



ALBANIAN CENTER FOR POPULATION AND DEVELOPMENT (ACPD) BEST PRACTICES FOR PROVISION OF SRH SERVICES IN CRISES AND POST CRISES

This document contains best practices for provision of SRH services in crises and post crises (case studies, analyses, reports) including through digital technologies and telemedicine that are highly accessible and can allow scale to be achieved at low cost and enhances self-care & health monitoring and create a model for its replication by public health by being shared with the Ministry of Health and Social Protection, high level decision-makers and authorities and key stakeholders during advocacy activities, digital technologies have potential to do good if they are well designed and implemented.

The Covid-19 pandemic has laid bare the lack of equity and fairness in our societies. Health systems, as well as social and political structure in many countries are under tremendous strain, unable to protect those most vulnerable and at risk from the virus and its secondary effects. As past pandemics have shown too often, it is women – along with children, adolescents and the most vulnerable – that don't receive their fair share of resources and services.¹

Lock-down for a few months seem to have affected the utilization of family planning services as the number of users has dropped intensely. This in turn, has left out many clients without receiving their preferred family planning methods and clients might have been prone of unintended pregnancies, STIs or other side effects that come from disruption of contraceptive methods. During 2020, a study on evaluation of the family planning program was conducted in 6 (six) regions of the country. (24) With regard to access of different population groups to FP services, young people accounted for about 45%, while boys and men accounted for only 20% of users of these services. During the COVID-19 pandemic situation, FP service providers reported that the main problems encountered were lack of demand from clients for contraceptive methods (95%) and client access to the health center (65%). Regarding the provision of FP services during the quarantine/isolation period, more than half of the providers reported that clients came to the health centers to take contraceptives after telephone communication with the provider (55%). Regarding the emergency situation in general, 95% of the FP providers reported that despite the difficulties, they had continued to provide FP services in the centers where they worked. On the other hand, most of the providers (75%)

¹ <https://www.who.int/pmnch/covid-19/en/>

reported that there were no or did not know if there were special manuals / action plans or protocols for dealing with emergency situations.²

One of the impacts of isolation of the whole population and the change in the modality of working of primary health care centers (PHCC) was that women were not accessing the family planning services provided by PHCC (9th April until 15th May 2020 lockdown). The PHCC were offering online consultations addressing mainly the people with non-communicable diseases, the distribution of medicines for this category of people and offering online consultation and information regarding COVID-19. Some of the districts (local health care units) reported struggles to get hold of key commodities and supplies. Institute of Public Health faced delays in moving goods within the country and therefore some of the districts were facing a shortage of contraceptives.³

Due to Covid-19 lockdown and consequent crises the total number of services provided by ACPD clinics has decreased in 2020. During the first semester of 2020 most of services including counselling and consultations on contraception, GBV, HIV and abortion were provided online through Skype, WhatsApp, phone call, SMS). For the entire year services recognized a decrease with at least 30% (comparing to last year) as a result of Covid-19.

Albanian Center for Population and Development has respected the guidelines of Ministry of Health and Social Protection for provision of health care services in the conditions of Covid-19, and promoted the standards of quality of care. However the COVID-19 pandemic, its consequences and the restrictive measures, have negatively affected access to essential SRH services. And medical doctors specifically had to adapt provision of services to online tools; getting familiarized with them; which however still constitutes a challenge in terms of privacy, confidentiality and necessary skills needed both for doctors of ACPD and women and men who receive these services. As such it is important to utilize existing digital health information systems at level of clinics and to monitor the provision and utilization of essential health services and medical doctors' capacity; to provide training on technology skills. What's more is crucial to establish (or adapt) mechanisms and protocols to govern the delivery of essential health services in coordination with response protocols, including for strengthening infection prevention measures. (13, 28) Gender-based violence also tends to rise during emergency situations. Domestic violence (DV) may be the most common type of violence that women and girls experience during emergencies, resulting in profound physical and psychosocial harm. The pandemic has confined survivors and witnesses of violence in close proximity with their perpetrators, and such a situation that can be both traumatising and high risk. Furthermore, during the time of restricted measures, survivors of violence or those with protection orders could not readily access legal, social or other support and services. The pandemic is deepening

² Overall assessment of the LMIS program and assessment of key indicators of the National Contraceptive Security Strategy 2017-2021. Unpublished report, 2020. Supported by UNFPA and Nesmark Foundation

³ Quality assessment of utilization of family planning services in Albania. A qualitative study with decision makers, service providers and family planning service users. 2020. ACPD and IPPF. http://acpd.org.al/wp-content/uploads/2021/01/FINAL_-Quality-Needs-Assessment-of-Family-Planning-Services-in-Albania.pdf Date accessed June 2021

pre-existing inequalities, exposing vulnerabilities in social, political, and economic systems which are in turn amplifying its impacts.⁴

