

MSI Briefing: The impact of COVID-19 on reproductive rights & access

Spotlight Webinar Series, 19th August 2020

Join the conversation: #SpotlightSRHR



Today's speakers:



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Senior Manager of Impact &
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Dr Kayode Afolabi
Director of Reproductive Health
Federal Ministry of Health,
Nigeria



Dr Rashmi Ardey
Clinical Services Director
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Whitney Chinogwenya
Marketing Manager
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Chair: Bethan Cobley
Director of External Affairs
Marie Stopes International

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Today's Aim:

Sharing the impact of COVID-19 on reproductive health and rights, seen across MSI's programmes and our Ipsos MORI survey.

Please feel free to submit questions throughout

The webinar recording will be shared

Agenda:

- 1. Resilience, Adaptation and Action: MSI's response to COVID-19** [Bethan Cobley](#)
- 2. The impact of COVID-19 on MSI's services and women's access** [Anisa Berdellima](#)
- 3. Facing the pandemic in public and private partnership** [Dr Kayode Afolabi](#)
- 4. Life under lockdown: The impact of COVID on SRHR in India** [Dr Rashmi Ardey](#)
- 5. A catalyst for change: Telemedicine in South Africa under COVID-19** [Whitney Chinogwenya](#)
- 6. Discussion and Audience Q&A**

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Barriers to reproductive health under COVID-19

COVID-19 has led to:

- Restrictions on movement
- Lack of awareness of where to access SRHR services
- Supply chain disruptions
- Overwhelmed health systems
- Resources diverted to COVID-19 response



The background image shows three healthcare workers wearing blue gowns and face masks, standing in front of a white van. The scene is outdoors, with a building in the background. The image has a blue tint.

Our Ipsos MORI survey of women's access and rights under lockdown found:

Lower awareness of where to access services

- Only 21% of surveyed women in the UK were aware that abortion services were available at a clinic during the pandemic, compared to 81% pre-COVID
- In India, awareness of abortions services decreased from 61% to 44% pre- and during the pandemic

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Findings from a survey MSI commissioned with Ipsos MORI, asking an online sample of 1000 women aged 16-50 per country in the UK, South Africa and India about their experiences of reproductive healthcare before and during the COVID-19 pandemic



**Our Ipsos MORI
survey of
women's access
and rights under
lockdown found:**

**Need remains high for abortion,
contraception and SGBV services**

- 13% of respondents in India reported a need for abortion services during the pandemic and 1 in 3 women (35%) reporting a need for contraceptive advice, service or products
- 1 in 10 women (9%) in India reported a need for a domestic abuse service during the pandemic

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**Our Ipsos MORI
survey of
women's access
and rights under
lockdown found:**

