25 YEARS FOR BETTER HEALTH SYSTEMS

How COVID-19 Related Isolation Measures Impacted Access to Selected Sexual and Reproductive Health Services in Georgia

Inception Report

September 2020

Author:
Tamar Gotsadze MD, Ph.D.,

ABBREVIATIONS

CO	Country Office
CRRC	Caucasus Research Resource Center
DR	Desk Review
FGD	Focus Group Discussion
GI	Group Interview
GoG	Government of Georgia
KI	Key Informant
IDI	In Depth Interview
IR	Inception Report
RGA	Rapid Gender Assessment
RT	Research Team
SQDA	Secondary Qualitative Data Analysis
SRH/R	Sexual & Reproductive Health Services and Rights
SV	Site Visits
TOR	Terms of Reference
UNFPA	United Nations Population Fund
WHO	World Health Organization
WRA	Woman of Reproductive Age

TABLE OF CONTENTS

ABBREVIATIONS 2

CHAPTER 1: INTRODUCTION 4
1.1 Background and Rationale 4
1.1 Purpose of the Inception report 5
1.2 Report structure 5

CHAPTER 2: PURPOSE, OBJECTIVES AND RESESARCH METHODOLOGY 6
2.1 Research Purpose and objectives 6
2.2 Scope, geographical coverage and intended beneficiaries 6
2.3 Research Framework and Criteria 6
2.4 Research Questions and Research Framework 8
2.5 Data collection methods 11
2.6 Data Analysis, Triangulation and Quality Assurance 13
2.7 Implementation Process 14
2.8 Ethical Issues 15
2.9 Limitations 15

CHAPTER 3: IMPLEMENTATION SCHEDULE, RESEARCH TEAM COMPOSITION AND RESPONSIBILITIES 16
3.1 Proposed Implementation Schedule and Deliverables 16
3.2 Research Team Composition and Task Distribution 16

CHAPTER 4: PROPOSED REPORT OUTLINE 18

ANNEXES: 19
Annex 1: IDI Guide 19
Annex 2: Informed Consent 21
Annex 3: Focus Group Discussion Guides 23
Annex 3.1 Focus Group Discussion Guide for Pregnant Women 23
Annex 3.2 Focus Group Discussion Guide for Young mothers 25
Annex 3.3 Focus Group Discussion Guide for Women of Reproductive Age 27

CHAPTER 1: INTRODUCTION

1.1 Background and Rationale

Since December 31, 2019, the disease (COVID-19) caused by the novel coronavirus (SARS-CoV-2) has spread rapidly around the world, after the first cases were originally reported in China. On January 30, 2020, the World Health Organization (WHO) declared a Public Health Emergency of International Concern, and on March 11 - a pandemic. After six months, more than 22 million people have been infected in 213 countries, with 780,000 deaths so far. And the spread is accelerating, not slowing.
COVID-19 has posed an existential challenge to governments everywhere, requiring them to balance the imperative of protecting the health of their citizens with the human rights limitations and the consequences for livelihoods of border closures and economic shutdowns. There have been no easy answers, and governments have been pushed to adopt bold and unprecedented decisions. A failure to act in time or with sufficient impact has meant high death tolls and overwhelmed hospital systems & services, including Sexual & Reproductive Health services and Rights (SRH/R).

COVID-19 pandemic has ushered in restrictive social measures (self-isolation, quarantine, cordon sanitaire measures) that could each have a profound influence on SRH/R. Ex, COVID-19 measures may decrease the number of pregnant women delivering in hospitals,[1] delays in care-seeking,[2] increase intimate partner violence,[3] etc. Evidence from other public health emergencies (e.g., infectious disease epidemics, wars and humanitarian disasters) suggests that many women are unable to obtain family planning services in order to avoid unwanted pregnancies. The Guttmacher Institute has noted that many countries have reduced or stopped provision of sexual and reproductive health services, interrupting supply chains for condoms and other contraceptives.[4] Women who do become pregnant during this period may be at greater risk of adverse outcomes, including stillbirth, spontaneous abortion, and small for gestational age.[5]

Georgia, so far, is considered as a regional and worldwide success story in containing the spread of the COVID-19. By September 3, the number of confirmed cases in Georgia reached 1,568, with 1,279 patient fully recovered, and 19 patients have died.[6] The evident alleviation of the spread and comparatively low mortality rate can be ascribed to the swift and expeditious preventive and combative measures taken by the Government of Georgia (GoG) since the early January of 2020.[7] This success earned Georgia a place among the 15 non-member states whose citizens were cleared for non-essential travel to the European Union as of 1 July 2020. Despite this progress, economic and social impacts are anticipated to be challenging, and the consequences of the outbreak still need to be comprehensively assessed. Even for countries like Georgia that have so far controlled the outbreak, experts predict the onset of a "second wave" in the next few months. This makes it urgent for the government to assess the effectiveness of its pandemic response so far and make corrections where shortcomings are identified. It is also vital for the GoG to understand how measures to control the pandemic have affected the access to healthcare services, including SRH/R.

For this purpose, GoG approached International community with the request to support broad COVID-19 Impact Assessment, which favorable accepted by the USAID and UN family. Under the broad framework of the Assessment, (in which UN will concentrate on Human Rights issues) it was decided to develop a separate research segment on "Gender Equality and the pandemic" - to be commissioned by UNFPA, UN

---

[1] Grünebaum A, McCullough LB, Bornstein E, et al. Professionally responsible counseling about birth location during the COVID-19 pandemic. J Perinat Med 2020 doi: 10.1515/jpm-2020-0183 [published Online First: 2020/05/14]
[2] Masroor S. Collateral damage of COVID-19 pandemic: Delayed medical care. J Card Surg 2020 doi: 10.1111/jocs.14638 [published Online First: 2020/05/19]
[3] Hall B, Tucker JD. Surviving in place: The coronavirus domestic violence syndemic. Asian Journal of Psychiatry 2020
[4] Purdy C. How will COVID-19 affect global access to contraceptives—and what can we do about it? 2020 [Available from: https://www.devex/com/news/sponsored/opinion-howwill- covid-19-affect-global-access-to-contraceptives-and-what-can-we-do-about-it- 96745
[5] Kasraeian M, Zare M, Vafaei H, et al. COVID-19 pneumonia and pregnancy; a systematic review and meta-analysis. J Matern Fetal Neonatal Med 2020:1-8. doi: 10.1080/14767058.2020.1763952 [published Online First: 2020/05/21]
[6] https://stopcov.gov.ge/ka#footer
[7] Voluntary National Review – Georgia https://sustainabledevelopment.un.org/memberstates/georgia

