DRAFT SUMMARY OF RESULTS – March 31 2020

IPPF COVID-19 Response – Preliminary Analysis and results

April 5, 2020

- Data collected through an online survey from MAs collected between March 27th and Aril 1st 2020
- This is a preliminary analysis and additional analysis is being undertaken to inform IPPF actions and prioritization efforts
- Focus of the survey was to assess impact of C-19 on MAs operations and specifically SRH service provision and document response.
- 121 Member Associations submitted a completed response out of a total of 149 MAs (81% response rate as of March 31)
- 104 MAs out of the 121 respondents reported providing SRH services

Situation on C-19 within the Federation

MAs with a staff member self-isolating from suspected C-19

- 25 MAs (11 from ENR, 5 from ESEAOR, 4 from AR, 2 each from SAR and AWR and 1 from WHR) have reported at least 1 member of staff who is currently self-isolating due to suspected C-19 – mostly these are HQ staff but 9 have staff from both HQ and branches who are self-isolating.
- The MA in Belgium has reported confirmation of C-19 among staff – exact number of staff and details are not available to maintain privacy and confidentiality.

MAs who have re-oriented efforts to respond to C-19

- 37 MAs (6 each from AR, ENR and WHR, 5 from AWR and 4 from SAR, 10 from ESEAOR) have either allocated or already deployed their staff to support the national COVID-19 response.
- 13MAs (5 from AR, 2 each from AWR, SAR and WHR and 1 each from ENR and ESEAOR) have dedicated health facility space to test or manage COVID-19 as part of the national response

e.g.: The MA in Philippines (FPOP): One of the FPOP branch clinic assumed the function of regional HIV hub to free up the government health facility as a dedicated COVID19 treatment centre.

Key message:

IPPF MAs are reporting that a significant strain and breakdown to an ecosystem that enables individuals to seek and receive SRH in a right based manner. An ecosystem that was built

over years working on policies, advocating for legal structures to enable rights and most importantly investing in a system that can provide services – a system comprising of structures, human resources and processes that allow access to products and services.

The impact of the COVID-19 is unique as it is likely to increase needs for communities in lockdown – SGBV, contraception, safe abortion, CSE for youth to highlight a few and affect access to SRH services.

Impact on SRH services

ACCESSIBILITY TO SRH SERVICES:

- 104 out of the 121 MAs provide SRH services and **69 of the 104 MAs (66%)** that reported indicated a decrease in the number of SDPs since the outbreak of COVID-19
- **5,633 SDPs closed since the outbreak** – this is approximately 11% of all SDPs that reported providing SRH services in 2019 (n=49,974).
- The highest numbers of closures have been, not unexpectedly in **CBD (45% of all SDP closures) and mobile clinics (22% of all closures) - a cumulative 67% of all closures** but static clinics are also significantly affected.
- Static facilities in IPPF are a crucial channel – in 2019, they provided 46% of all SRH services (115 million) and a CYP of 9.9 million (36% of all CYP for IPPF) – they also offer the widest range of services include surgical care related to SRH. As of April1st 2020 **we have noted 546 static clinic closures or 22% (1 in 5 that reported services in 2019) already**.
- A mixed pattern of SDP closures – highest number of static clinic closures in EN (n=208) and highest CBD in SAR (n=918) closely followed by AR (n=853).

Closed SDPs:							
	AR	**AWR**	**EN**	**ESEAOR**	**SAR**	**WHR**	**TOTAL**
Static clinics	76	56	208	74	76	56	546
Mobile clinics	447	14	46	334	47	359	1,247
Associated health facilities	2	257	7	20	831	5	1,122
CBDs	853	0	42	90	918	612	2,515
Other SDPs	27	172	4	0	0	0	203
Total	**1,405**	**499**	**307**	**518**	**1,872**	**1,032**	**5,633**

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AVAILABILITY OF SRH SERVICES:

- 92 of the 104 MAs **(88%) reported having to scale down the availability of at least 1 SRH service category** either by decreasing hours, sites or the number of providers working – , 26 MAs from AR, 19 from ESEAOR, 16 each from EN and WHR, 8 from SAR and 7 from AWR.
- Since the implementation of C-19 measures in the respective countries, 36 MAs have reported scaling down all SRH services.
- Specifically, some SRH services have been more affected across the Federation than others. Most commonly scaled down SRH service categories among MAs include
    - HIV testing services (44 MAs)
    - Contraceptive services (41 MAs)
    - SGBV services (36 MAs)
    - Safe abortion services (23 MAs)

- While most of this likely to be a function of decreased hours and sites, we are also beginning to see a worrying trend of losing trained staff with the values to provide rights based SRH services. **12 MAs have already reported having to suspend/terminate 232 staff** as a result of C-19 measures in place.
    - South Sudan – 3 suspended
    - Tanzania – 5 suspended
    - CAR – 5 suspended
    - Cameroon –12 suspended
    - Ireland – 7 suspended
    - France - TBC
    - Kiribati – 7 suspended
    - Afghanistan – 6 suspended
    - Colombia – 115 terminated
    - Panama – 51 suspended
    - Puerto Rico – 16 suspended
    - Mexico – 5 suspended
- Loss of staff not only skilled in the provision of SRH services but also with the soft skills to provide services to youth and adolescent or abortion and SGBV care is a significant risk and can be an expensive effort to regain.

