BRIEF: ENSURING CONTINUATION OF SERVICE DELIVERY AND COMMUNITY MOBILIZATION DURING COVID-19

ABOUT US

Over decades, PSI Pakistan, as a market facilitator, has employed several strategies such as market development approach assessments and consumer journey mapping to develop unique, innovative, and sustainable solutions for populations to cater to their reproductive healthcare needs. These solutions include an increased focus on young populations and methodologies such as human-centered design, “business-in-a-box” and service delivery at the client’s doorstep. PSI Pakistan has also partnered with local non-governmental organizations, such as Greenstar Social Marketing (GSM), Rural Support Programmes Network (RSPN) and Health and Nutrition Development Society HANDS with expertise in social marketing and community mobilization domains to fully address their clients’ needs.

At PSI Pakistan, our efforts are not just related to delivering quality products and services to people from vulnerable or unserved communities, but also, to help erase the stigma of birth spacing which acts as a barrier for the women of Pakistan to adopt modern contraceptive methods. Along with prioritizing informed choices, we believe in spreading the right information to not just women but their families, especially the men who are the biggest motivators in a woman’s decision making when it comes to opting for birth spacing and modern contraceptive method of her choice.

While we work round the clock through our local implementing partners, health care providers and have utmost support from the government, to provide safe, reliable and healthy options to women of Pakistan, our work is far from done at present. We collectively have a long way to go but every woman that we serve daily takes us a step closer to where we want to be.

When every woman makes an informed choice around her reproductive health and has a husband, family and community that support her decision, we celebrate because we know that we have made progress.

Ayesha Leghari

NOTE FROM THE COUNTRY DIRECTOR

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TAKING A STEP FORWARD!

Before the on-set of the lockdown in Karachi on 19th March 2020, PSI identified the need to communicate the urgency and the high-risk nature of the situation to all its employees. To ensure precautionary measures were adopted and COVID-19 information was adequately disseminated, multiple meetings were conducted to raise awareness and ownership amongst employees to get the workplace ready in case COVID-19 arrived at our door. These sessions were led by PSI’s Senior Program Manager and Security Focal Person, Adnan Siraj.

The meetings highlighted the importance of social responsibility and discussed various ways and measures where employees could minimize their exposure to COVID-19. All employees were asked to wash their hands regularly, always wear a mask, maintain a six feet distance, avoid large gatherings, constantly monitor for any symptoms, and stay at home if uncertain or exposed. A list of infographics was also displayed at the office premises that acted as a reminder to all employees to adhere to all precautionary measures.

To monitor and manage the situation, a working committee was formed immediately to ensure that the PSI’s office premises was as risk free as possible. Other responsibilities of this committee included ensuring constant availability of face masks, hand sanitizers and disinfectants at office premises. Additionally, a business continuity plan was developed as a precautionary step, in case the COVID-19 situation escalated, and the office premises needed to be closed. Employees were also oriented on various mechanisms that needed to be adopted while working from home, including daily check-ins with their supervisors, and updating work plans and shifting onto virtual/online tools such as Microsoft Teams and Skype. Moreover, a separate WhatsApp group was also created to provide updates and information regarding COVID-19. This group also helped keep a track of employees’ exposure out the office through questionnaires developed to gauge their interactions and likelihood of infections.
COVID-19 PANDEMIC RESPONSE: FORESIGHT OVER HINDSIGHT

BACKGROUND

Population Services International (PSI) and its local implementing partners, Greenstar Social Marketing (GSM), Health and Nutrition Development Society (HANDS), and Rural Support Programmes Network (RSPN), are currently one of the implementers of "Delivering Accelerated Family Planning in Pakistan" (DAFPAK) programme in Pakistan. Funded by the Foreign, Commonwealth and Development Office (FCDO), the objective of the programme is to reduce maternal deaths, unintended pregnancies and unsafe abortions through increased usage and availability of FP products and services.

With the primarily focus on rural areas, the programme has two primary components: 1) community mobilization and service delivery in remote areas through a network of community mobilizers and service providers, 2) social marketing approaches through distribution channels to streamline product availability. Both of these components are heavily driven by person to person contact, either within the organizations or with the consumer base. This exposes the programme to high potential risk of infection spread, further exacerbated by the limited access to healthcare facilities in the intervention areas.

This called for PSI to initiate a response while the pandemic was in its initial stages in order to safeguard the interests of consumers, staff working at both PSI and its IPs, and the intervention. This document describes PSI-Pakistan’s strategy used to respond to the COVID-19 pandemic as it picked momentum in Pakistan.