Women and UNDP - which among others, will include a separate sub-chapter on SRH/R related topics. Named agencies agreed that the quantitative part of the Assessment will be repeating the Rapid Gender Assessment (RGA) that was carried out back in May-June to allow also for comparative analysis. The Caucasus Research Resource Center (CRRC) has been selected for this task (since they did the previous RGA and are best positioned to do this job). The RGA entails carrying out a nationally representative phone survey (*sample size of approximately 1,200 respondents*) using the similar questionnaire and methodology that was employed in the previous RGA. However, RGA standard questionnaire does not provide a full picture re COVID-19 related restrictions pose on women access to SRH services, and to what extend the current situation may still prevents persons from gaining timely access to the basic SRH services. Thus, UNFPA plans to conduct the Qualitative Study; as a contribution to broad COVID-19 Impact Assessment commissioned by the GoG.

1.1 Purpose of the Inception report

The Inception Report (IR) serves as the detailed agreed mandate and implementation plan for the Qualitative Study to investigate how COVID-19 related isolation measures impacted access to selected sexual and reproductive health services in Georgia, providing mutually agreed expectations of the purpose and scope of the assignment, its objectives and suggested methodology. After award of the contract, the Research Team (RT) carried out an initial document review and preparatory work, which allowed for the integration of the requirements of the Terms of Reference (TOR) and our proposal into a detailed plan of action to carry out the research.

1.2 Report structure

This Inception Report is structured as described below:

Chapter 1: The present chapter, explains the purpose of the Inception Report and its structure.

Chapter 2: Explains the purpose of the research, its objectives, the scope and the beneficiaries of the study results.

Chapter 3: Illustrates the research methodology by detailing conceptual framework, research questions, the framework, the data collection and analysis methods and the expected limitations and implementation phases.

Chapter 4 includes the implementation schedule, the team composition and the task distribution.

Chapter 5 provides a preliminary outline for the final report.

These chapters are supported by annexes which include the stakeholder map, research questions and sub-questions, the research framework describing key questions, data collection sources and methods, interview and focus group discussion guides for data collection and data storage and handling procedures. Finally, the annexes also include the original ToR of the assignment.

CHAPTER 2: PURPOSE, OBJECTIVES AND RESESARCH METHODOLOGY

2.1 Research Purpose and objectives

The purpose of the research is to determine the impact of COVID-19 social restriction measures on access to essential SRH services, which for sake of this study encompass: **Maternal Health** (Antenatal, Intrapartum and Postpartum), **Family Planning** services (including access to contraceptives and abortion services) and **cervical cancer screening services** and recommend refinements where needed.

2.2 Scope, geographical coverage and intended beneficiaries

Service Scope: As per TOR, the research will examine access to essential SRH services, which for sake of this Study encompass: **Maternal Health** (*Antenatal, Intrapartum and Postpartum*), **Family Planning** (including access to contraceptives), abortion services) and Cervical Cancer Screening services.

Geographical Scope: The proposed qualitative research will be carried out in four regions of the country, sampled on the ground of worst affected regions by COVID-19 (Tbilisi, Kvemo Kartli, Adjara Autonomous Republic) and one (control region) least affected by pandemic (Kakheti region). Study findings will be generalized for the country-wide level assumptions.

Intended Beneficiaries: The research will have multiple users who will benefit from the findings and recommendations. It is expected that the findings and lessons learned stemming from the research will help MOH and their partners in formulating guidance document(s) for maintaining and ensuring uninterrupted and continued provision of essential SRH services during pandemic. Study findings and recommendations will inform UNFPA advocacy efforts and provision of ongoing support to MoH and the Government of Georgia.

2.3 Research Framework and Criteria

The Ebola and Zika epidemics of the last decade demonstrate how health emergencies expose fragile health systems and disproportionately affect the rights of women. Previous public health emergencies have shown that the impact of an epidemic on sexual and reproductive health often goes unrecognized, because the effects are often not the direct result of the infection, but instead the indirect consequences of strained health care systems, disruptions in care and redirected resources.[8]

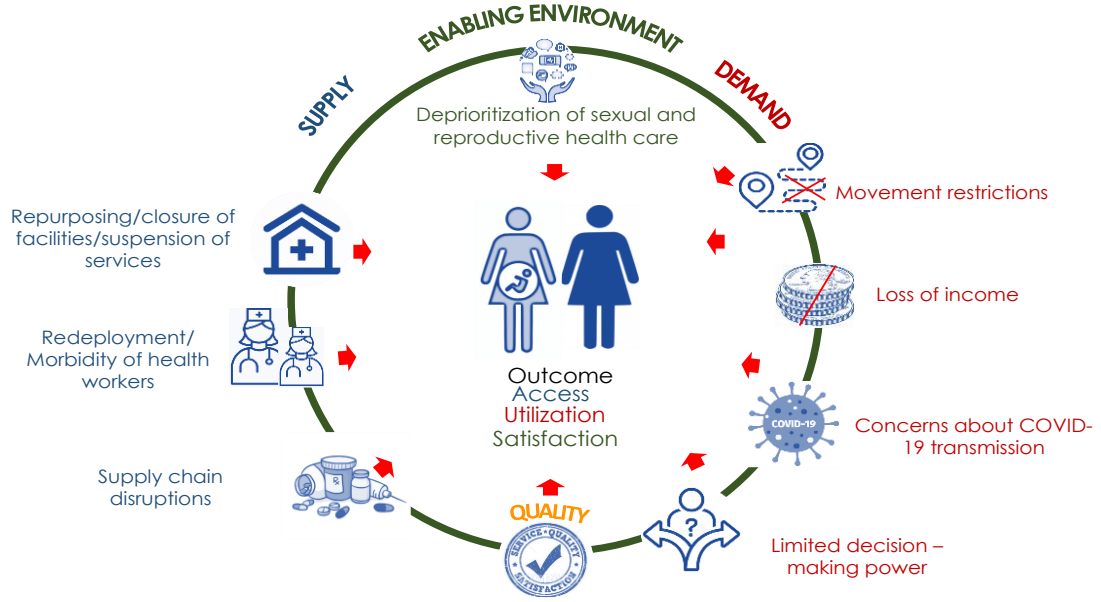
The research conceptual framework has been constructed on available international evidence and examines factors that could have potentially impact on the use of sexual and reproductive health services and rights during the COVID-19 pandemic. These factors are grouped by for main health system domains: i) enabling environment; ii) supply; iii) demand and iv) quality; schematically presented on Figure 1 and detailed below.