Women face increased barriers to access

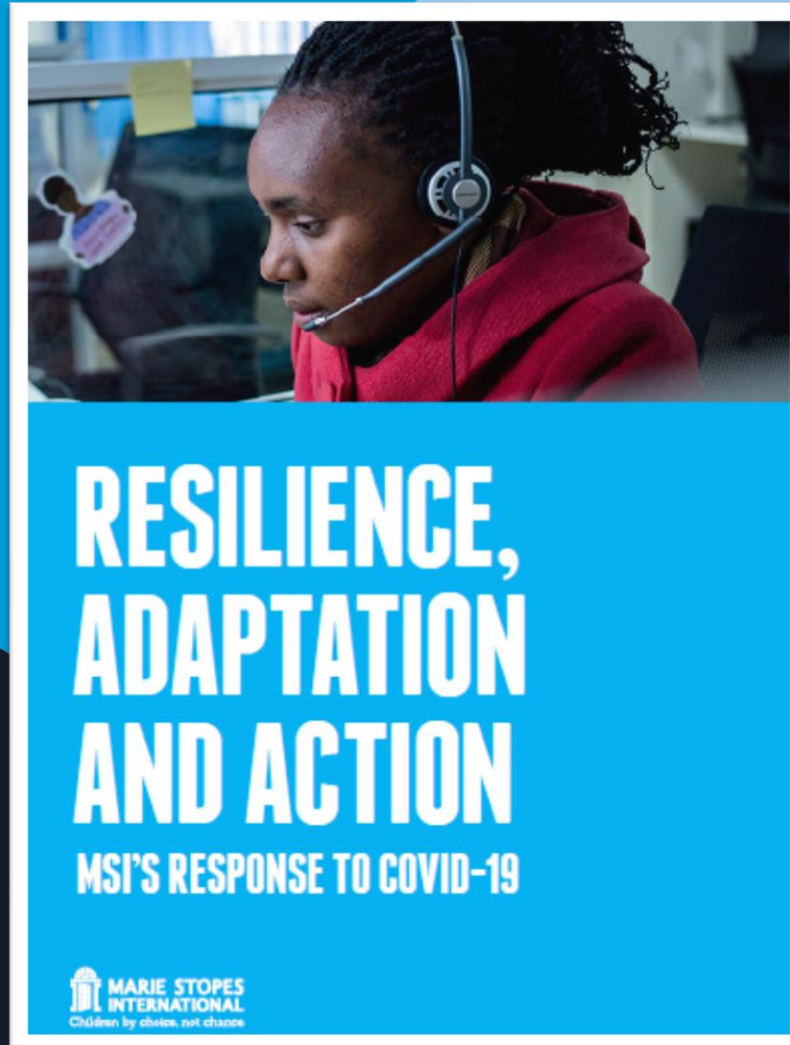
- A third of women in **India (31%)** and a quarter of women in **South Africa (26)** who needed a **contraceptive service** were unable to leave home to receive a service due to fear of COVID-19 infection
- A third of women (**30%**) seeking an abortion in **India** reported that their **local clinic** was closed
- A third (**30%**) of women in **India** reported the wait time for an appointment was **1-2 weeks** and **9%** reported a wait-time of more than **5 weeks**

The crisis has also created a catalyst for change

- Resilience and adaptation with:
 - Government leadership to protect access
 - Innovations to deliver healthcare remotely
 - Dedication of frontline providers to keep services open, safely



MSI's new report: Resilience, Adaptation & Action



The impact of COVID-19 on SRHR service delivery

Insights from MSI



Anisa Berdellima
Senior Manager of Impact and Sustainability
Marie Stopes International

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When COVID-19 started there were many unknowns

What we thought was going to happen

- Potential severe disruption of operations
- Significant reduction in clients served
- Changes in FP method mix/preference
- Impact on reaching poorest and most marginalised



Modelled three different scenarios

- 1 • Estimated **between 4 – 9.5 million fewer** clients would be served as a result of COVID-19
- 2 • As a result of this, in the remainder of 2020 we predicted the following potential outcomes as a result of decreased access to MSI services:
 - **1.3 – 3 million** unintended pregnancies
 - **1.2 – 2.7 million** unsafe abortions
 - **5 – 11 thousand** maternal deaths

- From March to June we have monitored this closely and have gathered insights from:
 - Routine data
 - Country programmes
 - Clients
-

Due to COVID-19 disruptions we have reached 1.9 million fewer women with services than predicted

1.9 million fewer women were served by MSI

↓ 57%

Fewer safe abortion and post-abortion care clients vs forecast

↓ 27%

Fewer family planning clients vs forecast

Majority loss of impact was from clients accessing short term FP method such as pills

