



# INTERNATIONAL CONFERENCE ON FAMILY PLANNING

# NOT *without* FP FORUM

A VIRTUAL DIALOGUE FOR THE ICFP COMMUNITY  
ON UNIVERSAL HEALTH COVERAGE & COVID-19  
2-3 FEB 2021 | ICFP2021.ORG | ICFPLIVE.ORG

## Impact of COVID 19 on violence against children, teenage pregnancies and child marriage

Tamara Tutnjevic Gorman @worldvision #ICFPFaith



# Perfect Storm

## Violence against children on the rise

COVID 19 restriction measures have increased risks of children to violence at home, online, and in communities

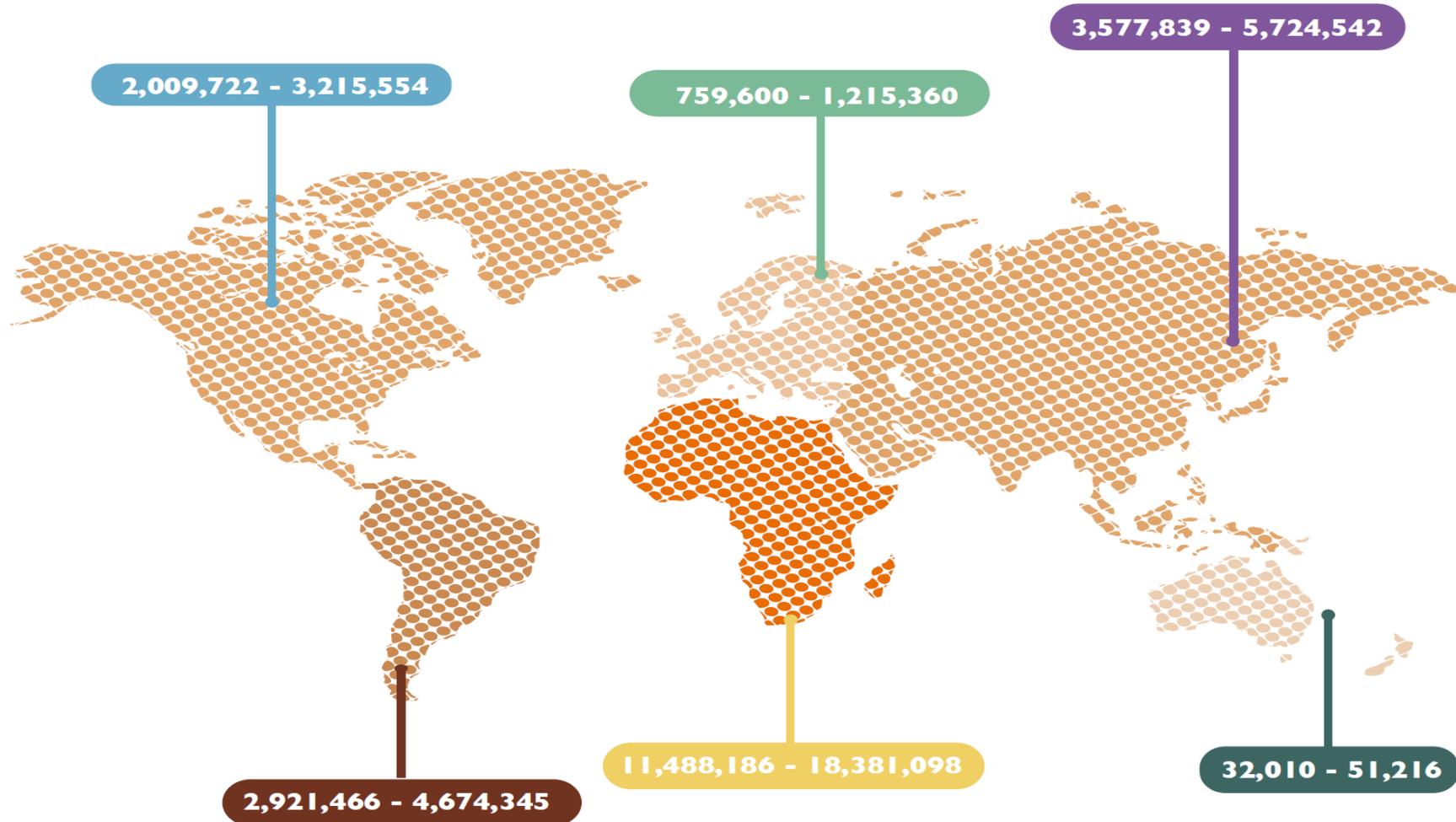
- Increased stress of families/care givers
- Closure of schools/public spaces
- Poverty, income insecurity lead to negative coping mechanisms