ENABLING ENVIRONMENT

De-prioritization of sexual and reproductive health care: During public health emergencies, human and financial resources are often diverted from essential health programs to respond to the disease outbreak. Emergency response to COVID-19 outbreak also means that resources for essential maternal, newborn health, reproductive health services possibly will be diverted to deal with the outbreak. Sexual and reproductive health services and medicines are essential and lifesaving. The pressures from the COVID-19 response on strained health services in low- and middle-income countries could disrupt essential care, including maternal health, contraception, safe abortion care and post-abortion care, contributing to a rise in maternal and newborn mortality, increased unmet need for contraception, sexually transmitted infections and gender-based violence.

[8] World Health Organization, COVID-19: operational guidance for maintaining essential health services during an outbreak, 2020, https://www.who.int/publications-detail/covid-19-operationalguidance-for-maintainingessential-health-services-during-anoutbreak

Figure 1: Conceptual Framework: Factors that potentially affect the use of reproductive health services during the COVID-19 pandemic



SUPPLY

Repurposing/closure of facilities/suspension of services: Amid the pandemic, health workers, equipment, and facilities have been reassigned to address the influx of patients with COVID-19.[9] During lock down providers are being forced to suspend some sexual and reproductive health services that are not classified as essential, such as family planning, abortion care.[10]

Redeployment/Morbidity of health workers: staff involved in provision of sexual and reproductive health services may be diverted to fulfill other needs. Globally, women make up the majority of the frontline health workforce as community health extension workers, midwives and nurses — putting them at greater risk of contracting COVID-19, particularly in low- and middle-income countries, where there is less access to personal protective equipment.[11]

Supply chain disruptions: Health supply chains, including contraception, are already burdened with manufacturing delays in countries impacted by the pandemic[12]. This also includes other RMNCH medical and essential lifesaving commodities and equipment shortages, including supplies for safe abortion care and post-abortion care[13]. The COVID-19 pandemic is already having adverse effects on the supply chain for contraceptive commodities by disrupting the manufacture of key pharmaceutical components of contraceptive methods or the manufacture of the methods themselves (e.g., condoms), and by delaying transportation of contraceptive commodities.[14] Additionally, low- and middle-income countries may have less purchasing power for contraception, including condoms, amidst their COVID-19 response- potentially putting populations at risk of sexually transmitted infections.

---

[9] Gilbert M, Pullano G, Pinotti F, et al. Preparedness and vulnerability of African countries against importations of COVID-19: a modelling study. Lancet 2020; 395: 871–77

[10] Marie Stopes International, Stories from the frontline: in the shadow of the COVID-19 pandemic, 2020, https://www.mariestopes.org/covid-19/stories-from-the-frontline/

[11] Wilhelm JA, Helleringer S. Utilization of non-Ebola health care services during Ebola outbreaks: a systematic review and metaanalysis. J Glob Health 2019; 9: 010406

[12] Ravelo, J.L. (2020, March 17). COVID-19 disruptions on health supply chains a challenge for aid orgs. Devex. Retrieved from https://www.devex.com/news/covid-19-disruptions-on-health-supply-chains-achallenge-for-aid-orgs-96764

[13] Purdy, C. (2020, March 11). Opinion: How will COVID-19 affect global access to contraceptives – and what can we do about it? Devex; Retrieved from https://www.devex.com/news/opinion-how-will-covid-19- affect-global-access-to-contraceptives-and-what-can-we-do-about-it-96745

[14] Ibid

DEMAND

Movement Restrictions: Many governments are restricting people's movements to stem the spread of the virus, thus denying people this time-sensitive and potentially life-saving services[15] leading to worsening the final outcomes.

Loss of income: Women are often engaged in low-paying, informal work-frequently as primary breadwinners for their families-and disruptions as a result of the COVID-19 response compromises their ability to meet their families' needs.[16] Financial barriers faced during the COVID-19 lock down affect health seeking behavior of women and undermines their rights to safe antenatal, delivery, family planning and abortion services along with other essential health services.

Concerns about COVID-19 transmission: Misinformation about COVID-19 and its transmission, as well as a lack of trust in the health system, risks keeping patients, including pregnant women and others seeking sexual and reproductive health services, from accessing necessary medical treatment and prevention.[17]

Limited decision-making power: Inequality and gender norms, including the need for approval from husbands or male family members to seek health services for themselves or their children, continue to affect women's and girls' health seeking behaviors. Limited decision-making also dictates women's and their families' use of financial resources, including paying for contraception —compounding the difficulty that exists in poorer communities to stockpile contraceptive methods and access emergency contraception, contributing to unwanted pregnancy.

2.4 Research Questions and Research Framework

The research entails answering the following main questions:

1. What is the impact of the pandemic on the access to existing SRH services and the full realization of the reproductive right of women?
2. What was done by the Government to ensure access to SRH/R during the crisis?
3. How effectively did state provide and adapt SRH services to COVID reality?
4. Was the access to the SRH/R services restricted during the pandemic/state of emergency, particularly during the lock down?
5. How accessible was COVID-19-related reliable information to Women of Reproductive Age (WRA)?
6. Did WRA receive the support they needed during the pandemic?
7. What are the promising international practices in terms of combating the negative consequences of COVID-19 for pregnant women?
8. What should the Government do to better respond to the needs of pregnant women and WRA in time of future waves?

To answer all research questions, a detailed research framework (RF) has been developed (Table 1). The RF structures questions and formulates sub-questions, which can be assessed during the research. It also identifies the methods of data collection the research will apply.