↓ 22%

Decrease in service income vs forecast

Social business operations is key to our sustainability

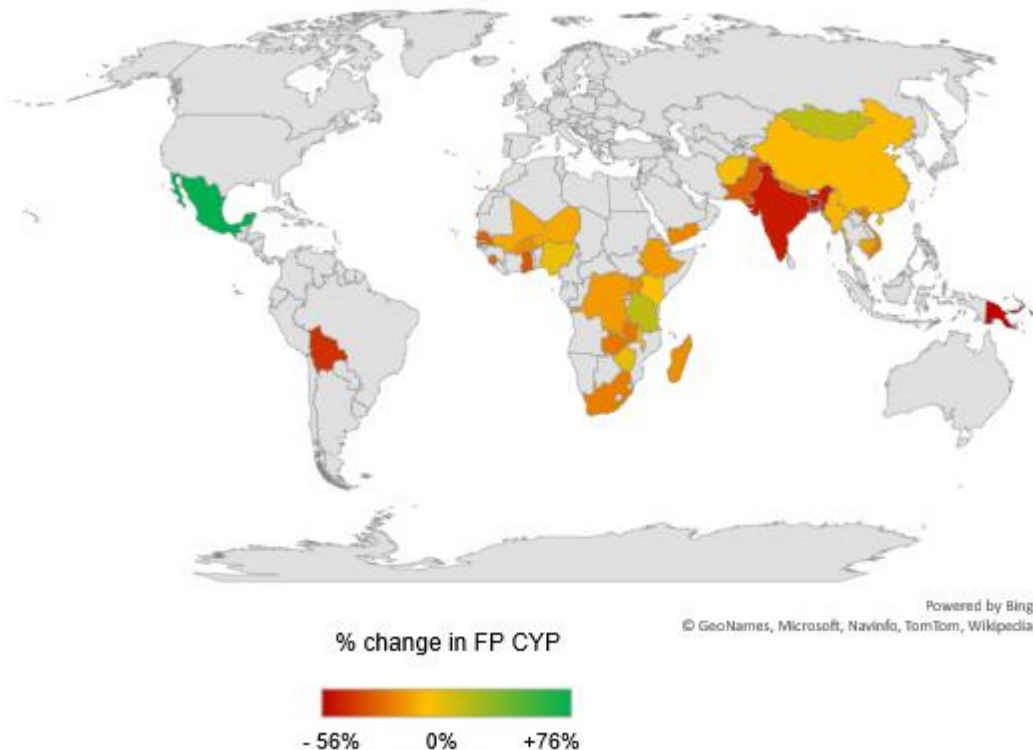
Our India programme represents 75% of the loss of services delivered

- By not being able to provide services to 1.9 million women we estimate there will be an additional:
 - 1.5 m unsafe abortions
 - 900,000 unintended pregnancies
 - 3,100 maternal deaths (mostly driven by potential increase in unsafe abortions)

Key message: The impact has overall been less severe than anticipated

While all our operations were affected, Asia has taken the biggest hit

Actual performance vs Forecast in FP CYP (Mar-Jun 2020)



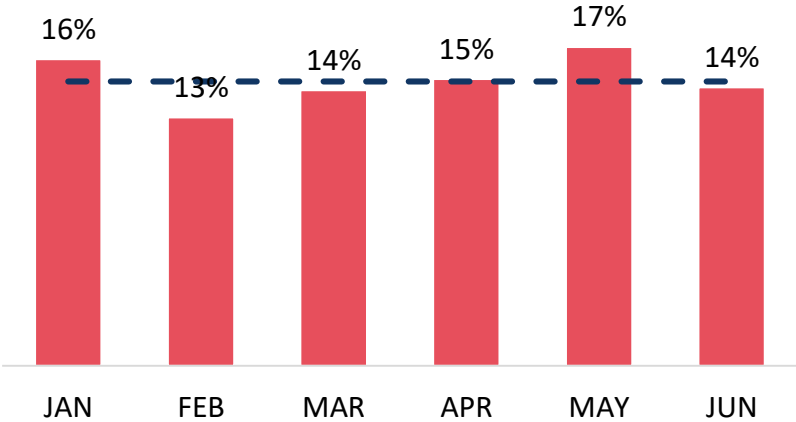
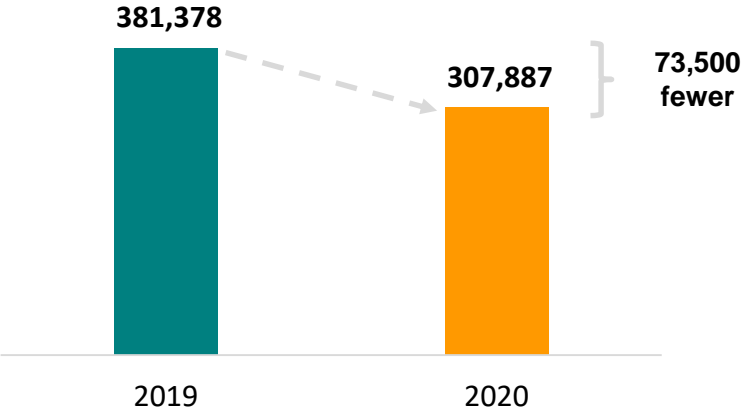
- India, Bangladesh and PNG faced longer lockdowns and supply chains disruptions
- In Africa we have seen less impact as programmes have experienced shorter lockdowns
- Programmes in Nigeria Tanzania, and Zimbabwe have seen an increase in the number of clients and in Mexico the number of women seeking our services has doubled

