

IMPACT OF COVID-19 ON SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN THE PACIFIC



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Summary

COVID-19 has had profound and far-reaching impacts on IPPF Member Associations (MAs) in the Pacific. The most significant impact has been the restriction of movement between and within countries. This affected the ability of MAs to provide outreach services, which is a significant aspect of IPPF's work in reaching the most marginalised and underserved communities. Although some clinics were required by government to close temporarily, the MAs quickly adjusted their static clinic services to meet restrictions on gatherings by carrying out door to door visits to do outreach, providing telephone and online services, extending opening hours of their clinics, and scheduling client appointments in order to meet the sexual and reproductive health (SRH) needs of their populations, despite the restrictions. MAs also prioritized the safety of clients and staff by ensuring infection control practices at static clinics, including the use of Personal Protective Equipment (PPE), were strictly followed.

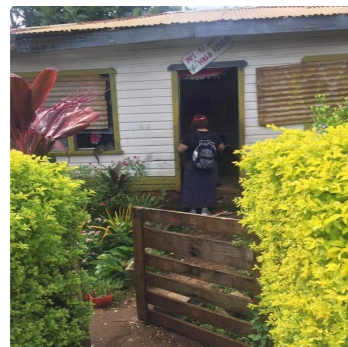
Following Tropical Cyclone Harold, for example, Vanuatu, Tonga and Fiji used their involvement in responding to the dual challenges of COVID-19 and TC Harold to provide mobile outreach services and to increase awareness of SRHR services in the context of COVID-19. In addition, MAs implemented innovative programs to reach out to communities through radio and television, and worked closely with Government teams to mobilized to remote and diverse communities. Hence, innovation has resulted in several MAs increasing their service delivery in addressing sexual and gender-based violence, which evidence shows has increased during COVID-19.

Whilst movement restrictions have been lifted, Pacific MAs are not out of the woods as this pandemic continues to have far reaching effects. The Pacific region has adapted quickly, focusing on implementing social behavior change and communication strategies to generate demand for and confidence in sexual and reproductive health services. The MAs have focused especially on increasing access for disadvantaged populations, and on provision of quality, safe, accessible services in the context of COVID-19.

COVID-19 has impacted global economic dependency of the Pacific and affected its heavy reliance on the importation of commodities and goods with demand crashing almost immediately. Tourism which is the backbone for some Pacific island economies and heavily reliant on the international markets, has come to a standstill particularly for countries like Fiji and Vanuatu. Unemployment has been staggering for the tourism industry and related sectors. Furthermore, Pacific Island culture revolves around large extended families, increasing the risks of community transmission.¹ Social isolation may have worked in large, industrial nations, but is exceedingly difficult to implement across the Pacific and this has been evident with small island nations like Tuvalu and Kiribati hosting family members from the outer islands who have not been able to return due to inter-island travel restrictions by their respective governments.

With regards to Pacific health care systems, the COVID-19 pandemic is already pushing under resourced health care systems to breaking point. This more than ever highlights the importance of integrating sexual and reproductive health services, and increasing accessibility to all people, especially the most marginalized and vulnerable.

The nine IPPF Pacific Member Associations have adapted and responded to the challenges associated with COVID-19, including movement restrictions, social isolation, lockdown, curfews and travel restrictions and for some, the dual challenge of TC Harold, with innovative and effective strategies. As a result they have successfully increased service delivery to address the SRH needs of clients in the region.



Door to door visits during restrictions in Tonga around Covid-19 Photo Credit: Tonga Family Health Association



¹William W. Elli. Inter Press Service website: SPC COVID 19 and its Impact in the Pacific

2020 has been a challenging year with the global COVID-19 pandemic and four of our MAs in Fiji, Solomon Islands, Tonga and Vanuatu had to contend with Category 5 TC Harold in April. SRH emergency response teams were mobilised in Fiji, Tonga and Vanuatu and their deployment to disaster affected areas provided an opportunity to deliver SRH services to remote and hard to reach communities. The following provides a snapshot of the outreach on the ground:



The community hand washing outreach program that also integrated SRH services at Wanur village, Pentecost. Photo Credit: Vanuatu Family Health Association



Vanuatu Family Health Association mid- wife presents o women and girls on "Family Planning and STIs" at Belmol village, South Santo. Photo Credit: Vanuatu Family Health Association



SRH awareness being carried out with youth in Tonga. Photo Credit: TFHA



COVID-19 awareness sessions were carried out in tandem with SRH awareness in remote communities in Vanuatu. Photo Credit: Vanuatu Family Health Association



Awareness sessions on hand washing in the context of COVID-19 provided an entry point for SRH awareness. Photo Credit: Vanuatu Family Health Association

The International Planned Parenthood Federation has held a long-standing presence in the Pacific. Over more than 30 years, a collection of nine Pacific Member Associations (MAs) in the Cook Islands, Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu have worked towards meeting the sexual and reproductive health and rights (SRHR) needs in the communities they serve, and have achieved powerful and transformative impact towards improving the health and wellbeing of those they reach.