# PROJECTED NUMBER OF CHILDREN EXPOSED TO VIOLENCE DUE TO COVID-19



**52,938,822 - 84,702,116**





**13 Million  
girls at risk of  
child  
marriage – 4  
million in  
the next two  
years**





**65%**  
**increase in**  
**teenage**  
**pregnancy**

**7 million**  
**unplanned**  
**pregnancies**



# Response

## Reduced capacity to respond

Access to health, education and child protection services has reduced

- 80% of child protection services were disrupted (UNICEF,2020)
- Reduction in access to reproductive health services
- 11- 20 million girls may not return to school (UNESCO, 2020; Malala Fund, 2020)

# Opportunity for Action

New context has sparked innovation

## Role of faith leaders

- Education and information sharing campaigns to support positive parenting;
- Technical solutions to give girls and boys options to report violence,
- Supporting those at risk with counselling
- Challenging underlying beliefs and values to address violence and child marriage
- 94 000 faith leaders equipped for action by World Vision



**It takes a world**  
to end violence against children

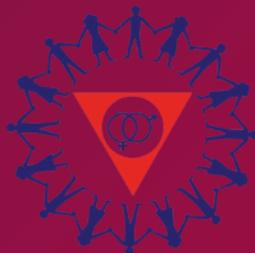
**World Vision** 



# INTERNATIONAL CONFERENCE ON FAMILY PLANNING

# NOT *without* FP FORUM

A VIRTUAL DIALOGUE FOR THE ICFP COMMUNITY  
ON UNIVERSAL HEALTH COVERAGE & COVID-19  
2-3 FEB 2021 | ICFP2021.ORG | ICFPLIVE.ORG





# INTERNATIONAL CONFERENCE ON FAMILY PLANNING

# NOT *without* FP FORUM

A VIRTUAL DIALOGUE FOR THE ICFP COMMUNITY  
ON UNIVERSAL HEALTH COVERAGE & COVID-19  
2-3 FEB 2021 | ICFP2021.ORG | ICFPLIVE.ORG

## CRSD and COVID19: Faith Leaders and Media in Senegal

Sheikh Saliou Mbacke @CRSD\_Senegal #ICFPFaith



WORLD FAITHS  
DEVELOPMENT  
DIALOGUE

BILL & MELINDA  
GATES foundation

the David & Lucile  
Packard  
FOUNDATION



UNITED NATIONS  
FOUNDATION



MARIE STOPES  
INTERNATIONAL  
Children by choice, not chance

IAFA (International Association of Family Advertisers)

IPPF (International Planned Parenthood Federation)



Canada

# CRSD

The Cadre des Religieux pour la Santé et le Développement (CRSD) is an interfaith organization that brings together all religious families, Islamic associations, as well as the Catholic and Lutheran churches in Senegal. Created in 2014, this NGO supports the Ministry of Health and Social Action (MSAS) in the implementation of the National Strategic Plan for Family Planning.

# COVID19 and Family Planning

- March 2020: pivoted actions to fight against the coronavirus pandemic and its negative impact on family planning services.
- Special program has been developed and implemented since the emergence of the pandemic in Senegal, which aims to significantly increase the visibility of CRSD's actions through television, the most popular radio stations in Senegal, and social media.
- CRSD's communication strategy is carried out by the religious leaders themselves with support from a health specialist.

# Key Facts

## March to September 2020

- Number of spots on COVID19, pregnancy and FP broadcasted: 39
- Number of videos produced on COVID19: 2
- Number of videos produced on Religion, COVID19, pregnancy and FP: 4
- Number of radio broadcasts on Religion, COVID19 and RH: 96
- Estimated number of people reached by radio broadcasts: 350,000
- Number of TV shows on Religion, COVID19 and reproductive health: 7

# Key Facts

## September to December 2020

- CRSD conducted training and sensitization of religious leaders, health care providers, and community liaisons in the regions of Louga and Saint Louis.
- A press release and web banner were produced to announce each workshop. Local media are mobilized for media coverage of the activity. The workshops were recorded and broadcasted on local radio.
- Communication continued after the activity with posts on Facebook and Twitter.