Notes: Couple years of protection (CYPs) is a measure that estimates the protection from pregnancy provided by contraceptive methods during a one-year period.

We have continued to reach adolescents with our services, maintaining the same proportion as pre-COVID

Adolescents reached between Mar-Jun (2019 vs 2020)

% of adolescents client visits globally at MSI



Although the total number of adolescent clients has decreased, our overall proportion of adolescents clients have remained consistent, averaging at 15% globally

Agility, flexibility and innovative spirit have driven timely adaptive programming

Stop non-essential activities

- All non-essential activities, such as field research put on pause
- Cash preserved for service delivery scale up

Innovative service delivery

- Centres using online booking to better manage client flow
- Madagascar mobile clinics
- Telemedicine where permitted
- COVID messaging integrated into SBCC and counselling



Protect

- PPE for all providers
- Respect social distancing with clients
- Comply with government regulations
- Use contact centres to disseminate information on COVID-19



Adjust to working remotely

- From team meetings to workshops with online platforms
- This has increased bottom-up participation and reduced costs
- Internet connection and managing work life remains a challenge



Monitor and adapt

- Weekly situational and operational updates from country programmes
- Increased use of routine data
- Frequent updates to our partners

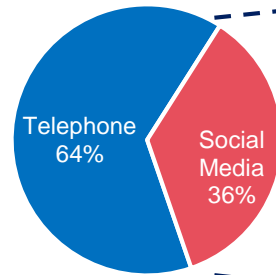


COVID has catalysed innovation across MSI's country programmes

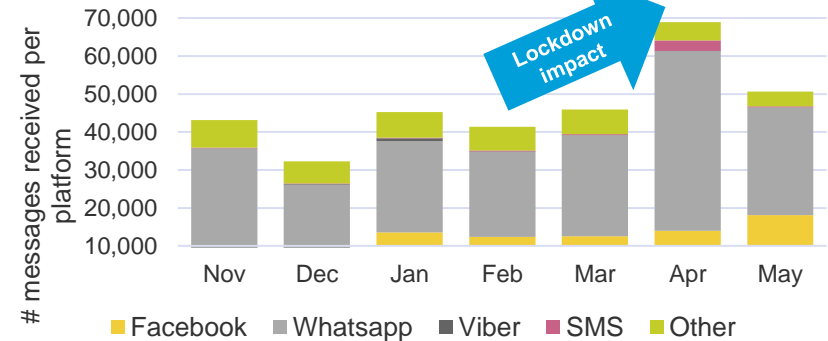
Contact centres are playing a frontline role in keeping women informed and connected to care under lockdown

Contact centre client interaction Jan-Jun 2020

1,074,000
client
interactions



Social Messages Received



- Globally, there has been a shift towards social media messaging in our contact centres during COVID-19
- **50% increase** in social media messages from March to April 2020 – mainly driven by WhatsApp
- **Indicates need and preference for confidential information on sexual and reproductive healthcare** while under lockdown, potentially with parents or abusive partners.

