while in ESEAOR, 3 out of 15 MAs (20%) reported no impact from the inclusion of SRH in the Essential Health Services Package. In each of the other regions, only a single MA reported no impact.

3. Update on Pillar 3: Build resilience among IPPF Member Associations to weather current and future disruptions effectively

A critical pillar of IPPFs overall Covid-19 response is to assess impact and enable MAs to improve their resilience through effective business planning and supporting adaptations to their operations. While MAs have adapted to the changing situation, supported by IPPF over the months of June to Oct 2020, the disruption continues to impact operations with

- 5 MAs reporting a critical impairment (over 75% of operations impacted)
- 17 MAs have reported a severe impairment (at least 50% of operations affected/reduced)
- 86 MAs have reported a minimal to moderate impairment of their overall operations (0-49% of operations affected/reduced)

“When the lockdown was over, and shortly after the cases started emerging, we started to offer counselling on virtual space for S/GBV through Drop Online and other suitable platforms”. – Serbian Association for Sexual and Reproductive Health and Rights (SRH Serbia/SRHS)

- Field practice shows us that **gender-sensitive humanitarian** assistance can mitigate the negative effects of emergencies on men, women and third gender. Through various initiatives, IPPF has been promoting positive changes in the situation of these crisis affected populations by adopting **gender-sensitive** measures.
 - 86 MAs reported to have taken actions and integrated gender sensitive programmes to address gender issues during the C-19 pandemic.
 - 75 (more than 63%) MAs reported that they have COVID-19 resilient programmes integrated into 2021 APBs
- COVID-19 has had an unprecedented impact on sexual and reproductive health and rights (SRHR) services across the world, may it be from the health crisis itself or the consequences of the lockdown due to the second wave of transmission in many countries. Following are the key challenges faced by MAs to their operations

“Provide additional support for commodities when existing sources like Government medical stores and UNFPA are affected. That could mean additional funds to procure locally”-PNG Family Health Association (PNG-FHA)-Papua New Guinea

- Supply of contraceptives (5 MAs noted the availability or price of commodities as a key concern)
- Safety and support to Frontline workers (14 MAs are most concerned about providing services safely, 4 are concerned about access to PPE for staff) .
- Clinics are still closed as staff are affected or due to the government mandate in the country (for 13 MAs restrictions on service delivery is a key concern, for 3 it is staff unavailability, 11 MAs highlighted movement restrictions).
- 22 MAs raised concerns of low client flow

- The survey also provided an opportunity to the MAs to share the areas where they might require further Technical Assistance support from IPPF. Some of the areas mentioned by the MAs are provided below: -
 - Strengthening investment in telemedicine and Digital Health Interventions for accessibility and availability of SRH services
 - Support in developing online QoC tools for monitoring and impact evaluation of digital health interventions.
 - Need to facilitate MA to MA experience and information sharing. Also updating the IPPF social media pages with C19 related information.
 - Support in strengthening online CSE programmes
 - Provide additional support/funds for commodities when existing sources like Government medical stores and UNFPA are affected.

As the pandemic continues to significantly impact health services across the globe, the MAs continue to **explore a range of mitigation and resilience building measures** such as focussing on restarting services, diversifying channels of service delivery, making their programmes more gender inclusive and diverse, reducing expenditure by adopting remote operations, integration of innovative strategies for business continuity into their Annual Programme Budget (APBs) for 2021. In addition, with a sustained plan for data analysis and evidence generation, the IPPF COVID-19 Taskforce is gearing towards supporting MAs in designing need based integrated service delivery models, mobilisation of resources to continue innovative SRH programmes and documentation of good practices/case stories from the field.