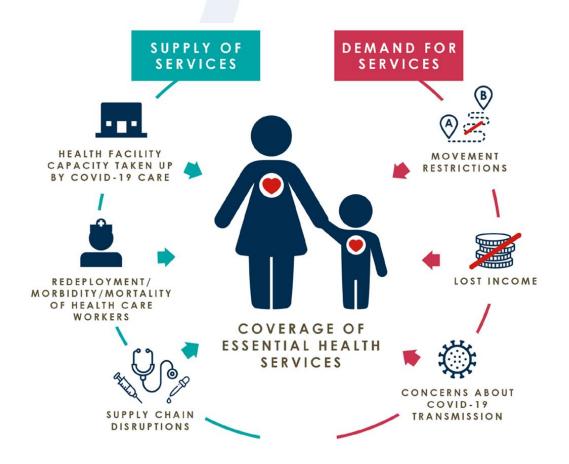


Family Planning in Covid-19: Challenges and Coping Strategies Across Countries Through an SBC Lens

Uttara Bharath Kumar, Senior Technical Advisor, SBC and Capacity Strengthening at Johns Hopkins Center for Communication Programs









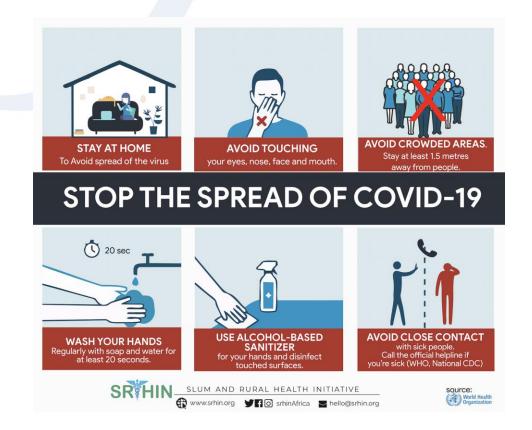
Current Context: Information overload, rumors, fear







Current Context: Promoting multiple prevention behaviors







Current Context: Change in typical patterns of communication







India

Demand Side

NIVI - Automated content through conversation WhatsApp and FB messenger – Quick feedback to identify where problems lie

- Conducted 4-week marketing outreach using ad messaging on social media about FP and COVID.
- Reached 12.6M with ads and generated 185,000 conversations on digital platform (e.g. WhatsApp)

Used these automated conversations to understand what people were encountering and what they thought would be solutions

Needed information on where to obtain, problem with prescriptions, were chemist closed, would they be able to obtain contraceptive methods. Heightened interest in online services for FP

Supply Side

Partnered with PSI Identified 6 online
pharmacies (e.g. that offer
home delivery) and online
consultation services explain the service and
provide the link to website.







Nigeria 1

Demand Side

Adopted a graduated approach to lockdown and reopening

- Initially all health facilities were advised to only provide services for life threatening and many closed except to high risk (for COVID) – people told not to go to the health facilities if they didn't need to
- Social mobilizers that were used for FP were refocused for COVID-related response through a parallel funding stream.

How to reach audience with continuity of FP information

- Embedding FP messages within the overall COVID messaging
- Embedded COVID messages within FP messages (dual integration)

Accessing FP services

- Call the hotline for information on where and how
- Advise people to replenish their methods at the community pharmacy or PPMVs (Patent and Proprietary Medical Vendors) – if public facility not available
- Private sector more likely to be open
- short-term fix because people had to pay for the methods (free at public facilities) and the method mix are not as wide as public facilities.





Supply Side



- Resupply of commodities
 - Intrastate transport stopped National Medical stores needed to move commodities to the state, lead to stock outs.
 - Engaged federal and state levels for the movement identified champions put pressure to get the transport moving and continue to make a case for FP.
 - Federal MoH eventually obtained movement waivers for 3PLs (3rd party logistics companies) which helped to address the stock-out towards the 3rd phase of lockdown.

Lessons learned

- Communicating clear information on the need for FP continuity and providing specific information on stop gap measures (pharmacies and PPMVs) as a bridge.
- Also used SBC materials and social media to reach a wide audience mix.
- Using proven strategies such as advocacy to ensure commodities got where they needed to go.





Nigeria DKT - Honey & Banana Digital platform

- Digital platform with call center, Website, Twitter, FB and IG
- Able to quickly adapt messaging for COVID-19 as it impacted couples

Talking about contraception as an essential item during COVID (people staying home leading to more sex)

- Messaging on, 'this is not best time to have a baby' (put out through social media platform and call center).
- Call center agents worked from home during lockdown affected number of calls – still able to provide the services
- Booking appointments for women and their partners for RH and contraceptive services
- Provided waiver letters during lockdown issued by federal ministry of health for referred clients - Allowed woman to access referral clinics without being harassed at checkpoints.
- Tracking the calls in the beginning of COVID more men calling asking about how to prevent pregnancy, then more calls on EC and pills (this is trough the lockdown).