The pandemic has demonstrated the importance of partnership and collaboration

1

- Training and supplies of PPE
- Share resources and run awareness campaign
- Increased use of contact centre as a source of information and referrals

2

- Advocate for SRHR as essential service
- Contribute to national task force committee
- Share of commodities/ referrals

3

- Pledged to continue funding in line with their 2020 commitments
- Allowed funding to be used more flexibly

MSI Nigeria and the Nigerian Ministry of Health have collaborated to keep SRHR services operating safely. MSIION have supported public health posts to remain open and the government defined SRHR as essential, permitting MSIION to continue services across states.

In Zimbabwe, MSI has been participating in National Supply chain committees and through FP TWG to discuss and lobby for FP commodities to be prioritised during the COVID19 pandemic

Government

Implementing partners and communities

Donors

Donors have increased flexibility (e.g. allowing for budget to be used for purchasing of PPE and pausing performance based financing schemes)

Looking to the future – what can we expect?

- The impact on service delivery and access has been less than expected; however **1.9m women** have not been able to access MSI's services when needed, and in some countries the worst is potentially yet to come
- Safe abortion and post-abortion clients are facing particular barriers

Risks

- Second wave of pandemic/ more lockdowns
- Supply chain disruption from China and India
- Increased restriction on exports
- Decreased donor funding as priority shifts toward economic recovery

Opportunities

- Integrate service delivery with other health services such as vaccination, food distribution
- Expansion of telemedicine in more countries
- Increased use of remote working through online platforms



- The situation remains fluid and continuously changing from one country to another; requiring programmes to adapt faster than ever
 - Need for SRHR service will only increase – especially for safe abortion and post abortion care, as we will likely see an increased need for second trimester abortions following lockdown
-

Facing the pandemic in partnership

Lessons from Nigeria



Dr Kayode Afolabi
Director of Reproductive Health
Federal Ministry of Health, Nigeria

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Marie Stopes Nigeria's collaboration with the MoH has led to increased access of high quality SRH services

MS Nigeria's collaboration started with the MoH in 2009

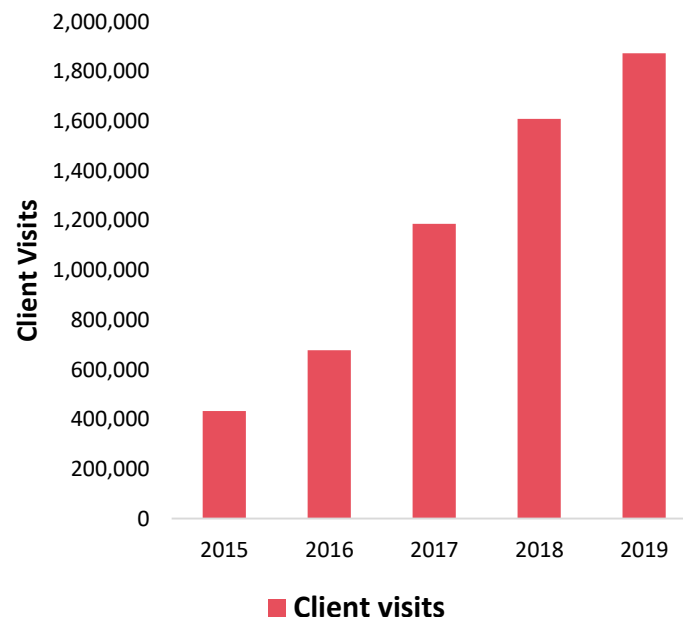
- At the end of 2019, 2148 public facilities were supported by MSION
- This reach was across over 600 LGAs in 34 States, serving clients in both urban and rural areas.
- Over the last 5 years, the partnership has led to:
 - **5.8 million** client reached with services

8%

of the total demand for FP amongst women of reproductive age in 2019 was satisfied by the PSS facilities that MSION supports*