---

[15] International Planned Parenthood Federation, COVID-19 pandemic cuts access to sexual and reproductive healthcare for women around the world, 2020, https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproductive-healthcarewomen-around-world

[16] Denney, L., Gordon, R., & Ibrahim, A. (2015, December). Teenage Pregnancy after Ebola in Sierra Leone: Mapping response, gaps and ongoing challenges. Retrieved from https://securelivelihoods.org/wpcontent/uploads/Teenage-Pregnancies-after-Ebola-in-SierraLeone_-Mapping-responses-gaps-andongoing-challenges.pdf

[17] Kostelny, K., Lamin, D., Manyeh, M., Ondoro, K., Stark, L., Lilley, S., & Wessells, M. (2016). 'Worse than the war': An ethnographic study of the impact of the Ebola crisis on life, sex, teenage pregnancy, and a community-driven intervention in rural Sierra Leone. Retrieved from https://resourcecentre.savethechildren.net/node/14092/pdf/worse-than-the-war-post-ebola-ethnographic-report-on-sierraleone.Pdf

Table 1: Research Framework

Domain	Research sub-questions	Data Collection Method				
		DR	SQDA[18]	IDI	GI	FGD
Outcome						
Outcome	- Share of women completing the first ANC visit before 12 weeks of pregnancy during Feb-Jun in 2020 and 2019 - Share of pregnant women who completed 8 ANC visits during Feb-Jun in 2020 and 2019 - Share of home deliveries out of total deliveries during Feb-Jun in 2020 and 2019 - Number of Maternal death during Feb-Jun in 2020 and 2019 - Abortion rate per 1000 live births during Feb-Jun in 2020 and 2019 - Sales of modern contraceptives during Feb-Jun in 2020 and 2019		*			
	Q1: Was the access to the SRH/R services (ANC, delivery, FP, abortion and cervical cancer screening) restricted during the pandemic/state of emergency, particularly during the lock down?		*	*	*	*
Enabling environment						
Enabling Environment	**Q2:** What was done by the Government to ensure access to SRH/ (ANC, delivery, FP, abortion and cervical cancer screening) during the crisis?	*		*	*	
	Q3: Were SRH service provision (ANC, delivery, FP, abortion and cervical cancer screening) adjusted to the pandemic context?	*		*	*	
	Q4: If yes, which SRH services (ANC, delivery, FP, abortion and cervical cancer screening) have been sustained, suspended temporarily or discontinued?	*		*	*	*
	Q5: How the Government ensures monitoring of SRH service provision (ANC, delivery, FP, abortion and cervical cancer screening) during the pandemic?	*		*		
	Q5a: Have the SRH specific funds been diverted to COVID-19 response?					
Supply						
Repurposing/ closure of facilities/ suspension of services	**Q6:** Where clinics providing ANC, delivery, FP, abortion and cervical cancer screening reassigned as COVID-19 centers?	*		*		
	Q7: Where clinics closed during the lockdown? If yes, were alternative mode of service delivery offered to pregnant women, women in labour and women of reproductive age?			*		*
	Q8: If yes, were alternative service providers identified and population in respective catchment area informed accordingly?			*	*	*
	Q9: Which services (ANC, delivery, FP, abortion and cervical cancer screening) have been sustained, suspended temporarily or discontinued and what were reasons?			*	*	
	Q10: How facilities re-worked facility budgets to allow adequate funding for use of electronic and virtual consultations, monitoring and meetings?			*		

[18] Secondary Qualitative Data Analysis

Domain	Research sub-questions	Data Collection Method				
		DR	SQDA[18]	IDI	GI	FGD
Redeployment/ Morbidity of health workers	**Q11:** Do these facilities ensure adequate number of health professional to provide uninterrupted services during the pandemic/state of emergency, particularly during the lock down?			*	*	
	Q11a: How many SRH workers have been absent from work because of COVID related issues (quarantined, proceeded on long leave or quit voluntarily)?			*	*	
	Q12: If not, how staff shortages affected provision of uninterrupted SRH services (ANC, delivery, FP, abortion and cervical cancer screening)?			*	*	*
	Q13: What were challenges faced in provision of (ANC, delivery, FP, abortion and cervical cancer screening services during the pandemic/state of emergency, particularly during the lock down (high workload, lack of Information technology/communication support, work schedule, etc.) ?			*	*	
	Q14: How staff motivation was maintained during the pandemic/state of emergency, particularly during the lock down?			*	*	
Supply chain disruptions	**Q15:** How would you assess availability of medicines and consumables and operation of basic medical equipment at your facility during the period of February – June 2020, particularly during the lock down? Where there any stock outs in the period of Feb-June? If yes, which supplies?			*	*	
	Q16: How often do you use personal protective equipment (PPE)? If not, what are the reasons?			*		
	Q17: How would you assess availability of modern contraceptives either at health facility or in pharmacies?			*	*	*
Demand						
Movement Restrictions	**Q18:** Did you receive SRH (to be specified per each FGD) services during the period of February – June 2020?					*
	Q19: How movement restrictions affected your SRH service seeking behavior?					*
Loss of income	**Q20:** Did you and your family lose income during the COVID-19 and particularly during the lockdown?					*
	Q21: How loss of income during lockdown affected access of SRH services (payment or co-payment for services)?			*		*
	Q22: Please specify service for which you had to pay and cannot afford					*
Concerns about COVID-19 transmission	**Q23:** Please specify all reasons for not seeking care? Do you think that fear of getting infected was the main reason for not seeking care?					*
	Q24: Have you received sufficient information about prevention of COVID-19?					*
	Q25: What were the main sources of information on i) COVID-19 and ii) how to access SRH services?					*
Limited decision – making power	**Q26:** Who in your family makes decision?					*
	Q27: If anyone other than you makes decision when and where to seek care in your family how it affected, you to receive needed services?					*
	Q28: Which SRH services were inaccessible due to this reason?					*
Quality						
Quality of services and satisfaction	**Q29:** Have service providing facilities received and enacted MoH guidelines on i) services to be provided, ii) Infection Prevention and Control during COVID-19; iii)			*		

Domain	Research sub-questions	Data Collection Method				
		DR	SQDA[18]	IDI	GI	FGD
	Management of pregnancies and delivery during COVID-19, etc.?					
	Q30: Have staff been trained on Infection Prevention and Control during COVID-19 and other guidelines?			*	*	
	Q31: How social distancing and triage of patients/clients is organized in your facility?			*	*	
	Q32: What is the level of your satisfaction with the services received?					*

2.5 Data collection methods

A mix of qualitative and secondary quantitative data collection and analysis (SQDA) methods will be used to respond to the specific research questions and sub-question by each domain of the conceptual framework. Specifically, the research methodology will encompass a mix of desk-review (DR) – a review of existing reports, documents and secondary quantitative data analysis – in-depth interviews (IDI), site visits (SV) and observation, focus group discussions (FGD) and short exit interviews. A more detailed description of each data collection method is outlined below.