Due to social and work restrictions, restriction of movement and other limitations put in place in order to control the spread of the pandemic, including the adaptation of health care centers (PHCC) working modality and working hours, in general women's access to family planning services offered by these PHCCs has been reduced. Adapting to the new reality, PHCCs were offering online consultations in order to meet the health care needs of the population over a wide range of topics and health problems ranging from non-communicable diseases to online counselling and directions to manage COVID-19 infection. The online consultation also covered family planning issues after a short interruption due to the general adaptation process to the new reality of COVID-19. Nevertheless, some of the districts (local health care units) reported struggles to get hold of key commodities and supplies. In this situation, the Institute of Public Health was experiencing delays in moving goods within the country ultimately affecting district level PHCCs facing a shortage of contraceptives. The temporary physical closure of family planning services and the lack of mobile units and community-based provision of modern contraceptive methods could very likely have had considerable consequences for women and girls during this period, potentially resulting in deterioration of the health status, loss of autonomy and struggling harder in trying to take care of their own health and bodies.

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The pandemic negatively impacted the delivery of sexual and reproductive health (SRH) care for women and vulnerable groups. Imposed restrictions were often not feasible, not well understood or not affordable. Pre-existing socio-economic factors and geographic distance created barriers for the vulnerable groups within our society to access SRH services and search for help. The COVID-19 pandemic, its consequences and the restrictive measures, have the potential to negatively affect access to essential SRH services (ACPD 2021 fact sheet).⁶

Latest evidence suggest that the COVID-19 pandemic had a major impact on the delivery of sexual and reproductive healthcare, due to the closure of a high number of static and mobile clinics and community-based care settings.⁷

Accessibility to sexual and reproductive health services, including family planning, has been conducted via phone usage and online consultations. (Source: Overall assessment of the LMIS program and assessment of key indicators of the National Contraceptive Security Strategy 2017-2021. Unpublished report, 2020. Supported by UNFPA and Nesmark Foundation).

⁴ <https://acpd.org.al/sq/> Date accessed June 2021; Adolescent and Youth Abuse in Albania. In-depth analysis Report, supported by UNFPA Office in Albania and funded from Government of Sweden Albanian Ministry of Health and Social Protection. (February 2020)

⁵ Abortion data. Abortion Surveillance System. Offline data, 2021. Institute of Public Health; Institute of Public Health (in Albanian). Instituti i Shendetit Publik, Sistemi i Menaxhimit te Logjistikes dhe Informacionit te Kontraceptiveve (LMIS), 2021. Offline data

⁶ <https://acpd.org.al/sq/> Date accessed June 2021

⁷ COVID-19 Impact: What we know so far – Albania. <https://www.ippf.org/blogs/covid-19-impact-what-we-know-so-far-albania> Last accessed: June 2021

HIV/AIDS and other harm reduction services for vulnerable groups (PWID, MSM and Sex Workers) during the pandemic period have been provided via both online consultations and mobile health services. Currently, there are 6 (six) Drop-in Centers and Mobile units in Albania that provide harm reduction services for PWID, MSM and Sex Workers. During the pandemic period, services have been provided in the field and respecting the pandemic restriction rules. Among clients who possess a smart phone or computer, online consultations have been encouraged. Mobile services have also been provided in the social and cruising areas, developing harm reduction and hygienic packages for program clients. Source: Periodic reports from STOP AIDS NGO.

To address the impact of the COVID-19 pandemic on access to SRH services, ACPD contributed to drafting general guidelines for the provision of SRH health services in times of COVID-19 as part of the primary healthcare package. These guidelines were endorsed by the Ministry of Health and Social Protection on 27th October 2020. They include the introduction of digital health and telemedicine into primary healthcare, including for the provision of family planning services.⁸

ACPD has used mainly online channels and remote platforms to conduct awareness raising, promotional and informative campaigns on SRH in the conditions of Covid-19. Campaigns have delivered tailored messages in the framework of Cervical Cancer, Safe Abortion, HIV and SGBV reaching out to an audience of 30,000 people with positive messages. In total 863 health care providers were trained on different topics related to SRHR through online platforms.

As a result of advocacy efforts (high level meetings with decision-makers, media campaigns, policy dialogue workshops and involvement of key stakeholders the MoHSP released an order No. 486, date 27/08/2020 for establishing a technical group to update the Family Planning protocol (2016). The updated protocol comprises some recommendations which came out from the dissemination meetings such as improving the referral system; strengthening collaboration with school psychologists; provision of remote counselling; establish the health mediator mechanism to provide outreach contraception services for vulnerable women.⁹

Telemedicine platform and network is well established in Albania and has been operational since 2012. Currently, national telemedicine network is available in 5 University Hospitals, 12 regionals one and 3 municipal hospitals, in addition to several telemedicine units at Mother Teresa University Hospital (MTUH). Moreover, the network is compatible with the telemedicine system in Kosovo, Montenegro, North Macedonia, Capar Verde, Vietnam, Ukraine, etc.