APPROACH

PSI’s response to the pandemic was based on our global approach to program design which focuses on designing and implementing interventions and systems that have people at the centre. Our goal was to pre-emptively strategize around addressing the challenge before it became significant, in order to minimize its impact. Based on decades of experience in leading successful interventions, PSI conceptualised and implemented the Keystone Design Framework which has a focus on users at the core, and behaviour change as its driving force to actualise intervention objectives and have a sustained impact. The framework allows developers to diagnose health needs, decide where PSI or other market actors can most effectively intervene, design user-centred interventions and deliver measurable health impact in a sustainable way.

The diagnose stage involved assessing the ground realities, identifying the limitations and opportunities for intervention, and articulating the stakeholders involved and mitigation measures needed to minimize impact. Decide phase pertained to selecting who the stakeholders are, prioritizing areas of focus and shortlisting implementers best suited to positively impact the situation and sustain business continuity.

During design stage, following the principles of human-centred design, the best practices were collected and adapted to ensure the uptake of the desired behaviour through listing out barriers and countering misinformation and apathy to the situation at hand. Whereas deliver focused on developing the workplan, defining the budgets, aligning the agenda and compiling trackers to monitor progress and carry out course corrections if needed. Identified high-risk and vulnerable populations within the intervention areas and the consumer base who are at higher risk of getting the infection.
**DIAGNOSE**

- **Mapped** out all human to human contact points in the mobilization, service delivery and distribution chain.
- **Captured** ground realities of the individual intervention areas in terms of the potential risk and the expected impact.
- **Documented** responses and guidelines from the local authorities, and its impact on service delivery and business continuity.
- **Initiated** partner wise risk assessment to classify intervention components and define the relevant potential risks for each, along with expected intensity of risk, estimated impact time and potential mitigation steps.
- **Assessed** personal protective equipment (PPE) needs for the programme, availability of relevant resources and supply chains.
- **Compiled** national and international guidelines and protocols to address the pandemic in clinical and community settings.

**DECIDE**

- **Facilitated** a coordinated response based on rapid insight generation.
- **Explored** the integration of FP product distribution through online platforms and delivery firms in urban settings to avoid FP discontinuations.
- **Examined** provision of technical assistance to partners to develop guidance on safe service delivery for health care workers and clients during the COVID-19 pandemic.
- **Determined** the utility of FP messaging on social media platforms along with integrated COVID-19 messages.
- **Planned** virtual trainings of teams and healthcare providers on COVID-19 prevention protocols and procure and disseminated PPEs to providers to ensure both provider and client safety.
- **Envisioned** the development of key messages around preventative behaviours tailored for rural intervention communities for their easy understanding.
- **Conducted** training for the POOCHOO helpline responders to address questions related to COVID-19 and develop IVR and pre-recorded messages for broadcast to beneficiaries around COVID-19.
**DESIGN**

**Concentrated** on the use of existing social media and messaging platforms to disseminate key messages and establish two-way dialogues with communities and taking back community perceptions and feeding it into programme messaging to update the narrative as the community needs evolve.

**Explored** focusing SBC efforts on promoting achievable protective behaviours via delivery of tailored, multi-channel SBC messaging will improve knowledge, personal risk assessment, information provision, and signposting.

**Coordinated** with PSI's advertising agency on the development of a digital marketing strategy, which would utilize search engine optimization, sponsored ads, social media, social listening, and radio messaging, as applicable. PSI will refine messaging during social media campaigns, and use social media listening to monitor and measure engagement and sentiment related to different messaging approaches.

**Outlined** global best practices and key messages with GSM around achievable preventative behaviours and digital and non-digital options to present updated information around prevention, testing, and care.

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**DELCIVER**

**Disseminated** key messages to health care workers via the digital strategy, while training workers on the safe delivery of those messages to other community members without access to digital information.

**Focused** on the health and safety of community health care workers such as LHV's and community mobilizers, by providing them with realistic messaging and tools to support their communities through the crisis.

**Ensured** sustained engagement with the Private Sector Working Group (PSWG) members to develop a coordinated and cohesive private sector response.

**Trained** virtually and in-person, community mobilizers on preventive measures and management of COVID-19 for their catchment areas and community settings.

**Distributed** key preventative messages informed by PSI’s rapid insight generation activity, via megaphone announcements, mass messaging via SMS services, printed material, and word of mouth via the community mobilizers. Where applicable, clients will be able to enroll to receive ongoing messages, including updates on country-level responses, supportive messages, and links to peer support groups for those in self-isolation.

**Collaborated** with GSM to provide guidance to private sector healthcare providers on options for telemedicine and communication of key messages around protective behaviors to clients.