Document Review (DR): The RT will conduct a comprehensive review of key government documents (regulations, standards, guidelines, etc.) issued during the COVID-19 pandemic and will assess whether and how SRH service provision was regulated by the government.

Secondary Quantitative Data: As part of the desk review, the RT will also collect and analyze available SRH related secondary quantitative, statistical, data where available. The statistical data will be derived from the routine state medical statistics system. Where available, the statistical data will be complemented by national administrative data arising from existing health information systems.

Site Visits (SV): A multistage sampling approach was used to select health facilities (Table 2). At the first stage districts with the highest and lowest number of deliveries were selected in each region. In each sampled district maternity homes were chosen according to regionalization level of perinatal services (highest and the lowest levels). Facilities contracted by State Social Agency as provers of state ANC program in each selected district of the region were selected. In some cases, maternity homes are also providers of ANC services, but RT attempted to select other ANC facilities where available.

Table 2: Selection of clinics for site visits

Region	District	Live birth in 2019	Type of Facility	Facility Name
Tbilisi	Gldani Nadzaladevi	16,022	Maternity	First University Clinic (Level III)
			Women's consultation	Women's consultation #6
	Didube Chugureti		Maternity	David Gagua's Clinic (Level II)
			Women's consultation	New Life
Adjara	Batumi	3,137	Maternity	Medina (Level III)
			Women's consultation	Kobuleti Fever Center
	Shuakhevi	198	Maternity	Regional Health Center (Level I)
			Women's consultation	
Kvemo Kartli	Marneuli	1,659	Maternity	Geo Hospitals (Level II/III)
			Women's consultation	Mkurnali 2014
	Tsalka	253	Maternity	Regional Health Center (Level I)
			Women's consultation	
Kakheti	Telavi	692	Maternity	Avtandil Kambarashvili Clinic (Level II)
			Women's consultation	Evex Clinic
	Dedoplistskaro	250	Maternity	Regional Health Center (Level I)
			Women's consultation	

During the site visits, the RT will collect qualitative information through in-depth interviews with key informants and through focus group discussions with direct beneficiaries (detailed below).

Key informant (KI) In-depth interviews (IDI): IDIs with various key stakeholders and individuals will be an important source of information for many of the research questions. IDIs will help to: a) understand the range of contextual and operational challenges, opportunities and achieved results; b) continue analysis started during the desk review and issues identified for deeper analysis; c) generate findings and lessons learned; d) identify different results/ pathways of contribution where feasible.
The RT will interview about 50-65 individuals at UNFPA CO and at the national, regional/district and facility levels. IDIs will be implemented mostly face to face but were applicable or required remote interview methodology will be applied mostly at national level (for the list of KIs please see Table 3Table *3*). For majority KIs the RT will apply IDI methodology, whereas for physicians and midwives at maternity homes and outpatient clinics the Group Interview (GI) technology will be used.

Table 3: IDI type and KIs

Data Collection Method	Level	Key Informant	Organization	Number of KIs
IDI	National Level	UNFPA CO	UNFPA	2
		First Deputy Minister of Health	MoH	1
		Health Policy Unit of the Ministry	MoH	1
		Head/Deputy of Finance Department	MoH	1
		Head/Deputy of Social Assistance Agency	MoH	2
		MoH Regionalization Coordinator	MoH	1
		Head/Deputy of State Medical Statistics	NCDC	1
		Head of Maternal and Child and Reproductive Health Department	NCDC	1
		Head of Communicable Disease Department, NCDC	NCDC	1
		Head/Deputy of Pharmaceutical networks	GPC, PSP, Aversi, Pharamdepo	4
IDI	Regional Level	Head/Deputy of outpatient clinic	Outpatient clinic	8
GI		Physicians at outpatient clinics	Outpatient clinic	16
IDI		Head/Deputy of Maternity home/department	Maternity	4-8
GI		Physicians and midwives at Maternity home/ department	Maternity	16-24
IDI		First Deputy Minister of Health	MoH (Adjara)	1
		Head of Health Care Department	MoH (Adjara)	1
		Head of Program Management and Health Service Department	MoH (Adjara)	1

IDI/GI interview topic guides (Annex 2) were developed based on the Research Framework to help ensure systematic coverage of the research questions and sub-questions. The interview topics were selected around the research questions but grouped and targeted according to the organization and/or individual to be interviewed. The KIs considered for IDIs are detailed below in Table 3 and Annex 1.

Focus Group Discussions (FGD): FGDs will be conducted in each sampled region, selected for more in-depth analysis through site visits. The RT will visit each selected facility and run the FGDs for beneficiaries to acquire a more in-depth perspective on specific research questions. In total, 24 FGDs are planned in four sampled regions. FGD will be carried out per each site visited and will include the following participants: i) pregnant women; ii) young mothers who delivered within last 3-4 months; and iii) women of reproductive age (Table 4).

