Contraceptive Security Indicators Survey

Impact of COVID-19 Pandemic

Operational practices to facilitate access to FP services



During the COVID-19 pandemic, many global health programs were disrupted, affecting countries from central to subnational levels. UNFPA and partners documented disruptions such as travel restrictions, interrupted supply chains, stockouts, and overwhelmed health facilities¹. These findings are supported by the 2021 Contraceptive Security (CS) Indicators Survey, which reported evidence of supply chain and other disruptions to the availability of family planning and reproductive health (FP/RH) commodities. However, despite these challenges, the reported impact on access to family planning has been lower than expected. According to a UNFPA and Avenir Health estimate, 12 million women (across 115 LMICs) experienced disruptions in their family planning services due to the COVID-19 pandemic². UNFPA had earlier predicted that the pandemic's disruptions could affect 47 million women in low- and middle-income countries³. Innovative practices likely helped play a role in mitigating the impacts of COVID-19 on access to FP/RH services and commodities.

The 2021 CS Indicators Survey asked respondent countries to provide information on the impact of the COVID-19 pandemic on the FP/RH sector. As the existence of strong FP programs and successful health systems rely on an ability to reach clients, countries were asked to provide details on any operational practices they had implemented to facilitate access to FP services during the COVID-19 pandemic. The responses to this question help explain findings from other sources showing that disruptions to family planning services were considerably less severe than expected.

WHAT HAVE BEEN GOVERNMENTS' COPING MECHANISMS?

To better understand how countries have responded to pandemic-related risks to FP access, the 2021 CS survey asked respondents to provide information on what measures were taken by the government to mitigate issues related to COVID-19. We hope that by sharing lessons learned from these strategies, countries will be better prepared to handle similar crises in the future.

Many countries implemented similar strategies:

- Establish or expand mobile clinics to provide FP services
- Implement home visitations by community health workers
- Improve and promote telehealth capacities
- Increase task sharing and task transfer for providers and community health workers to promote efficiency
- Expand distribution minimums for contraceptives and FP/RH pharmaceuticals
- Promote self-care administration for patients to limit in-person health care visits
- Initiate awareness campaigns to minimize fear of visiting health care facilities
- Increase contraceptive distribution at the community level



While many countries implemented similar strategies to limit the impact of the COVID-19 pandemic on FP/RH health, some countries utilized distinctive strategies to address local issues. In Cameroon, providers implemented a "Baby Box Strategy," where kits were compiled to provide new mothers with necessities for their newborns. The kits were adapted based on the needs described by Cameroonian women during prenatal consultation, during childbirth, and postnatal consultation and were made available at all three stages for women to take home. This initiative was intended to continue supporting new mothers who would otherwise be less likely to return to a health care provider due to the health risk to the newborn.

A small number of survey respondents did not identify any specific operational practices that helped mitigate the effects of the COVID-19 pandemic on the FP sectors.

"Continued service provision at all facilities with updated COVID-19 protocols with an increase in community-based distribution. Implemented social and behavior change communication (SBCC) activities to minimize fear in clients to visit and access FP services. Clients were encouraged to selfadminister FP methods."

> Ghana 2021 CS Indicators Survey Response

WHAT'S THE EFFECT OF COVID-19?

Despite the innovations developed to minimize the impact of the COVID-19 pandemic, many countries still noted that there was evidence that the pandemic had disrupted the availability of FP/RH commodities in-country.

This was primarily due to:

- Shipment and international supply chain delays
- Delays and challenges in manufacturing
- Inability to transfer contraceptives from the national to the community level
- Decrease in pre- and antenatal care due to lockdowns, quarantines, and fear of visiting health facilities

Countries cited stockouts in commodities, delayed shipments, and postponed meetings. Eighteen countries surveyed noted that they did not have specific evidence that the COVID-19 pandemic affected the FP/RH sector; however, this may be due to a lack of information or visibility and does not imply there was no impact.

To find more information about how COVID-19 affected countries' contraceptive security priorities, visit the Impact of the COVID-19 Pandemic section of the CS Indicators Survey dataset and report.

Each of the survey indicators related to COVID-19 Impact is listed below:

Emergency preparedness plans that include FP

COVID-19 impact on the frequency of CS committee meetings (in 2020)

COVID-19 impact on approved budget lines for contraceptives

COVID-19 impact on government spending for contraceptives

Operational practices to facilitate access to FP services

COVID-19 disruption of availability of FP/RH commodities

1UNFPA and Avenir Health (2021). Impact of COVID-19 on Family Planning: What we know one year into the pandemic. Retrieved from https://www.unfpa.org/resources/impact-covid-19-familyplanning-what-we-know-one-year-pandemic. Retrieved from https://www.unfpa.org/resources/impact-covid-19-family-planning-what-we-know-one-year-pandemic. ²UNFPA (2020). Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. Retrieved from https://www.unfpa.org/resources/impact-covid-19pandemic-family-planning-and-ending-gender-based-violence-female-genital. 3lbid.