# Key Facts

## Engagement in numbers

- Over 12,000,000 people reached through various media channels (Radio, TV and video spots, etc.)
- 108 K likes and followers (Web banners)
- 1,991,004 comments (social media publications)





# Recommendations/ Reflections

- Religious leaders can play an important role in encouraging the population, especially women, to attend health facilities for their FP needs
- There is need to seriously reflect on new dynamics resulting from the COVID crisis:
  - Addressing rumors and conspiracy theories associating COVID with deliberate intention to reduce the world population especially in Africa, and creating strategies that can reverse this thinking which is a big threat to FP programs.
  - Avoid mentioning demographic aspects of FP as much as possible in the current context
  - Focus the conversation on life saving and care for the vulnerable, especially women and girls

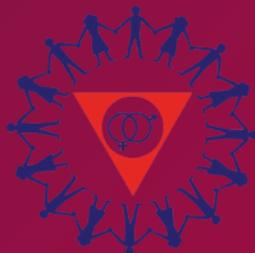




# INTERNATIONAL CONFERENCE ON FAMILY PLANNING

# NOT *without* FP FORUM

A VIRTUAL DIALOGUE FOR THE ICFP COMMUNITY  
ON UNIVERSAL HEALTH COVERAGE & COVID-19  
2-3 FEB 2021 | ICFP2021.ORG | ICFPLIVE.ORG





# INTERNATIONAL CONFERENCE ON FAMILY PLANNING

# NOT *without* FP FORUM

A VIRTUAL DIALOGUE FOR THE ICFP COMMUNITY  
ON UNIVERSAL HEALTH COVERAGE & COVID-19  
2-3 FEB 2021 | ICFP2021.ORG | ICFPLIVE.ORG

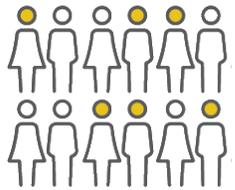
# Family Planning Lessons From Malawi & Burundi During COVID-19

Martha Saidi | SCOPE Program Manager – Malawi | World Relief @worldrelief #ICFPFaith



# WORLD RELIEF'S COVID-19 RESPONSE

World Relief began a COVID-19 response immediately, including through monitoring best practices from partners, WHO, CDC and local ministries of health.



Since the beginning of the pandemic, World Relief has reached over 1 million individuals with COVID-19 programming.



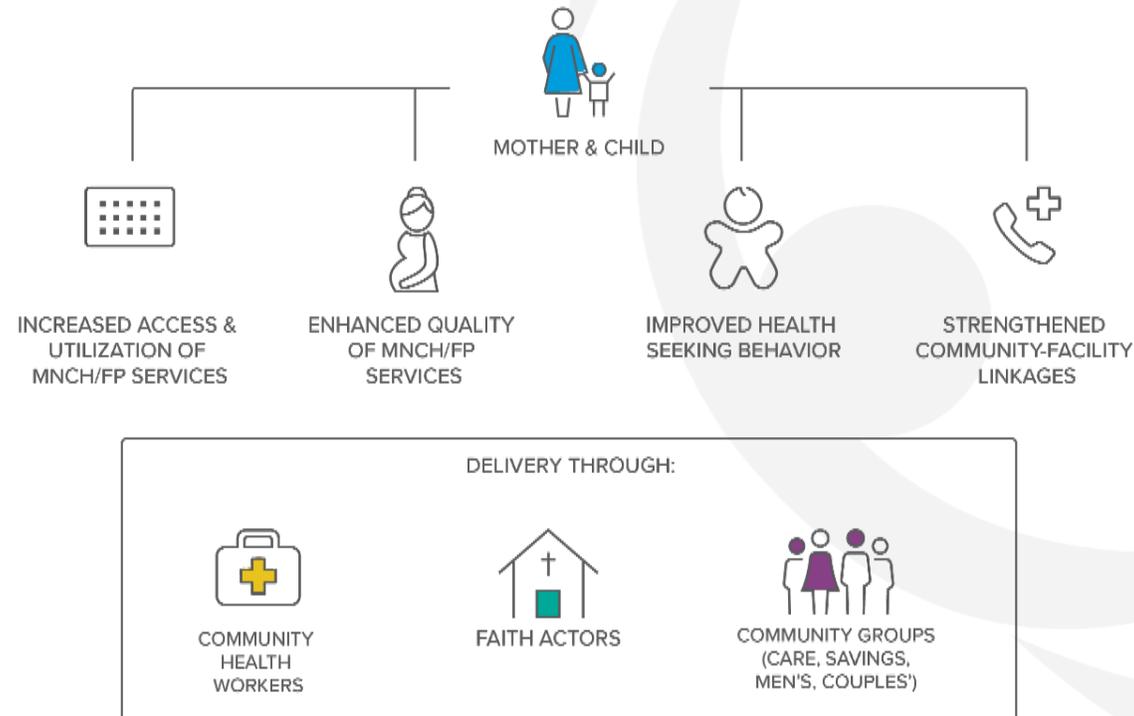
At the heart of this prevention and response work was our work with faith leaders: Reached over 71,800 faith leaders with risk messaging and training (18,755 in Malawi and 10,702 in Burundi)

# Malawi SCOPE Project



# MALAWI SCOPE PROJECT

A five-year USAID-funded global project (2019-2024), Strengthening Community Health Outcomes through Positive Engagement (SCOPE) aims to address key drivers of maternal and child morbidity and mortality at the community level in four countries, including Malawi.