Table 4: Number of FGDs per target beneficiary

	Target beneficiary group	Sub-total number of FGDs
Service Users	Pregnant women	8
	Young mothers after delivery	8
	Women of reproductive age	8
Total number of FGDs		**24**

Participants for FGDs will be randomly selected from the health facility's client roster. Participants must fall in the respondent categories mentioned above. Each FGD will target eight to ten participants and will last about an hour and half. An FGD guide have been designed for each type of FGD participant (Annex 3). FGDs will be facilitated by two researchers, one leading the facilitation and second researcher taking notes. In order to ensure privacy, a neutral and calm place will be selected to conduct FGDs, where no one will be

able to disturb the process. No one else but the people who take part in the discussion and researchers will be present during this discussion. The entire discussion will be tape-recorded and afterwards transcribed verbatim, but no one will be identified by name on the tape. The information recorded will be kept confidential, and no one other than RT will have access to the information documented during the discussion. The tape will be kept at the office safe-box for transcription purposes. The tapes will be destroyed after one and a half years.

2.6 Data Analysis, Triangulation and Quality Assurance

Both qualitative and quantitative data analysis from the above sources will be carried out to arrive at conclusions and formulate recommendations.

Qualitative data analysis: Findings based on qualitative data will be triangulated across key informants. Data analysis will entail documentation, conceptualization, coding in Nvivo[19] (qualitative analysis software), categorizing, as well as examining relationships. The analysis will also be amended through elements of the "grounded theory" approach, using inductive analysis. This combined approach (both deductive and inductive) will seek to capture the complex environment and the wide range of new issues and propositions that may emerge during the review process, rather than focusing analysis solely on predetermined propositions and prior understandings, as required in a purely deductive approach. For qualitative information RT will also assign judgment scores where applicable to the evaluation questions

Quantitative data analysis: Recognizing possible limitations of data availability, analytical methods, where possible, will include finding data from statistical trend analysis focusing on using direct and proxy measures and comparing them between same periods (February – June) of 2019 and 2020. For data about access to contraceptives RT will attempt obtaining from three main Pharmaceutical Networks by comparing supply and sales of modern contraceptives between comparison periods.

Table 5: Proposed quantitative indicators for analysis

Indicators
Number of first ANC visit before 12 weeks of pregnancy
Number of pregnant women who completed 8 ANC visits
Number of deliveries (institutional/home)
Number of Maternal deaths
Abortion rate per 1000 live births
Number /percentage of women with cervical cancer screening
Availability and sales of modern contraceptives (IUD, pills, injection, condoms)

Data Verification: The evaluation team will review data from various sources to answer the main questions of the evaluation. Responses from each data source will be compared in order to identify discrepancies. To address response variations, the team will establish a protocol for "treating discrepancies in the data". In case of variation among the data collected, the evaluation will rank the reliability of the data by information source.

Quality Assurance: A number of techniques are proposed for use during the analysis to assure quality: (a) elements of multiple coding, with regular cross-checks of coding strategies interpretation of data between experts participating in the study. This will represent one of core activities of the weekly meetings when the data is collected through in-depth interviews and focus group discussions; (b) using "grounded theory" for data analysis, which may mitigate the potential bias enshrined in the experts' prior theoretical viewpoint; (c) triangulation from different sources of data collected, which may to help to address the issue of internal validity by using more than one method of data collection to answer the proposed evaluation questions; (d) respondent validation, which will involve cross-checking interim and final findings with key informant respondents.

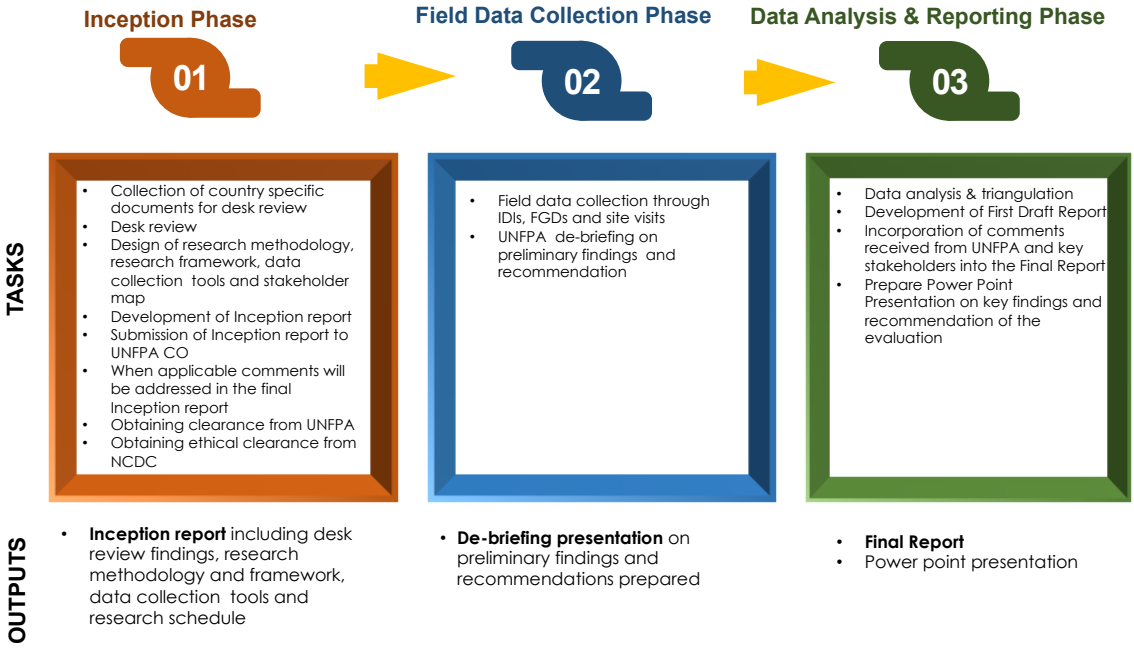
[19] https://www.qsrinternational.com/nvivo/home

To account for the data quality and to assess the strength of assessment conclusions, RT intend to use the "robustness scoring" approach for each finding.

2.7 Implementation Process

A phased approach is proposed for this assignment, including a sequence of activities with specific deliverables in each of the phases that are agreed with UNFPA. Progress to the next step is built upon the consensus achieved at the previous step. The research will be implemented in three phases, as described below in Figure 2.

Figure 2: Research phases, activities and deliverables



Phase 1: Inception Phase. In this phase the RT collected all available research related documents with the help of UNFPA and conducted an evaluability assessment by reviewing the documents and the available secondary quantitative data.

