

# COVID-19: THE PANDEMIC'S CONSEQUENCES FOR ADOLESCENTS

## IUSSP WEBINAR SERIES

### JOYCE MUMAH

July 2020



# COVID-19 PANDEMIC AND PROGRAM IMPLEMENTATION

- FP/SRHR not considered an essential service
  - Decline in SRH service provision
    - Especially for young people, who are not being reached through traditional channels (e.g. static facilities)
    - Lack of mobilization, especially outreach activities
    - Low client flow at facilities
    - Adapted service delivery to reduce risk of transmission to all staff
- Youth events have stalled due to C-19 restrictions
  - Including in-school programs, due to school closures
- Global chain supply disruptions

# SRH AND YOUNG PEOPLE WITHIN THE WOMEN'S INTEGRATED SEXUAL HEALTH (WISH2ACTION) PROGRAMME

## BACKGROUND



# OVERVIEW OF THE WISH PROGRAMME

The WISH project is the UK Government's flagship programme to **scale up its support to integrated sexual and reproductive health and rights (SRHR)** services in a range of FP2020 commitment countries across **Africa and Asia by 2021**

WISH targets are supported by progress towards 4 cross cutting outputs:



## Individual choice

Strengthening individual knowledge, choice and building community support for SRHR.



## National Ownership

Driving sustainability and national ownership of SRH programmes.



## Access to services

Improving access to and expand choice of voluntary FP and other SRHR services.



## Global goods

Increasing women's choice and access to SRHR services through evidence-based innovations and best practice.



# SERVICE DELIVERY UNDER WISH

WISH is implemented through **two 'Lots'** with different consortium structures:

Leads  
Partners  
Countries

## Lot One



Marie Stopes International (MSI) leads the WISH Lot 1 consortium



- |              |            |       |               |         |              |
|--------------|------------|-------|---------------|---------|--------------|
|              |            |       |               |         |              |
| Burkina Faso | Cameroon   | Chad  | Cote D'Ivoire | DRC     | Ghana        |
|              |            |       |               |         |              |
| Mali         | Mauritania | Niger | Nigeria       | Senegal | Sierra Leone |

## Lot Two



International Planned Parenthood Federation (IPPF) leads Lot 2 (also referred to as WISH2Action (W2A))



- |             |            |         |             |            |          |            |
|-------------|------------|---------|-------------|------------|----------|------------|
|             |            |         |             |            |          |            |
| Afghanistan | Bangladesh | Burundi | Ethiopia    | Madagascar | Malawi   | Mozambique |
|             |            |         |             |            |          |            |
| Pakistan    | Rwanda     | Somalia | South Sudan | Sudan      | Tanzania | Uganda     |
|             |            |         |             |            |          |            |
| Zambia      | Zimbabwe   |         |             |            |          |            |