# COVID-19 SUCCESSES IN MALAWI



Empowered faith institutions to disseminate standardized COVID-19 messages by sermon guides, posters and leaflets.



Mainstreaming of COVID-19 messaging in routine health services and in meetings with faith and community leaders at the community level – helped reduce stigma.



Supported MOH in the roll of emergency contraceptives by training community health workers (CHWs) in FP. Priority was given to addressing the of increase in teenage pregnancies which experienced an uptick due to the COVID-19 pandemic.



Developed a COVID-19 dashboard to track COVID-19 preventative efforts. This alongside MOH caseload data was used for targeted programming.

# COVID-19 SUCCESSES IN MALAWI: QUOTES



**Quote from male youth, Machinga:** *"In the beginning, [faith leaders] were not doing this, but because of Corona all the faith leaders have become very active on health issues so that we should be safe from COVID-19."*

**Quote from men, Machinga:** *"Our Sheikhs during prayers when they preach issues about health, they also encourage us to take part. When we are praying, we should also take part to prevent COVID-19. We should wash hands frequently with soap. Even if we do every time, but we should also follow what the government is talking about."*



# WHAT WORKED BEST IN MALAWI



World Relief programmatic operations continued safely despite pandemic as communities saw a slow-down of CHW household visits during COVID-19.



Strengthening of community level health services helped reduce pressure in hospitals and health centers- recruitment, training and supervision of CHWs.



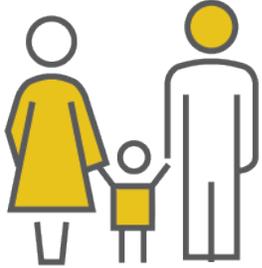
In response to COVID-19, redesigned our activities in year one of project to be "implemented from a distance," anticipating the second wave of the pandemic.



WASH/COVID-19 training module produced for Care Groups to roll out with FP/MNCH training modules.

# *Impact of Church Based Outreach on Family Planning Project in Burundi*

# BURUNDI PROJECT



Three-year project (2019-2022) funded by John Templeton Foundation to promote value-based FP empowering couples and churches for uptake of FP services.

## Project scope

- Seeks to influence the beliefs and underlying social norms perpetuating high fertility by working through couples' groups in partnership with local churches and CHWs for referral and linkages to health centers.
- Raise awareness and educate 9,600 couples using WR's *Families for Life* model, a peer-to-peer approach that incorporates FP promotion focusing on natural and modern methods, a fertility awareness game, and session activities to encourage increase in couple's communication and joint decision-making.
- Train and mobilize faith leaders on a couple's counseling tool and FP focused sermons.

# BURUNDI COVID-19 LESSONS LEARNED

## Issues faced

- Steep drop on face-to-face *Families for Life* couples meeting, group contacts and church services.
- Reduced access to health care services mainly due to:
  - Fear, anxiety, and rumors.
  - Lack of accurate information on COVID-19.
  - Stigma associated with conflicting messages that resulted in poor health seeking behavior.

## Actions taken

- Re-strategized by reducing the couple group size to effectively and safely engage them.
- Previously established trusted relationships between faith leaders/peer couples and community allowed for COVID-19 guidelines, tools, and IEC materials to be taken up quickly and facilitated improved access to FP services.
- Reallocating resources to establish locally made handwashing stations and distribute WASH supplies in areas with scarce water and soap was impactful in COVID-19 response.

# WHAT WORKED BEST IN BURUNDI



Leveraging partnership with couples, church leaders and CHWs played a pivotal role to roll out emergency preparedness plan and communicate risk messaging in remote settings.



Despite the pandemic, program interventions continued with implementing preventive measures among staff and volunteers.



Empowering faith networks with timely and accurate information on COVID-19 (congregation are motivated to wearing masks, wash hands, and maintain social distance).



Promoting government prevention efforts among communities (government recently introduced regulation to put on masks in public places).