In addition, across the board we are seeing a decrease in trainings (health workers and non - health workers), advocacy meetings, community consultations and CSE sessions) - this is affecting the opportunities for CSO engagement overall and decelerating the momentum built on SRHR.

SRH commodities and supplies:

- As many of you are aware, there is strain on all aspects of Supply Chain is affected by the outbreak. Among our MAs who usually operate with limited stocks (due to cash flow and warehousing constraints) many are experiencing commodity shortages and facing challenges to access supplies
- **37 of 104 MAs (36% of the MAs that completed the survey)** have indicated a shortage of key SRH commodities
- 29 MAs (7 from WHR, 6 each from AR and ESEAOR, 5 from SAR, 3 from EN and 2 from AWR) have reported shortage of contraceptives
- 12 MAs for safe abortion supplies, 16 for HIV related medicines, 14 for pregnancy test kits, and 8 for Emergency Obstetric medicines.
- These **shortages are compounded** by
  - Delays in moving goods within countries 59 MAs
  - Delays in receiving re-supply from Govts in 41 MAs
  - Delays in clearing customs for shipments in 19 MAs
- This is an ongoing complex issue as there are challenges are across the supply chain from API to last mile distribution and compounded by regional and national distribution challenges.

4. Since the implementation of COVID-19 measures, has your MA experienced a shortage of SRH commodities?							
	AR	**AWR**	**EN**	**ESEAOR**	**SAR**	**WHR**	**TOTAL**
Yes	**8**	**2**	**5**	**9**	**6**	**7**	**37**
Contraceptives	6	1	3	6	5	7	29
Safe abortion supplies (including medical abortion)	3	2	0	3	2	1	12
HIV related medicines	6	2	3	1	3	0	16
Pregnancy test kits	5	1	1	3	1	2	14
Emergency Obstetric medicines	4	1	1	0	1	0	8
No	**20**	**6**	**13**	**16**	**2**	**10**	**67**

In summary this combination of low product availability, reduction in channel heterogeneity and decrease in services availability can be particularly damaging to couples and individuals to utilize services within a setting of increased cohabitation (return of migration and lockdown) and restricted movement.

IPPF's response:

Global level: Aim is to engage, inform and leverage solutions

- Engaging with UNFPA, RHSC, manufacturers and other global SRH organisations to share information on issues and country/region specific challenges and exploring potential solutions (e.g. Discussions with UN Humanitarian hubs for free warehousing, engaging with manufacturers for PPE and SRH commodities)

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Institutional level: IPPFs TF working on an internal streamlining and efficient response – support for our MAs

- **Addressing their immediate needs for commodities and PPE**: *Supplier identification, support for shipping, centralized procurement.*
- **Providing technical guidance to make services C-19 responsive**: *how to reorganize their services to C-19 (triage), what changes to make to standard SOPs – limit/alter walk-ins, initiate phone screening, use appointments, move some services to hotlines, changes to counselling scripts due to product concerns on resupplies etc)*
- Documenting, **facilitating our MAs to share their experience and response** with each other to both support and inform
- **Advocate to ensure SRH remains a part of essential services** and identify opportunities to improve policy /guideline framework for reduced barriers to SRH

MA level:

- Shield the SRHR **ecosystem, build resilience to protect SRH services** and adapt to the changing shocks
    - Identifying ways to continue provision of SRH services while ensuring staff are protected and supported (PPE, but also domestic travel)
    - Ensure visibility for issues and keep SRHR in the political discourse and consciousness as the crisis continues
    - Adapt through innovative service delivery approaches to ensure SRH services continue to be available for women and girls.
- Telemedicine: An initial scan from the MAs that have responded to the survey indicate at least 9 MAs that use Telemedicine to provide SRH services:
    - Afghanistan, Australia, Georgia, China, Estonia, Philippines, Germany, Sweden and Tanzania have experience in providing a range of SRH services including 4 that offer clinical consultations through telemedicine. (Australia, Estonia, Georgia, & Philippines).
- 24 MAs currently offer CSE through social media, Whatsapp, Skype or other virtual channels with others evincing interest to either start or scale up the range of services through this
    - Albania, Burundi, CAR, China, Estonia, Finland, Georgia, Germany, Indonesia, Iran, Kenya, Kyrgyzstan, Macedonia, Mali, Nepal, Netherlands, Philippines, Serbia, Sudan, Sweden, Syria, Tajikistan, Thailand, Bosnia and Herzegovina.
    - ***Morocco, Bosnia & Herzegovina*** has shifted to virtual approaches to provide services, ***Afghanistan*** has capacity to initiate hotlines to support further, ***Palestine*** is keen to scale up their current hotline (single line to multiple lines).
- 12 MAs have reported (Burundi, CAR, Sierra Leone, China, Indonesia, Malaysia, Philippines, Albania, Kyrgyzstan, Bangladesh, Iran and Nepal) currently offer home delivery/doorstep delivery of SRH products like contraceptives, pregnancy test kits) – there is immense potential to scale these up and expand to other MAs as well.