Nigeria 2







Indonesia

Indonesia - went into a lockdown quite quickly

- Health facilities were closing to non-COVID patients;
- Messaging said not to visit unless you needed to.
- People did not want to visit health facilities due to fear of contracting COVID.
- When social distancing went into place, field workers and volunteer cadre were not able to mobilize and visit communities to discuss FP





Demand Side



Credit: Bu Yanti PKB kec. Warung Kondang Kab. Cianjur Jabar

- Field workers started to work in COVID related response, and FP become one of the components.
- More than 12,000 Field Workers registered for an online training for COVID Response through weekly FB Live presentations in a program supported by USAID
- FW signed up 20 volunteer cadre each (more than 200,000)
- Materials developed to disseminate through WhatsApp groups and cadre were able to contact their networks of women with continuous messaging.
- Messaging around use of online delivery and pharmacy services where available (FP as well as tele-med in general)
- Using car mounted audio systems with messaging around FP and delaying pregnancy









Supply Side



Credit: Sri Rejeki, PKB Riau

- The BKKBN FW provided condoms and pills for home delivery. Usually these were provided at health facilities and not by FW. They were allowed to provide directly.
- Messaging for women to ensure their supply by getting more than one cycle at a time.
- Also going to the private sector. This was for short term methods.
- BKKBN now messaging around services for the new normal, what to expect, how to prepare and also that all FP services were now available.







Project focused on addressing high pregnancy rates among adolescents 15 -19

- Reaching young people with SRH information and services has always been a challenge; THREE APPROACHES
 - Adolescent Wellness Days integrated FP into other health area counseling o the health centre.
 - Training health workers on confidentiality and how to counsel young people without judgement.
 - Using multi-media Family Health Campaign with mass media, social media and interpersonal events (like road shows, football games etc)

Challenges due to COVID-19

- Wellness Days could no longer be held as this required adolescents to come to the facility
- Not coming to the health facility also meant no interpersonal counseling
- Collecting contraceptives is also likely an issue because people are hesitant to come to the clinics and sometimes they do have stockouts









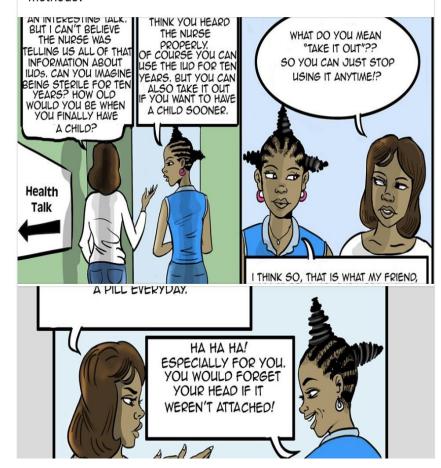
Zambia

Demand Side Adjustments

- Shifting all messaging to online platforms, radio and print to keep young people engaged, connected and thinking about reproductive health
- Creating new products such as comics books and scripts

Supply Side Adjustments

 Promoting getting contraceptives from community health workers What do you think? Can young women who want to have children in a few years use a long term method like an IUD or an implant? What are some reasons why young women might want to use long term FP methods?







WABA (Niger, Burkina Faso, Cote d'Ivoire, Togo)

Four country project – how to adapt across countries:

- Mass media: Given uncertainties in service availability, lockdown orders and and fear of transmission, calls to action in radio spots changed from "see your health provider" to a focus on intermediate behaviors for increasing FP use.
- Messages changed to focus on couple communication of desirable family size, birth intervals, management of side effects, quality sources of FP information and methods outside of a clinic, etc.
- Additional themes of the new spots include recommendations to get methods at pharmacies, etc., to reduce risk of pregnancy or contact with COVID-19.
- Community engagement activities, including social accountability measures for FP services, were halted due to restrictions on gatherings. As lockdowns ease, planned large-scale events are being converted to a series of smaller gatherings complemented by intensified online and social media outreach







Philippines



Using COVID-19 platforms that have big reach to get out FP messages.

For instance there is a daily virtual press conference and FP messages are included in that a few times. Each time they are included, there is a bump in calls to Helpline that was set up by POPCOM.







Social media cards to promote FP in time of COVID, again putting them on big COVID-19 related platforms.

POPCOM has used COVID as an opportunity to have community-based volunteers distribute pills and condoms, which they couldn't or didn't do before, and give out multiple months of supply.

There has also been a suggestion to have FP available at quarantine centers.





What does this mean for SBC for family planning?

- Ensure messages resonate with the audience's current emotional state
- Provide calls to action that are practical in the reality of their new daily lives
- Find new ways of working that follow physical distancing guidelines while reaching audiences via trusted sources

Continue to ensure that **voluntarism and informed choice remain central to all family planning information and counseling**





Key considerations

- Coordination and partnerships
- Keeping up the visibility, reminders and prompts about FP
- Modifying existing digital and mobile family planning content to adapt it for inclusion in COVID-19 programming and vice versa
- Expanding use of non-contact channels (radio, TV, community broadcasts)
- Identifying new channels and opportunities to reach women and girls
- Promotion of self-care including fertility-based awareness methods
- Consideration for special sub-populations





Illustrative messaging

gender-based-violence
young-people
empathy
efficacy
couple-communication
empowerment
positive-self-care
parent-child-communication