 **IPPF** International
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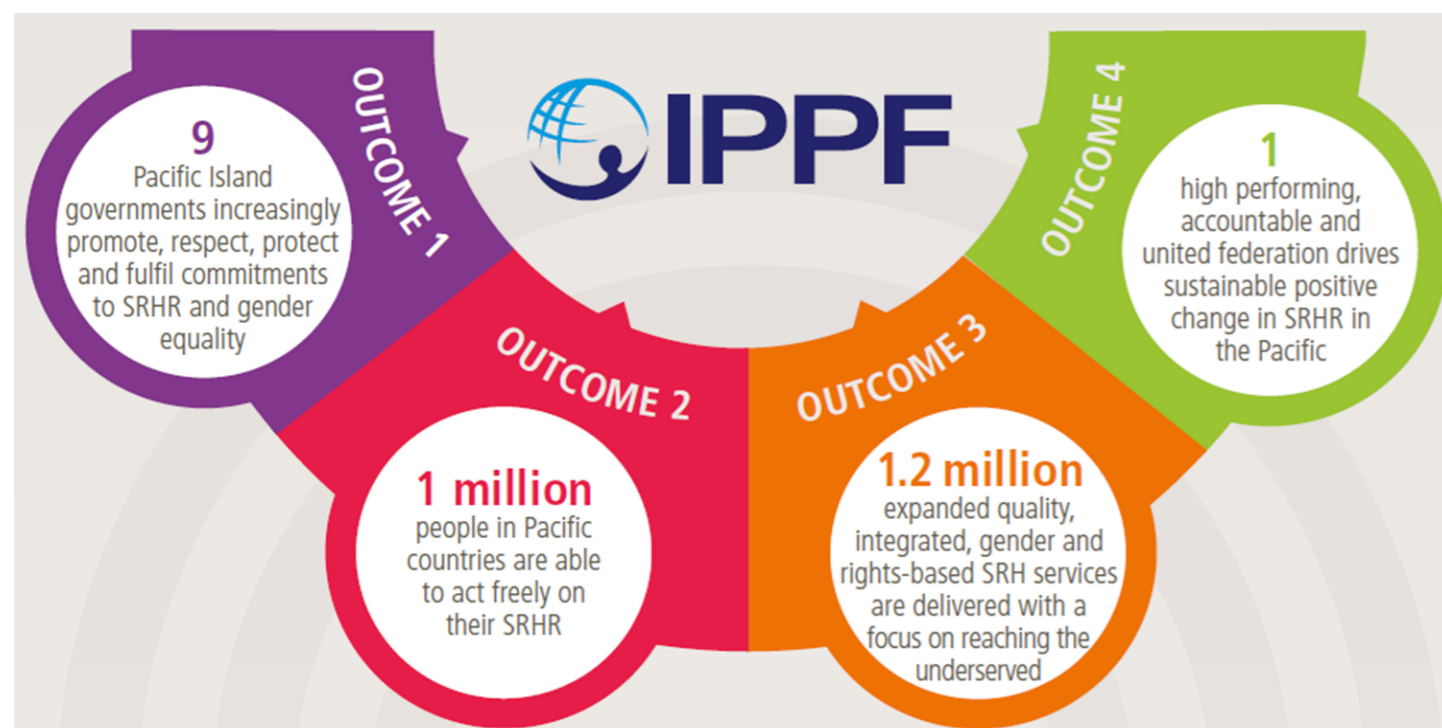
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The Strategy's mission is to lead a locally owned, regionally relevant, globally connected movement in partnership that provides and enables services and champions SRHR for Pacific people, especially the underserved.