\*Countries in red were included in the IPPF WISH CEIs

# YOUNG PEOPLE (15 -19)



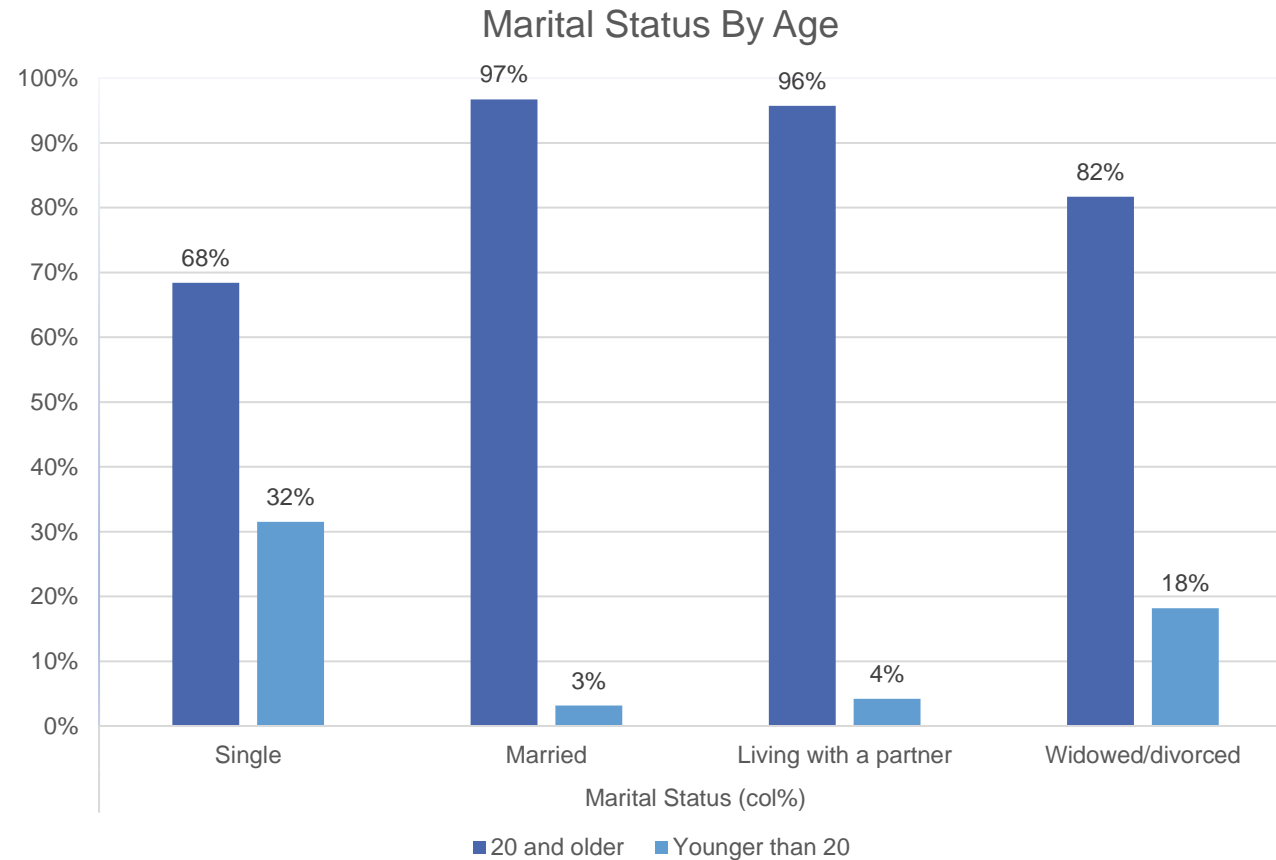
# BACKGROUND

- Youth recognized as one of the critical underserved populations within the W2A program
- Delaying 1st pregnancies means they can gain the education and skills to live healthy lives, leading to positive social and economic outcomes
- Young people under the age of 20 represent close to a third of the world's population
- In SSA, with the “youth bulge” ~50% of the population in most countries are <19yrs
- Though generally a healthy period of life, youth also marks a period of initiation of risky behaviors, with far reaching health consequences
- There is least SRH gain in this age group; yet the primary causes of poor health and social outcomes in this group are largely preventable

# WHO ARE OUR YOUNG PEOPLE?

- Majority of adolescent clients who accessed services were single (32%) or formerly married (18%)

Facility-level data;  
Over 95% of adolescent clients are females;  
Data collected between Dec 2019-  
March 2020