The hub center is located at MTUH and has a modern infrastructure that accommodate up to 100 people. There are two auditoriums, one e-library, three student classes and one on job training room for emergency medical service (EMS).

⁸ https://ec.europa.eu/neighbourhood-enlargement/sites/default/files/albania_report_2020.pdf Date accessed June 2021

⁹ <https://acpd.org.al/sq/> Date accessed June 2021

During the pandemic time, telemedicine network has mainly used for teleconsultations between regional hospitals and university ones. There is an increasing interest from endocrinologists who are using telemedicine system to counsel diabetic patients on use of insulin pens, as well as on-prescriptions to receive free pens. Available Source: Monthly reports from National Biomedical and Telemedicine Center.

Currently, ACPD in partnership with Health Care Services Operator and Ministry of Health and Social Protection agency, is using the telemedicine network to provide training for healthcare providers. There is a high potential that this network can be used and utilized to organize online training with healthcare providers not only in Albania, but also in Kosovo and North Macedonia, where the telemedicine network is present and compatible with the Albanian one. This practice has been found useful and cost-effective and Ministry of Health is encouraging health providers to use this network to organize training among health providers. However, there is a big gap in terms of telemedicine infrastructure, as for the time being the system is not available in the primary sector. There is a need to explore possibilities how to encourage healthcare providers from the primary care on the use and utilization of telemedicine services.

Throughout lockdown ACPD medical staff in Tirana, Vlora and Shkodra have provided Sexual and Reproductive Health counselling and consultation with the support of International Planned Parenthood Federation on abortion care, sexual transmitted infections and HIV, gender based violence, safe motherhood, contraception care via Skype, WhatsApp for vulnerable clients and entire community and sensitization of the public about the effects of COVID-19 to SRH, to gender inequalities which were posted through our website and social media. In total 2000 counselling and consultation services were provided online during lockdown and under restricted measures (March-May 2020). With restrictions measures being eased (in May 2020) ACPD clinical centers started to provide community-based delivery and mobile clinics for vulnerable communities in Tirana and Vlora. The services included contraceptives delivery, counselling and pregnancy test.¹⁰

1000 SRH services through static clinic and community based delivery (ultrasound examination, Papsmear, gynaecological examinations, contraception care, GBV screening, HIV testing, abortion care, referral and follow up) were provided to 525 women and girls from rural areas of Tirana and Vlora which relates to the continuous partnership of ACPD with primary health care centers in rural areas of Tirana and Vlora and other NGO partners, this intervention contributed to an increase number of clients who seeks for SRH services and visited the clinic center during 2021.

Community based delivery and static clinic services has increased access for health care through provision of gynaecological examinations, and pre and post-natal care for mothers in rural and remote areas that cannot access such services and it becomes much more challenging for them during pandemic to travel where services are provided. Both services have been a decent option for women and girls from rural areas to receive services they need.

¹⁰Ministry of Health and Social Protection. 2021. Offline data

Provision of online counselling and consultation through digital health such as Skype, WhatsApp, and information through SMS have contributed to awareness and empowerment of women and girls who asked for SRH services especially during emergency situations or those who cannot access services face to face. This initiative has also contributed in increased number of clients who visited static clinic for other examinations.

Digital campaigns organized so far in social media by ACPD staff and volunteers with positive messages regarding sexual and reproductive health such as Contraception, HIV/STI, gender-based violence and sexual violence, providing SRH services in the condition of COVID – 19 etc. have served in the promotion of the services offered by ACPD clinic as well as increased the number of women and girls who seek for SRH services and information especially during the COVID – 19 pandemic. Clients who seek for online services were young people who join ACPD social media as well as women and girls from rural areas who were previously visited in ACPD clinic center in Tirana.

Sexual and Reproductive Health services guideline produced by ACPD to guide the medical and programmatic staff for sustainable services in the context of the pandemic COVID – 19 and after that. The guideline is a supplement of the existing protocol of the ACPD clinics designed to facilitate the work of clinic staff in order to provide services in accordance with the Albanian government anti-COVID measurements, WHO guidelines. This approach has enabled provision of services with quality, on time and safety for both clinic staff and clients. It has been shared with two ACPD clinics in Tirana and Vlora and their staff is using it in their everyday work with its clients. It has also been shared in ACPD website reaching out to 1500 people.