CONDUCTING CLIENT EXIT INTERVIEWS (CEIS) FOR THE WOMEN'S INTEGRATED SEXUAL HEALTH (WISH) PROGRAMME IN THE TIME OF COVID-19: WHAT LESSONS DID WE LEARN?

Social Surveys COVID-19 Seminar

22 October 2020

G:ENESIS UNLOCKING VALUE

KANTAR

UKaid from the British people

WISH2ACTION

IPPF Options humanity & inclusion RESCUE dmi MARIE STOPES INTERNATIONAL

BACKGROUND

OVERVIEW OF THE WISH PROGRAMME

The WISH project is the UK Government's flagship programme to **scale up its support to integrated sexual and reproductive health and rights (SRHR)** services in a range of countries across **Africa and Asia by 2021.**

WISH targets are supported by progress towards 4 cross cutting outputs:

Individual choice

Strengthening individual knowledge, choice and building community support for SRHR.

National Ownership

Driving sustainability and national ownership of SRH programmes.

Access to services

Improving access to and expand choice of voluntary FP and other SRHR services.

Global goods

Increasing women's choice and access to SRHR services through evidence-based innovations and best practice.

UKaid from the British people

WISH2ACTION

IPPF Options dmi MARIE STOPES INTERNATIONAL

SERVICE DELIVERY UNDER WISH

WISH is implemented through **two 'Lots'** with different consortium structures:

Lot One

Leads

Marie Stopes International (MSI) leads the WISH Lot 1 consortium

Partners

IPPF, Ipas, Options, Leonard Cheshire, ThinkPlace

Countries

Burkina Faso, **Cameroon**, **Chad**, **Cote D'Ivoire**, **DRC**, Ghana, Mali, **Mauritania**, Niger, **Nigeria**, Senegal, Sierra Leone

Lot Two

Leads

International Planned Parenthood Federation (IPPF) leads Lot 2 *(also referred to as WISH2Action (W2A)*

Partners

International Rescue Committee, dmi, Options, Marie Stopes International, humanity & inclusion

Countries

Afghanistan, Bangladesh, **Burundi**, **Ethiopia**, Madagascar, **Malawi**, **Mozambique**, **Pakistan**, Rwanda, **Somalia**, **South Sudan**, **Sudan**, **Tanzania**, **Uganda**, **Zambia**, Zimbabwe

UKaid from the British people

WISH2ACTION

IPPF, Options, humanity & inclusion, International Rescue Committee, dmi, Marie Stopes International

***Countries in red were included in the IPPF WISH CEIs**

SERVICE DELIVERY UNDER WISH

IPPF delivers services through its member associations (Mas). These are independent, locally founded and managed organisations which align with IPPF's vision and standards. The MAs provide a wide range of services beyond FP. Under WISH, the MAs use a mixed service delivery model, SDPs include static, mobile and CBD.

Static: facility-based services

Mobile/Outreach: outreach services in hard to reach areas providing a broad range of FP methods and integrated SRH services to communities

CBD : Through trained community health workers (CHWs) who provide counselling, a broad range of FP methods and referrals to other services

Burundi Ethiopia Pakistan South Sudan Tanzania Zambia Somalia Malawi Uganda Mozambique Sudan

UKaid from the British people

WISH2ACTION

IPPF Options

BACKGROUND TO THE CLIENT EXIT INTERVIEWS

IPPF is conducting CEIs with FP clients from WISH SDPs in 17 countries in which they and their partner, IRC, provide services.

- These countries include 6 countries in Lot 1 and 11 countries in Lot 2.
- Lot 1: Cameroon, Chad, Cote D'Ivoire, DRC, Mauritania and Nigeria
- Lot 2: Burundi, Ethiopia, Malawi, Mozambique, Pakistan, Somalia, South Sudan, Sudan, Tanzania, Uganda and Zambia
- IPPF contracted G:ENESIS UNLOCKING VALUE and KANTAR to undertake these CEIs.

AIMS OF THE CEIS

AIMS OF THE CEIs

The aims of the CEIs are to:

Understand **characteristics of the FP client** population;

Monitor progress towards **programmatic targets**;

Determine performance of WISH (for payment) against **key programme indicators (KPIs)**; and

Provide input to **inform strategies**, **adaptive programming** and learning.