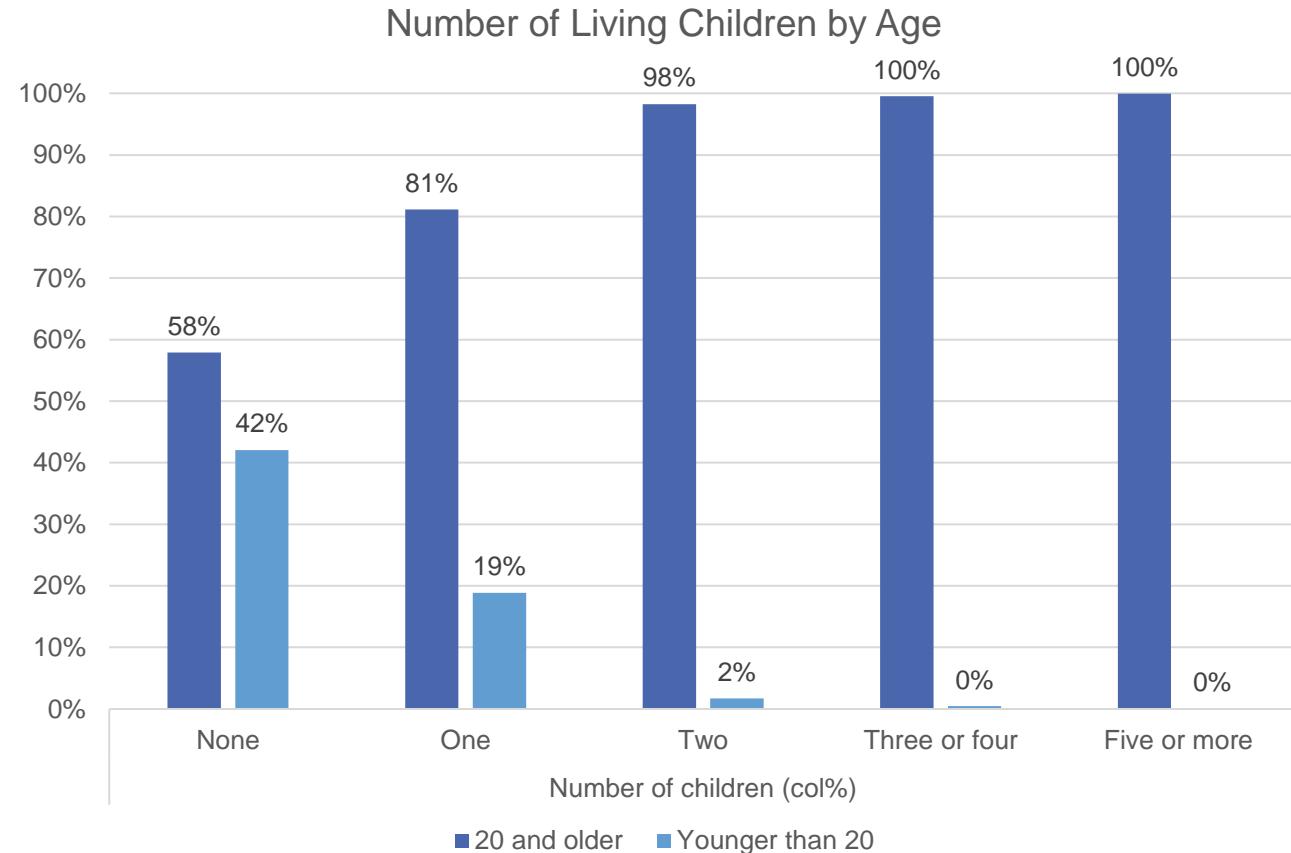




# WHO ARE OUR YOUNG PEOPLE?

- 42% of adolescents between the ages of 15 and 19 had not yet started childbearing, while another 19% had 1 living child