The team also held extensive consultations with UNFPA CO and discussed and clarified the methodology and scope of the research and aligned expectations on assignment deliverables and timelines. Based on the discussions and evaluability assessment, the RT adjusted the research methodology including the research framework, data sources, data collection methods, tools, site sampling methodology, the stakeholder map, and implementation schedule. At the end of the inception phase, the RT prepared and submitted an Inception report (the current report) to UNFPA CO for review. Comments solicited will inform the final version of the Inception report.

Phase 2: Data Collection Phase. This phase of the research will be devoted to data collection through the proposed data sources. Specifically, as part of the data collection, the RT will organize **remote and face to face interviews** with about 50-60 Key Informants and 24 FGD participants.

Key Deliverable: Debriefing presentation on preliminary findings and recommendations

Phase 3: Data Analysis and Reporting Phase. In this phase, the RT will undertake thorough data analysis and triangulation, and will draft research report, which will be submitted to UNFPA CO for validation. The comments and suggestion received will be integrated into the final Report, as deemed appropriate.

Key Deliverable: Final Report, and Power Point Presentation on key findings and recommendations

2.8 Ethical Issues

The RT extensively consulted the UNEG ethical guidelines for the research[20] during the design of research methodology and applied the following approaches:

- The RT, will obtain "Ethical committee" clearance for the qualitative data collection through FGDs and IDIs;
- The RT will try to keep data collection procedures (FGD and IDIs) as brief and convenient as possible to minimize disruptions in respondents' work processes;
- To ensure that potential participants can make informed decisions, the RT will inform participants about the confidentiality of information collected during the FGDs and ask them to sign a consent form. It will also inform them about the purpose of the research and outcome, and explain the process and duration of interview and/or FGD;
- The RT will also assure respondents about the confidentiality of the source for obtained information and allow them to refrain from answering the questions posed in case they feel uncomfortable responding;
- Key informants will be interviewed face to face without the presence of other individuals, while their identities will not be revealed, and no statements will be attributed to a source;
- Grouping will be applied to the FGDs to encourage open discussion around the research questions and avoid the presence of participants' superiors. The FGDs will be held separately for each target beneficiary group; and
- Information will be analyzed, and findings will be reported accurately and impartially.

2.9 Limitations

The study is expected to face a number of limitations, which are presented in Table 6 below.

Table 6: Study limitations

Limitations	Probability/likelihood (low, medium, high)	Impact (Minor/Moderate Major)
The worsening overall COVID-19 epidemiological situation in the country may restrict RT to travel to sampled regions and sites, meet face to face with KIs and collect required information as scheduled . In such cases all data will be collected remotely using different platforms for on-line IDIs and FGDs	Medium	Major
Field data collection phase coincides with Parliamentary election period and will make data collection challenging	High	Major
Unwillingness and/or inability of key stakeholders alongside with interview fatigue could be another limitation.	Low	Minor
The RT may find it difficult to recruit a sufficient number of target beneficiaries who do not use services for FGDs.	Medium	Moderate
Delays in the validation of research deliverables by UNFPA	Medium	Minor

[20] UN Evaluation Group Ethical Guidelines for evaluation, March 2008 http://www.unevaluation.org/ethicalguidelines

CHAPTER 3: IMPLEMENTATION SCHEDULE, RESEARCH TEAM COMPOSITION AND RESPONSIBILITIES

3.1 Proposed Implementation Schedule and Deliverables

Table 7 below provides the MCE implementation schedule indicating activities planned per each study phase, the implementation timeline, the due dates of key deliverables and LOE in person/month per each MCE phase.

Table 7: Implementation Schedule and Deliverables

#	Phase/Activity	Due Date	Deliverable
PHASE 1: INCEPTION PHASE			
1.1	Kick of meeting with UNFPA	03.09.2020	
1.2	Research Methodology and Inception Report	07.09.2020	Draft Inception Report
1.3	UNFPA Comments on draft Inception Report	14.09.2020	Comments received
1.4	Finalization of the IR and tools	17.09.2020	Final IR submitted to UNFPA
1.5	Obtaining Ethical Clearance	22.09.2020	Ethical Clearance obtained
PHASE 2: FIELD DATA COLLECTION PHASE			
2.1	Field Data Collection	27.10.2020	Field data collection completed
2.2	UNFPA debriefing	28.10.2020	PPT on preliminary findings and recommendations
PHASE 3: DATA ANALYSIS & REPORTING			
3.1	Data analysis and triangulation	03.11.2020	
3.2	Draft report submitted for UNFPA review and comments	26.11.2020	Draft Report
3.3	Comments received from UNFPA	12.12.2020	
3.4	Final report	18.12.2020	Final Report submitted to UNFPA
3.5	Presentation of findings and recommendations	24.12.2020	PPT on research findings and recommendations

3.2 Research Team Composition and Task Distribution

RT composition and task distribution is given in Table 7.

Table 7: Team Composition & Task distribution

Category	Role/Responsibility
Tamar Gotsadze Team Leader/Lead evaluator	- Engage with UNFPA and the ministry on technical issues; - Responsible for the overall technical deliverables of the research; - Develop the overall research framework, approach, methods and data collection tools, implementation plan; - Review documents and produce a summary of desk review findings; - Identify key stakeholders and develop stakeholder map; - Develop the inception report based on the team member inputs; - Conduct IDIs, GI and FGDs; - Data analysis and triangulation for the final report; - Lead the consolidation of the team's inputs for the debriefing session(s) and in the presentation of the draft findings to stakeholders; - Develop draft and final Reports; - Develop the power point presentation on the main findings and recommendations emerging from the research.

Nino Machavariani Obstetrician and Gynecologist	- Desk review of country specific documents; - Identify key stakeholders and develop inputs for the stakeholder map; - Contribute to the development of research methodology and tools; - Conduct data collection through IDIs and FGDs; - Conduct remote IDIs when applicable; - Contribute to the data analysis; and - Contribute to draft and final reports.
Project Manager	- Engage in e-mail and phone communication with UNFPA on contractual and administrative issues; - Coordinate day-to-day activities under the assignment; - Manage consultants; - Produce all necessary administrative and financial reports related to contract implementation and operational issues.
Fin/Admin Support	- Provide the administrative and financial management services needed for this project; - Provide backstopping for travel-related issues to the consultant in the field; - Receive and process financial and travel expense reports; and - Handle all assignment's related invoices and financing.