The Niu Vaka Strategy has set clear pathways and achievable targets for the nine Pacific MAs, in the delivery of SRH services and reaching the most marginalised and vulnerable clients, and provides a flexible funding for MAs to respond to needs in crises situations like COVID-19 and the dual challenges of COVID-19 and TC Harold early this year.

Four Key Outcomes under the Strategy by the end of 2022 are:

- **Outcome 1:** Pacific Island governments increasingly promote, respect, protect and fulfil commitments to SRHR and gender equality.
- **Outcome 2:** 1 million people in the Pacific countries are able to act freely on their SRHR
- **Outcome 3:** 1.2 million expanded quality, integrated, gender and rights-based SRH services are delivered with a focus on reaching the underserved.
- **Outcome 4:** A high performing, accountable and united federation drives sustainable positive change in SRHR in the Pacific.



IPPF would like to sincerely thank our long term partners in implementation of the IPPF Niu Vaka Strategy, the Australian Department of Foreign Affairs and Trade (DFAT) and the New Zealand Ministry of Foreign Affairs and Trade (MFAT) for their continued support in the Pacific.

Results

	2019 (Jan -June)	2020 (Jan -June)	% CHANGE
Total Number Services Provided (SRH & Non- SRH)	106,958	203,144	89.92% inc
Total SRH Services	61,887	78,925	27.52% inc
Total Number of Clients	21,391	50,786	137% inc
Total SRH Services to Disability/Poor & Vulnerable clients	32,485	45,230	39.23% inc
First-time user of modern contraception	5,997	6,552	9.25% inc
First- time Visits to MA	10,222	11,457	12.08% inc
Total Contraceptive Services	12,501	23,422	87.36% inc

Note: This data results also includes the Humanitarian responses for 2020 cyclone Harold and only reflects the 1st quarter

Delivery of SRH services

In the first six months of 2020 (Jan-June), IPPF Pacific MAs have been able to deliver SRH services to some of the most remote and 'hard to reach' communities and islands in their respective countries using innovative approaches. This has contributed to an increase in SRH services, and an increase in the number of clients who were provided SRH services including the number of first-time users of modern contraception and first-time visits to Service Delivery Points (SDPs)² of the MAs. In adapting to the COVID-19 pandemic, MAs have developed innovative approaches in the delivery of SRH services to communities, increasing reach to women, young people, men and marginalized and vulnerable communities including people with disabilities.

A contributing factor to the increase in SRH services during this pandemic was the involvement of three Pacific MAs (Tonga, Vanuatu, and Fiji) with humanitarian responses following Tropical Cyclone Harold in April. From April to July the three MAs were able to deliver services to outer islands and locations never before reached by the MAs, through the successful coordination and partnerships with respective Ministries of Health, the National Disaster Management Offices (NDMO) and in Fiji the IPPF Pacific humanitarian team was able to assist with the delivery of services to the outer island of Kadavu, one of the most affected areas.



Photo Credit: Vanuatu Family Health Association | Photo Credit: Daniel Noriega, IPPF
 During the national restrictions around COVID-19 Humanitarian deployments in Vanuatu and Fiji provided opportunities for health teams to carry out awareness around the pandemic but also to deliver SRH services.

For Member Associations like the Papua New Guinea Family Health Association (PNGFHA) the health care infrastructure and accessibility to services is quite limited as 80% of its population reside in rural regions.³ This resulted in PNGFHA utilising innovative methods and ways of reaching its people for example setting up mobile antenatal clinics for mothers (offering antenatal services and SRH services) when all government clinics and facilities were closed down.

In Fiji, the Reproductive Family Health Association of Fiji (RFHAF) provided family planning counselling services by establishing a helpline in partnership with the Ministry of Women in Fiji, during Fiji's COVID-19 lockdown and restrictions on travel. As a result of government restrictions, RFHAF mobilized its pool of retired nurse midwives, counsellors and youth to accompany health partners and ministries in reaching communities with SRHR information and services. The RFHAF static clinic opening hours were extended from 7am to 7pm seven days a week despite country-wide curfews (4am -11pm) and RFHAF increased its visibility on social media and mainstream media to raise awareness on its services and how members of the public could access their services. The mobilization of its pool of retired nurse midwives contributed greatly to the increase in SRH services in 2020 in comparison to the same period in 2019. RFHAF also strengthened its partnerships with national government ministries in order to ensure that in addition to the importance of national scale screening of COVID-19, people in Fiji were also aware of SRHR and the importance of preventing unintended pregnancies and reducing the risks of STIs and HIV. RFHAF youth volunteers were actively involved in dissemination of information and were at the forefront of co-ordinating social campaigns including video clips to ensure young people were aware of SRH services.