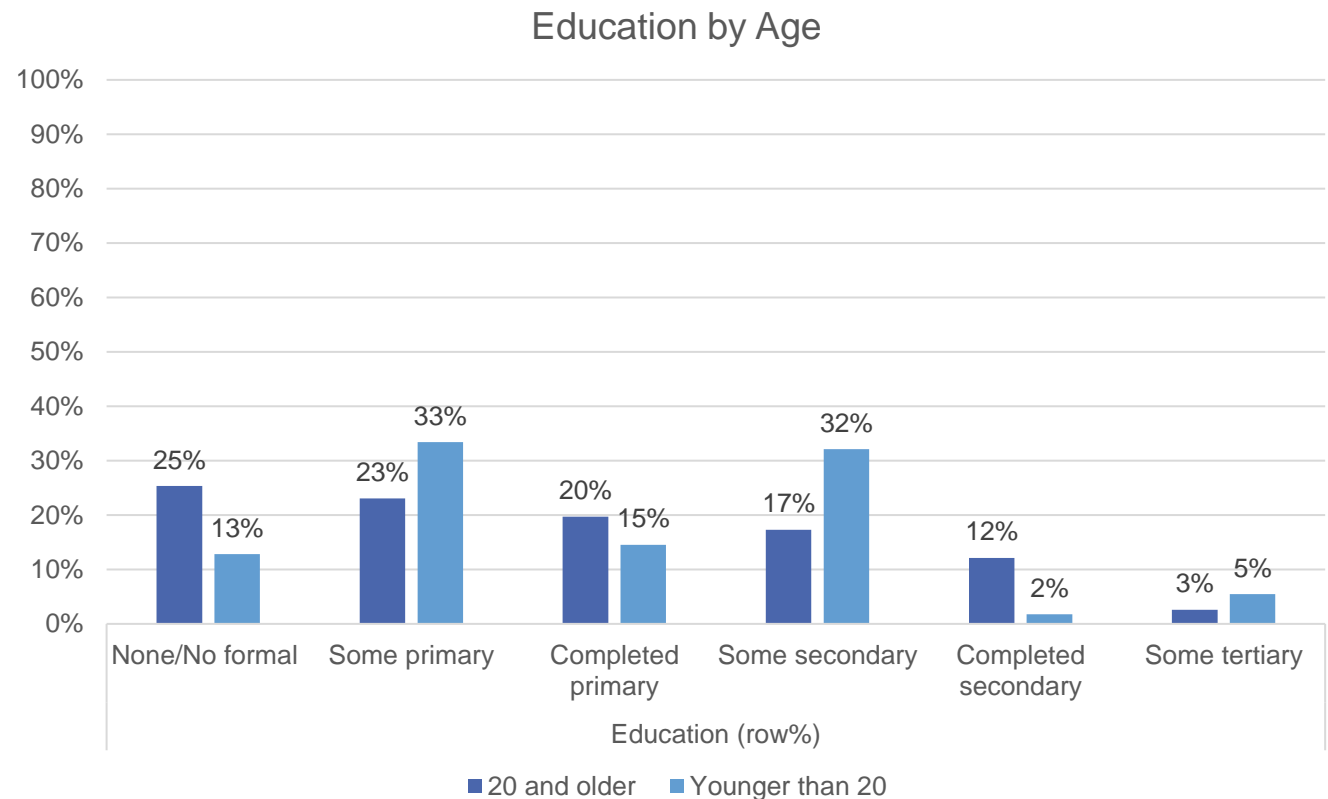
Facility-level data;  
Over 95% of adolescent clients are females;  
Data collected between Dec 2019 - March 2020