**Procured** infection prevention items to be used by LHV’s for service delivery and community mobilization. Similarly, procured medicines for management of side effects associated with use of contraceptives for a six-month period.
COVID-19 GUIDELINES FOR THE IMPLEMENTING PARTNERS

REPORTING AND SUPPLIES

PSI Pakistan shared guidelines with the partners on Reporting and Supplies. These guidelines emphasized on closely monitoring supplies, giving supplies of condoms and pills to clients in advance and making sure that referral facilities are fully staffed and have enough commodity supply. Instructions were given to partners on maintaining close contact with the referral site to refer any Covid-19 related complication to the facilities if need be. Partners were asked to develop strong and constant communication between the provider and the Community Resource Person (CRP) to stay closely updated about client’s status. Apart from all the information being collected and shared with registered married women of reproductive age, current FP users and any newly generated FP users, it could potentially be used for other purposes like maintaining record of any Covid-19 related referrals for reporting purposes.

COUNSELLING/SERVICE DELIVERY:

Our partners’ service delivery teams continued field visits as per plan in districts where the District Administration allowed field teams to operate. However, service providers were asked not to deliver field services without wearing personal protective equipment, e.g., surgical masks, disposable gloves, tissues, alcohol-based hand sanitizers, and surface disinfectants. PSI also asked the providers to give information to each client on Coronavirus, especially on preventive measures (e.g., social distancing, proper handwashing technique, quarantining/isolating sick family members) and signs and symptoms of COVID-19 infections. Furthermore, they were also asked to provide referral information in case of signs and symptoms. Even though camps were closed during lockdowns, to prevent the spread of COVID-19, providers made door-to-door visits to provide subsequent doses to already enrolled clients and new clients that are ready to avail services, as identified by the CRP-supplies for condoms and pills were given 3-month in advance to the client and any client who wished to switch from a short-term method to IUCD, or any new FP client who chose IUCD, was offered services/referred to alternative service delivery points, e.g., nearest public health facility.

INFECTION PREVENTION:

All field personnel were requested to avoid touching eyes, mouth, and nose. In addition, service providers adhered to personal protective measures such as use of disposable gloves and masks during service delivery and for each client new disposable gloves were used. Service Providers always keep a danger box with them and dispose of sharps and used injections immediately after provision of services. They were also asked to use hand sanitizer to clean hands after offering counseling and services to each client, touching equipment, or recording services in register. Additionally, all project vehicles were disinfected by using dis-infection liquid.

GUIDELINES FOR CAMPS:

Guidelines for working in camps were also circulated with the Implementing Partners. Project Managers based at Head Offices and District Managers based at District Offices ensured sufficient supply of personal protection and care equipment at each camp for both Lady Health Visitor (LHV) and CRP. This included hands sanitizer, separate masks, gloves, tissue, soap, surface disinfectants, etc. Lady Health Visitors were asked to make regular field visits until coronavirus cases were officially reported from the communities in their district. The supplies to new clients of pills and condoms were given to clients in advance. As for injectable clients, they are asked to communicate via phone to the CRP to follow and to be referred to the nearest PPHI facility. 1-meter distance needed to be maintained between clients in the waiting area, and not more than 5-7 clients were allowed in an area at a time.
Furthermore, in camps, service providers were asked to make sure that they follow the desired protocols to prevent the spread of Covid-19, for example, cleaning and disinfecting the surface where sitting before and after service and wearing disposable gloves when cleaning and disinfecting surfaces, discarding gloves after each cleaning, maintaining a space of at least two arms’ length when communicating with community persons/clients. Service providers were also given a prescreening checklist from which they asked questions from FP clients before any service was provided to them. In case of detecting any clients, who showed slight symptoms, service providers needed to refer those clients to the nearest health facility. Additionally, relevant protocols needed to be taken for those clients who had travelling history in the last 14 days.

**ACTIVITIES BY CRPS**

Under strict lockdown, as per Standard Operating Procedures (SOPs), CRPs were asked to not arrange any group meetings/activities. However, they were making home visits in limited numbers while maintaining social distance of at least 1 meter. They are asked to follow all precautionary measures to prevent the spread of Covid-19 by wearing masks and gloves, especially before visiting home. They were also asked to discard these items after returning home and wash their hands at regular intervals. During these home visits, CRPs provided condoms and oral pills to follow-up clients and to potential clients identified in previous group meetings. To generate demand for FP, CRPs conducted small group meetings and family counselling sessions only under safety protocols (e.g. use of personal protective equipment). Apart from completing their regular tasks, they raised awareness regarding COVID-19 and its prevention.
A GLIMPSE OF THE UNINTERRUPTED FIELD ACTIVITIES DURING COVID-19
COVID-19 AWARENESS MESSAGES CIRCULATED BY THE IMPLEMENTING PARTNERS