*Source: MSI's Impact 2 (version 5) Too; UN Family Planning Indicators 2020

Annual growth in clients reached through public sector strengthening



We have seen a 4 fold increase in number of women accessing services through MSION PSS supported sites

Ensuring long-lasting impact across public health facilities in Nigeria, during the pandemic and beyond

Long lasting

Impact stretches beyond the number of client visits

- 7,482 public sector providers have been **trained** in SRH service provision
- These providers are now qualified to provide **high quality** services, even beyond the direct support of MSION

High Impact

2019 services provided by MSION:

- **1.9 million** client visits
- Reached **141,000** client visits **under the age of 20**
- **1.1 million** women receiving a long-acting reversible method of contraception

This strong partnership between the public sector and MSI Nigeria has laid the groundwork for a strong, collaborative response to the crisis:

- With the government SRHR services as essential, MSI teams are able to move between states and deliver care to women when needed most
- Through partnership between Ministry of Health and MSI Nigeria, Nigeria has integrated SRHR services in the government's COVID-19 response.

*Source: MSI's Impact 2 (version 5) Tool

SRHR under lockdown

The impact of COVID-19 on safe abortion services in India



Dr. Rashmi Ardey
Clinical Services Director
FRHS India

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Safe abortion access in India pre-COVID

Estimated number of abortions per year – 15.6 million

Of these, nationally it is estimated that services are accessed via:

- MA drugs out of facilities - 73%
- Private facilities - 16%
- Public facilities – 6%
- Traditional unsafe methods – 5%



Factors impacting abortion access under COVID

- **Nationwide lockdown** with restrictions on movement and no public transport, preventing access to pharmacies / facilities
- **Reallocation of resources to COVID-19** with public health facilities and staff re-designated as COVID-19 treatment centres
- **Private health facilities closed** due to provider unavailability and lack of PPE
- **Disruption in supply chain of MA drugs**



The Impact: Clients unable to access services and long-term ramifications

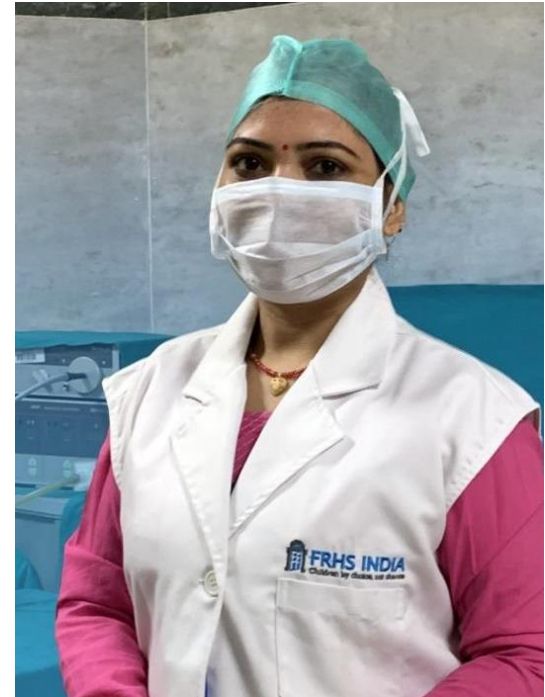
The adverse impact on services will have a long-term impact on maternal morbidity and mortality

It has been estimated that due to the pandemic, across MSI's two programmes in India:

- **1.3 million fewer** women served by Family Planning and Safe Abortion care services
- **920,000 fewer CAC/PAC** services, 90% less than predicted

This could result in an additional:

- **1 million unsafe abortions**
- **650,000 unintended pregnancies**
- **2600 maternal deaths**



*Source: MSI's Impact 2 (version 5) Tool. This is under the assumption that these services will not be provided elsewhere

What can be done to protect access in India?