# WHO ARE OUR YOUNG PEOPLE?

- About 33% of adolescent clients had some primary education or some secondary education

Facility-level data;  
Over 95% of adolescent clients are females;  
Data collected between Dec 2019 - March 2020

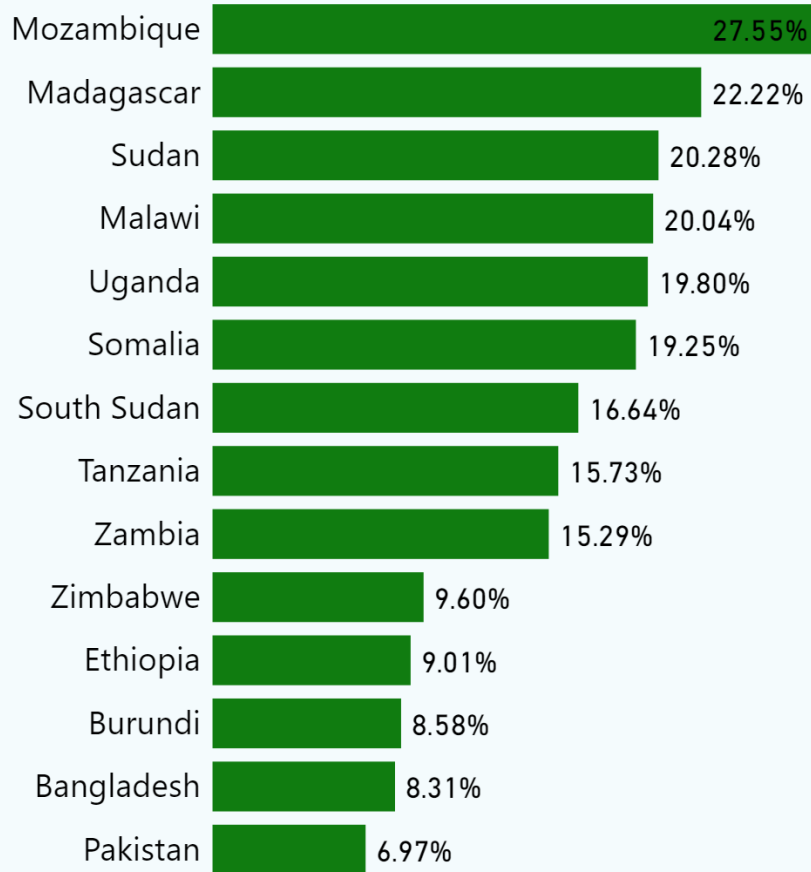


# FP SERVICE REACH TO ADOLESCENTS IN Q4-2019 VS. Q2-2020

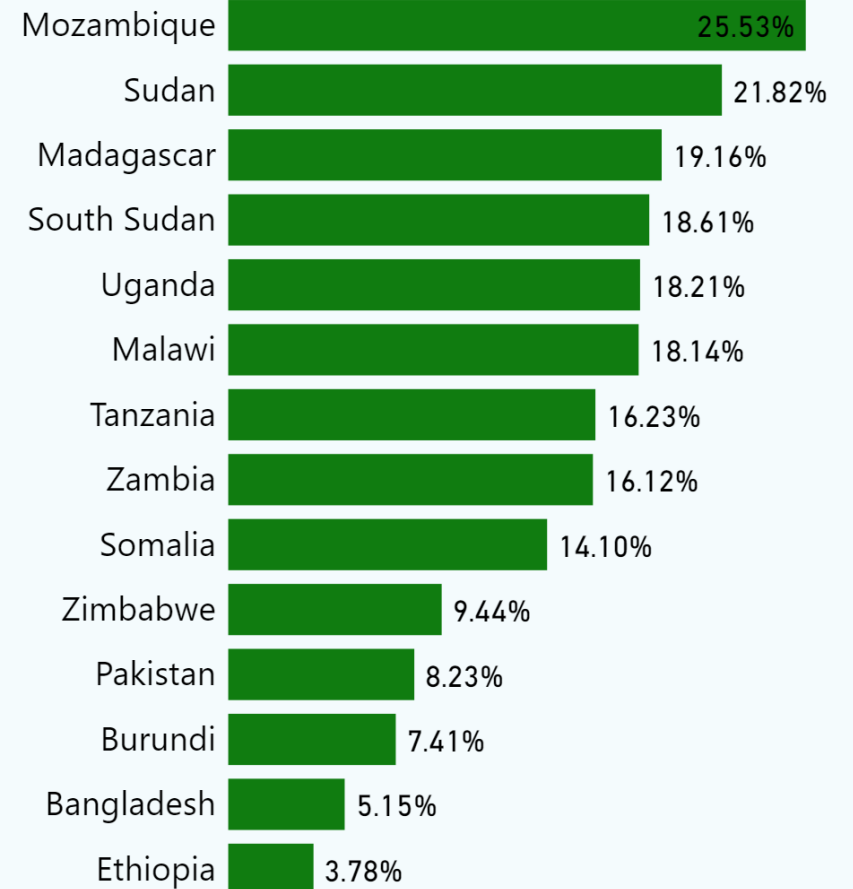
- 16.1% (Oct - Dec 2019) vs. 15.3% (April – June 2020) of FP Services provided to adolescents between the ages of 15 and 19 years

FP services is defined as receiving either a modern family planning method and/or FP counselling