In Samoa, the Samoa Family Health Association (SFHA), dealing with the measles outbreak in Samoa (Jan – March, 2020) and the COVID-19 crisis meant strategic planning and effective implementation was carried out through non-traditional mediums and methods of awareness. During the measles response (Jan – March, 2020) and the ongoing COVID-19, SFHA was able to reach 1,322 new clients with disabilities and in partnership with the Nuanua O Le Alofa (NOLA) disability advocacy organisation, provided SRH services through house to house visits as a result of the government restrictions on social gatherings.

SFHA also intensified their media presence during this period through six national TV appearances and presentations on 'Good Morning Samoa' which allowed them to carry out awareness on SRH services. This media campaign created a lot of interest from the public and is ongoing and resulted in SFHA being given free radio spots to talk about SRHR and access to services.

Vanuatu Family Health Association (VFHA), through partnership and collaboration with Ministry of Health in Vanuatu, maximized the opportunity to reach communities as part of the MOH COVID-19 Community outreach. The community outreach conducted 'hand washing routines', talked about safety measures, quarantine, social distancing and used this as an entry point for SRH services. Apart from demonstrative exercises around COVID -19 on protection, this enabled the VFHA to provide SRH awareness and services through this outreach in five new villages and communities in the two outer islands of Santo and Pentecost.



In Vanuatu, VFHA delivered SRH services to cyclone-affected communities in Sanma Province working closely with Provincial Health colleagues. *Photo Credit: VFHA*



Since the Covid-19 restrictions came into place SFHA earlier this year SFHA have increased their media engagement. *Photo Credit: SFHA*

Kiribati Family Health Association (KFHA) conducted a refresher training during the COVID 19 crisis on SRH to 52 Catholic Leaders that has now reached more than 50% of the population of Kiritimati islands (Christmas island) raising awareness on SRHR including successfully reaching 787 couples through a roadshow conducted as part of the same program. Through the couples programs 110 women were encouraged to undergo Pap smear tests, the majority of whom were first time users of the service. Despite the COVID-19 pandemic, KFHA advocated for SRHR and lobbied with the Catholic church and its leaders to be at the forefront of raising awareness on the provision of SRH services.

The Future

It is highly unlikely that the COVID-19 crisis is going to be over any time soon and the measures put in place now will determine how well Pacific MAs can position themselves to provide SRH services in future while ensuring they are reaching the most marginalized and vulnerable communities.

Through the IPPF Pacific Niu Vaka Strategy, with support from DFAT, MFAT and other partners, Pacific MAs are committed to meeting the outcomes of the strategy and increasing our visibility and credibility within the region.

In addition to continuing to be innovative and adaptable in service delivery, IPPF Pacific MAs have continued to improve data management and reporting to ensure that planning and decisions are informed by results. To this end the Pacific MAs have improved efficiency in recording data using electronic Clinical Management Information Systems (SMIS) to capture, analyze and adapt services to meet community SRH needs during COVID-19 and beyond.



In Tonga Sexual Reproductive Health awareness sessions were carried out by the Youth Officer from the Tonga Family Health Association (TFHA). *Photo Credit: TFHA*

IPPF

The International Planned Parenthood Federation (IPPF) has a long-standing presence in the Pacific with more than 30 years of committed work in the areas of Sexual and Reproductive Health and Rights in nine Pacific Member Associations (MAs) in the Cook Islands, Fiji, Kiribati, Papua New Guinea (PNG), Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

The Pacific is exceptionally diverse in both cultures, geographical locations, and settings. This diversity presents some of the most challenging issues around access to health care and behaviour and social development.

IPPF's landmark Niu Vaka Pacific Strategy 2019 – 2022 provides an opportunity for the Pacific Member Associations and the Pacific people to improve SRHR outcomes and meet the needs of our people with strong programming, using approaches that are responsive to the diverse contexts within the region. The Niu Vaka strategy focuses and clearly defines thematic priorities, target populations and operational approaches that are important in addressing scale-up of SRHR impact across the Pacific. The Strategy's vision is that people in the Pacific are free to make choices about their sexuality and well-being without discrimination.

³William W. Elli. Inter Press Service website: SPC COVID 19 and its Impact in the Pacific