# INTERNATIONAL CONFERENCE ON FAMILY PLANNING

# NOT *without* FP FORUM

A VIRTUAL DIALOGUE FOR THE ICFP COMMUNITY  
ON UNIVERSAL HEALTH COVERAGE & COVID-19  
2-3 FEB 2021 | ICFP2021.ORG | ICFPLIVE.ORG





# INTERNATIONAL CONFERENCE ON FAMILY PLANNING

# NOT *without* FP FORUM

A VIRTUAL DIALOGUE FOR THE ICFP COMMUNITY  
ON UNIVERSAL HEALTH COVERAGE & COVID-19  
2-3 FEB 2021 | ICFP2021.ORG | ICFPLIVE.ORG

## Continuation of FP Service Provision During COVID-19: Case of DESIP Supported Oyani SDA Dispensary

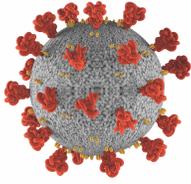
**Nicholas Odhiambo**  
Health Worker

**Oyani SDA Dispensary, Migori County, Kenya @adventistchurch #ICFPFaith**



# The COVID-19 Cascade Effect on Oyani Dispensary Programming & Response

## FAITH ADVOCACY RESPONSE TO COVID-19



### FIRST CASE in KENYA:

- Mar 13, 2020

### GOK RESPONSE:

- Press Statements
- Developed COVID-19 Protocols and Guidelines
- Developed COVID-19 IEC campaign materials
- Continued to Covid-19 Situation Reports
- National Curfew.
- Cessation of movement (in some Counties).

### GOK EMPHASISES:

- Hand hygiene.
- Social distance.
- Wearing mask.
- Stay at home.
- Seeking medical assistance when feeling unwell.

### EFFECTS of GoK RESPONSE on FP SERVICES

- Declaration of MNCH as non-essential service led to re-assignment of the MNCH staff to respond to COVID-19.
- Curfew reduces the hours that could be termed friendly by WRA for visiting health facilities for FP services.
- Delays in forecasting and quantification by MOH thus disrupting the supply chain for FP commodities - reducing access to commodities by WRA.
- Closure of private hospitals during COVID-19 due to loss of business – causing strain to public facilities, service providers and health seekers.
- Conversion of some public health facilities to isolation and treatment centers for covid-19.
- Fear of contracting COVID-19 (as a nosocomial infection) at the health facilities, kept WRA away from mobilization exercises.
- Reduced service delivery by health care workers due to lack of or delayed PPEs.
- Daily increase in COVID-19 numbers creates fear in WRA to access FP services at the health facility and use of public transportation.

Continue to:

- Conduct facility management check-ins on program implementation and adherence to COVID-19 prevention and containment measures.
- Work with religious leaders to conduct continuous health education sessions at Chief barazas (village assembly) and at religious gatherings while observing covid-19 prevention measures.
- Work with faith leaders to engage mass media (local radio) to propagate FP and COVID-19 messages in local languages. Faith leaders use scripture to demystify misinterpretations of child spacing.
- Advocate for continued support and funding for MNCH/FP services.
- Support MOH and Community Health Advocates using the National MoH guidelines on continuity of FP service at health facilities and community.
- Adhere to national guidelines on COVID-19 prevention measures by sensitizing staff, CHVs and Community members.

# Continuation of FP Service Delivery During COVID-19

- Working with faith leaders using the Booked-In Clients (BIC) - Phone booking and scheduling of clients especially for LARC services at health facility to reduce crowding and maintain social distancing.
- In collaboration with faith champions, conducting community dialogues to disseminate MOH COVID-19 guidelines.
- Faith leaders mobilize community members for sustained facility In-reaches/Outreaches with strict adherence to COVID-19 guidelines to provide integrated reproductive health services to the community.
- Integration of FP services at all service delivery points at the health facility to reduce missed opportunities.
- Self referrals following sustained demand creation by County Department of Health and religious leaders through Radio talk shows.



# Results 2: Social Benefits of Continuity of FP Services by Oyani

- Reached male partners and provided male counselling which has led to increased uptake of modern contraceptives.
- Continued access to FP services by clients despite COVID-19 pandemic fears & anxiety.
- Good coordination & cooperation between Facility, community & Community health volunteers due to dissemination of accurate information on COVID-19.



# Conclusion

The efforts and results of Oyani SDA Dispensary is attribute to:

- The seamless coordination between the National and County Governments, DESIP, facility, faith community and Community's enhanced facility preparedness to continue providing uninterrupted FP services amidst COVID-19 pandemic to reach women of reproductive age.





# INTERNATIONAL CONFERENCE ON FAMILY PLANNING

# NOT *without* FP FORUM

A VIRTUAL DIALOGUE FOR THE ICFP COMMUNITY  
ON UNIVERSAL HEALTH COVERAGE & COVID-19  
2-3 FEB 2021 | ICFP2021.ORG | ICFPLIVE.ORG