## Consortium level

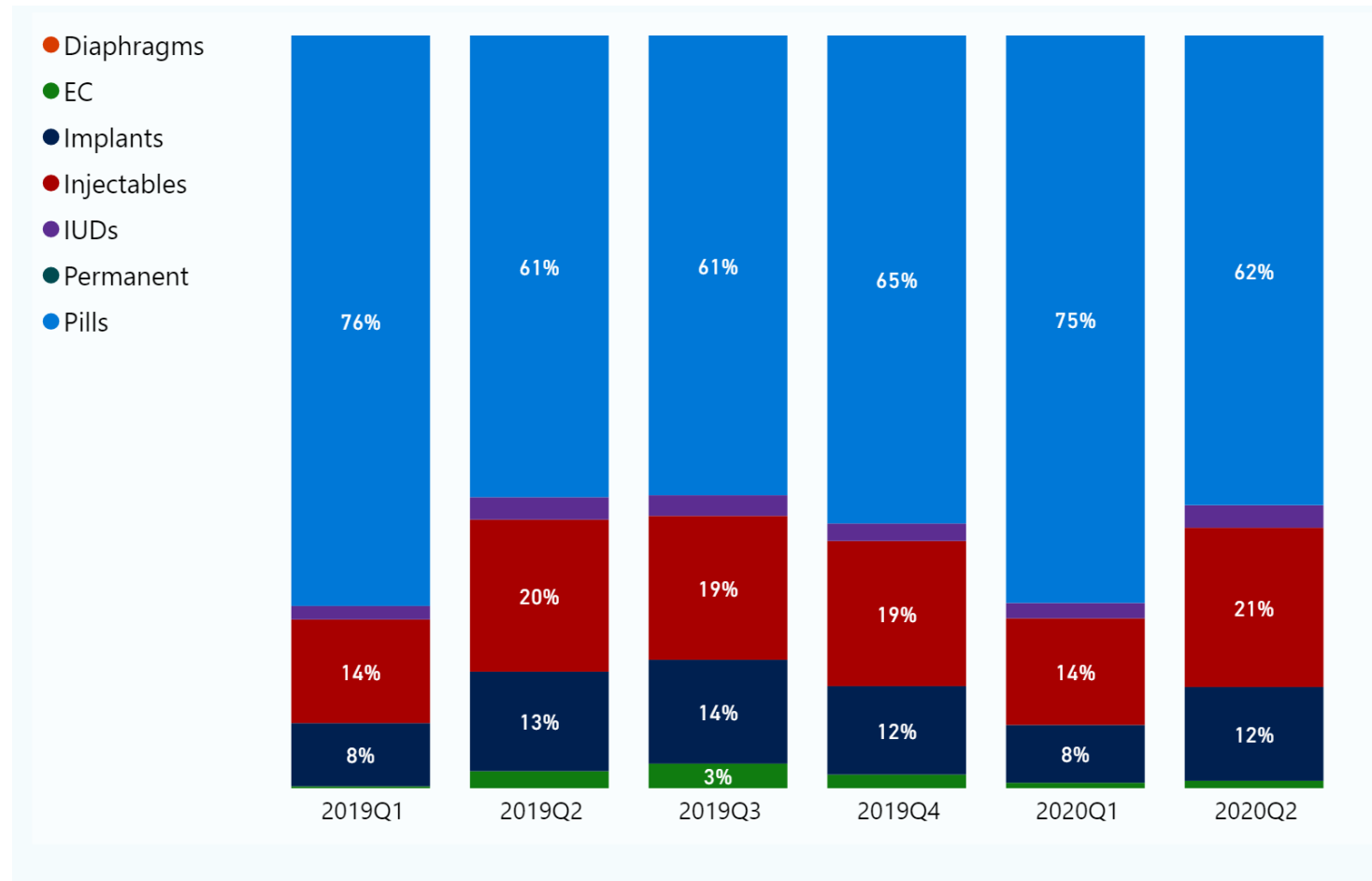


## Consortium level



# FP ITEM MIX AMONG YOUNG PEOPLE UNDER 20

- Pills constituted over 60% of the method mix among young people under age 20, followed by injectables



# SO WHAT ARE SOME PROGRAM ADAPATIONS DURING COVID-19?



1. Working with national and local leadership to ensure recognition of FP as an essential service during the C-19 pandemic
  2. Building the capacity of additional service providers on youth-friendly service provision and youth-focused values clarification and attitude transformation
- Country Examples:
    - Most countries have **recruited youth mobilisers and young community health workers**
      - incl. Sudan, Pakistan, Malawi, Bangladesh
    - Youth **targeted outreaches** are taking place in Pakistan, together with a **helpline** which is specifically aimed at youth but now broader in this COVID-19 phase
    - Provision of telemedicine and tele-counselling

# SO WHAT ARE SOME PROGRAM ADAPATIONS DURING COVID-19?

- 3) Adapting service delivery to young people's needs and priorities (e.g. flexible opening times, weekend clinics, etc.)
  - Organizing youth-focused mobilization activities (e.g. in partnership with youth leaders and academic institutions)
  - Developed youth-specific radio and video content
  - Mainstreaming inclusion of young people with disabilities into all interventions focused on youth
- Country Examples:
  - In Malawi **youth specific outreaches are conducted in agreement with the MoH**, *previously outreaches were conducted at the same time as the under 5 immunization clinics*
  - **Addition of videos** in Malawi - videos are offline and uses Bluetooth. which tackles the issue of internet access
  - Sudan and Pakistan have **created youth friendly corners** within their static facilities

# WAY FORWARD?

## **There will be differential impact of COVID-19 on program implementation across countries**

- Including young people to be a part of talk show panels, when talking about COVID-19 and SRH
- Using toll-free numbers for counselling services and referrals and online platforms to share resources
- WhatsApp groups – for provision of counselling
- Nesting youth providers at public health facilities
- Continue exploring tele-medicine in provision of contraceptive services
- Additional analysis on ‘what works’ in terms of reach for youth clients using CEI data across WISH2ACTION consortium
- Reaching unmarried and nulliparous young people – more of an uphill task due to Covid-19



# Thank you