METHODS

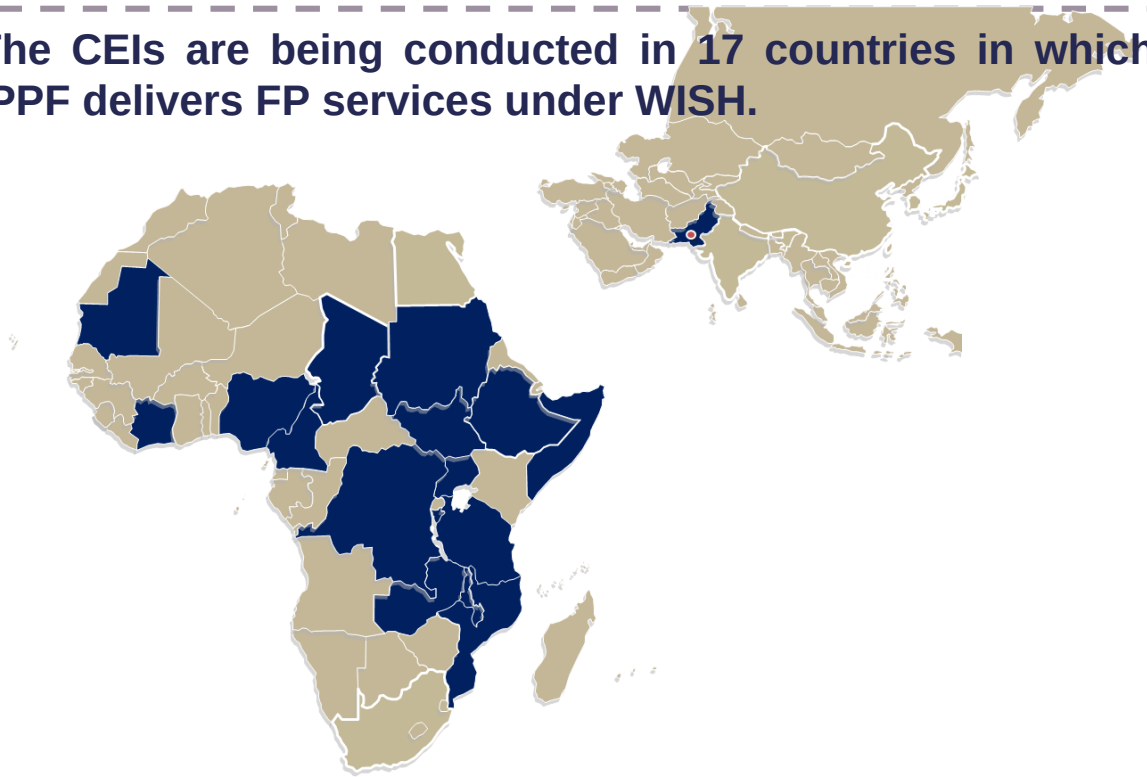
STUDY DESIGN, AREA AND POPULATION

STUDY DESIGN

In CEIs comprise a **cross-sectional survey** of sampled FP clients receiving services from WISH-supported SDPs. Ethics approval was obtained in each country.

STUDY AREAS

The CEIs are being conducted in 17 countries in which IPPF delivers FP services under WISH.



STUDY POPULATION

- All participants were **older than 15 where this was allowed or 18 where it was not allowed**
- **All participants** received a family planning service
- All participants were able to provide full informed consent and were willing to participate. In Pakistan, verbal consent was provided.

WHAT IMPACT DID COVID-19 HAVE ON THE CEIs?

WHAT IMPACT DID COVID-19 HAVE ON THE COMPLETION OF THE CEIs?

COVID-19 emerged when while fieldwork was incomplete in 5/17 countries (Malawi, Mauritania, Mozambique, Sudan and Uganda)

FIELDWORK CHALLENGES
SAMPLING AND DATA COLLECTION
Reduction in the number of FP client accessing services across static WISH SDPs
Lower participation rates due to fear of COVID-19
Inaccessible SDPs due to lockdown
Mobile outreach activities were suspended in some countries
Limited movement of CHWs providing services through the CBD channel
TRAINING
Additional COVID-19 training was required

UKaid from the British people

WISH2ACTION

IPPF Options dmi MARIE STOPES INTERNATIONAL

WHAT IMPACT DID COVID-19 HAVE ON THE COMPLETION OF THE CEIs?

FIELDWORK CHALLENGES
PROJECT MANAGEMENT AND LOGISTICS
Timelines for data collection needed to be extended
Transport costs increased (enumerators had to use private transport as taxis often preferred to operate in main routes)

UKaid from the British people
WISH2ACTION
IPPF Options dmi MARIE STOPES INTERNATIONAL

HOW DID WE MITIGATE THESE CHALLENGES?

WHAT IMPACT DID COVID-19 HAVE ON THE COMPLETION OF THE CEIs?

COVID-19 emerged when while fieldwork was incomplete in 5/17 countries (Malawi, Mauritania, Mozambique, Sudan and Uganda)

FIELDWORK CHALLENGES	
SAMPLING AND DATA COLLECTION	
Reduction in the number of FP client accessing services across static WISH SDPs	Final sampling interval was decided when FW arrived at the health facility to take actual numbers into account*
Lower participation rates due to fear of COVID-19	Additional training to equip enumerators with information they need to conduct interview safely and communicate that to the interviewee
Inaccessible SDPs due to lock down	Monitoring the situation on the ground closely, together with the MA, often by using WhatsApp as a primary mode of communication
Mobile outreach activities were suspended in some countries	
Limited movement of CHWs providing services through the CBD channel	

*Uganda sampling plan

UKaid from the British people

WISH2ACTION

IPPF Options dmi MARIE STOPES INTERNATIONAL

WHAT IMPACT DID COVID-19 HAVE ON THE COMPLETION OF THE CEIs?

FIELDWORK CHALLENGES	
TRAINING	
Additional COVID-19 training was required	Used a phased training approach (multiple small trainings in different locations) and PPE were always used. Developed scenarios to understand the pros and cons of doing training virtually or in-person and applying strategies depending on the situation
PROJECT MANAGEMENT AND LOGISTICS	
Timelines for data collection needed to be extended	Not addressed in this round, but include a timeline contingency plan from the onset. Reviewed incomplete dataset and shared important findings.

UKaid from the British people

WISH2ACTION

IPPF Options

WHAT HAS COVID-19 TAUGHT US ABOUT DATA COLLECTIO GOING FORWARD?

WHAT HAS COVID-19 TAUGHT US ABOUT DATA COLLECTION THAT WE CAN APPLY IN FUTURE

Always set up a risk mitigation strategies when conducting fieldwork. Key things to consider are:

- Timeline contingency plan
- Budget contingency plan
- Understand the pros and cons of different scenarios
- Risks posed to data collection

Be aware of the medical status of enumerators while doing data collection

Sampling plans can change quite a bit so its good to think through how to make it as flexible as possible while maintaining scientific rigour

Thank you


UKaid
from the British people


WISH2ACTION
IPPF
Options
humanity & inclusion
RESCUE
dmi
MARIE STOPES INTERNATIONAL