COVID-19: THE PANDEMIC’S CONSEQUENCES FOR ADOLESCENTS

IUSSP WEBINAR SERIES

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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
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:

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

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

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

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

*Countries in red were included in the IPPF WISH CEIs*
YOUNG PEOPLE
(15 -19)
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
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

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<tr>
<th>Consortium level</th>
<th>FP Service Reach (%)</th>
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<tbody>
<tr>
<td>Mozambique</td>
<td>27.55%</td>
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<tr>
<td>Madagascar</td>
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<td>Sudan</td>
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<td>Malawi</td>
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<td>5.15%</td>
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<td>Ethiopia</td>
<td>3.78%</td>
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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
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
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