- **MA through Telemedicine** provides the potential to expand access safely despite severe lockdowns
- We must access to safe abortion services in facilities too, to **ensure surgical abortion services** are available
- Ensure easy availability of **MA drugs**
- **Recognise sexual and reproductive healthcare as essential services**, which should continue despite national emergencies



A Catalyst for Change

Delivering safe abortion via telemedicine in South Africa



Whitney Chinogwenya
Marketing Manager
Marie Stopes South Africa

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The challenge: High unsafe abortion rates in South Africa, expected to rise during COVID-19

60%

Of pregnancies are unintended*

250,000 -
300,000

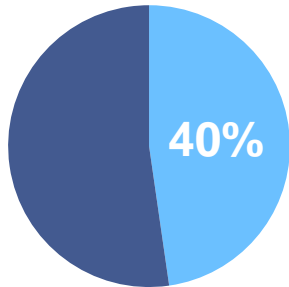
Women seek abortion services every year

20%

Of abortions are second trimester*

52 – 58%

Of abortions are unsafe
(Guttmacher Institute 2014 and WHO 2015)



Designated facilities providing SA
(Amnesty International 2017)

* Source: Stats SA 2013

Telemedicine in a low resource setting

THE PROCESS

How Does It Work?

- Marie Stopes introduced the Telemedicine Service Channel in April 2020.
- Initially calls would be transferred to available nurses in our clinics across the country but we now have Telemedicine Hubs in Cape Town and Sandton which have dedicated Telehealth medical professionals and administrators



BOOKING



CALL BACK



ELIGIBILITY
SCREENING &
CONSULTATION



DELIVERY OR
COLLECTION



FOLLOW UP &
AFTERCARE

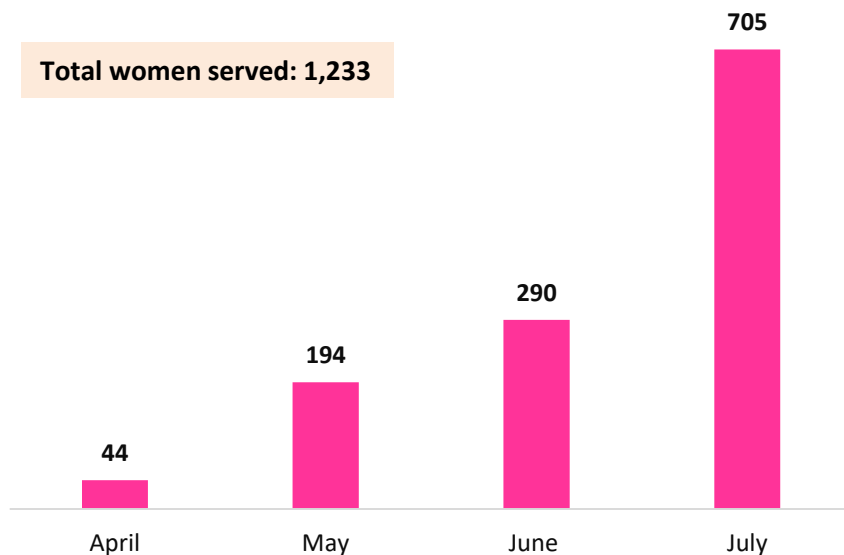


PROCESS
COMPLETE

Impact: Over 1200 women served during COVID

SERVICES PROVIDED:

Completed self managed abortion services



RESULTING IN:

- Wider reach, protecting access to safe abortion during the pandemic
- Less expensive to deliver services
 - no infrastructure or travel costs
- Efficient and client-centred, with no queuing and lower COVID risk
- Confidentiality, as we know clients value privacy in abortion care

Any questions?

- Bethan Cobley, Director of External Affairs, MSI
- Anisa Berdellima, Senior Manager of Impact & Sustainability
- Dr Kayode Afolabi, Director of Reproductive Health, Federal Ministry of Health, Nigeria
- Dr Rashmi Ardey, Clinical Services Director, FRHS India
- Whitney Chinogwenya, Marketing Manager, MSI South Africa

Thank you!



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