CHAPTER 4: PROPOSED REPORT OUTLINE

TITLE PAGE
ACKNOWLEDGEMENTS
ABBREVIATIONS
TABLE OF CONTENT
TABLE OF FIGURES AND TABLES
EXECUTIVE SUMMARY (5 - 8 Pages)

CHAPTER 1: INTRODUCTION
- 1.1 Background and rationale
- 1.2 Report structure

CHAPTER 2: PURPOSE, OBJECTIVES AND RESESARCH METHODOLOGY
- 2.1 Research Purpose and objectives
- 2.2 Scope, geographical coverage and intended beneficiaries
- 2.3 Research Framework and Criteria
- 2.4 Data collection methods, data analysis and quality assurance
- 2.5 Research Limitations

CHAPTER 3: MAIN FINDINGS
- 3.1 Outcomes
- 3.2 Governance
- 3.3 Supply
- 3.4 Demand
- 3.5 Quality

CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS
- 5.1 Conclusions
- 5.2 Promising International practices
- 5.3 Recommendations

ANNEXES

ANNEXES:

Annex 1: IDI Guide

Speak to the respondent:

Good morning/afternoon/evening. My name is ----------. I am a researcher carrying out a study on "How COVID-19 related isolation measures impacted access to selected sexual and reproductive health services in Georgia. The findings of the given research will help to identify both the positive outcomes and the remaining challenges and inform future government actions.

The interview will take about an hour. I am kindly asking for your permission if I can record our conversation. All responses will be kept confidential. This means that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent. Your name will not be associated to responses. Remember, you do not have to talk about anything you do not want to, and you may end the interview at any time you wish. Therefore, I sincerely request your cooperation in responding to the following questions. However, at any time during the course of the interview, you are free to terminate the interview. Are there any questions about what I have just explained?

Hand over Informed Consent Form. Allow the respondent to read it carefully and sign if agrees to take part in the interview.

Are you willing to participate in this interview?
Yes: Proceed with questions
No: Thank you. Terminate the interview.

Start asking questions.
Questions for IDIs for each stakeholder to be interviewed will be selected from the research framework prior to the interview. Schematically information to be collected through IDIs is presented in Table 8

Table 8: IDI Guides

Key Informants	Questions to be asked
UNFPA CO	Q2, Q3, Q4
First Deputy Minister of Health	Q2, Q3, Q4, Q5, Q5a, Q6, Q7, Q8, Q9
Health Policy Unit of the Ministry	Q2, Q3, Q4
Head/Deputy of Finance Department of the Ministry	Q2, Q4;
Head/Deputy of Social Assistance Agency	Q2, Q3, Q4, Q7, Q8, Q9
MoH Regionalization Coordinator	Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q11, Q12, Q13.
Head of State Program Unit, NCDC	Q2, Q3, Q4, Q6, Q7, Q8, Q9
Head of State Medical Statistics, NCDC	Q4
Head of Maternal and Child and Reproductive Health Department, NCDC	Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q11, Q12
Head of Communicable Disease Department, NCDC	Q3, Q4, Q6
Head/Deputy of Pharmaceutical networks	Q15, Q17
First Deputy Minister of Health, MoH Adjara	Q2, Q3, Q4, Q6, Q7, Q8, Q9
Head of Health Care Department, MoH Adjara	Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q11, Q12
Head of Program Management and Health Service Department, MoH Adjara	Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q11, Q12
Head/Deputy of outpatient clinic	Q2, Q3, Q4, Q10, Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q21, Q29, Q30, Q31
Physicians at outpatient clinics	Q2, Q3, Q4, Q10, Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q29, Q30, Q31

Head/Deputy of Maternity home/department	Q2, Q3, Q4, Q10, Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q21, Q29, Q30, Q31
Physicians and midwives at Maternity home/department	Q2, Q3, Q4, Q10, Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q29, Q30, Q31

Annex 2: Informed Consent

Consent for Participation in Interview Research

Introduction: My name is ---------- . On request of the Government of Georgia UNFPA has contracted us to study "How COVID-19 related isolation measures impacted access to selected sexual and reproductive health services in Georgia. For the purpose of this assignment, we would like to learn your thoughts and opinions related to subject of the research. Among other stakeholders, you are kindly requested you to take part in this research.

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. You may change your mind later and stop participating even if you agreed earlier.

During the interview, You will not be required to introduce yourself by name and no record of your identity will be taken. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. The information recorded is confidential, and no one else except investigators will access to the information documented during your interview. The entire interview will be tape-recorded, but no-one will be identified by name on the tape. The tape will be securely stored. The information recorded is confidential, and no one else except Investigators will have access to the tapes. The tapes will be destroyed after 60 days.

The interview will last about 45-60 minutes. Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public. Each participant will receive a summary of the results. There will also be a debriefing meeting, and this will be announced. Following the meeting, we will publish the results so that other interested people may learn from the research.

If you have any questions related to this research and/or interview, please ask. If not, we would appreciate if you sign the certificate of consent.

Certificate of Consent

I volunteer to participate in a research project lead by Dr. Tamar Gotsadze. I understand that the project is designed to gather information about impact of COVID-19 related isolation measures impacted access to selected sexual and reproductive health services in Georgia.

1. My participation in this project is voluntary. I understand that I will not be paid for my participation. I may withdraw and discontinue participation at any time without penalty. If I decline to participate or withdraw from the study, no one on my campus will be told.
2. I understand that most interviewees in will find the discussion interesting and thought-provoking. If, however, I feel uncomfortable in any way during the interview session, I have the right to decline to answer any question or to end the interview.
3. Participation involves being interviewed by the researcher. The interview will last approximately 45-60 minutes. Notes will be written during the interview. An audio recording of the interview and subsequent dialogue will be made. If I don't want to be recorded, none will be made.
4. I understand that the researcher will not identify me by name in any reports using information obtained from this interview, and that my confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions.
5. Individuals from higher administration level will neither be present at the interview nor have access to raw notes or transcripts. This precaution will prevent my individual comments from having any negative repercussions.
6. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.
7. I have been given a copy of this consent form.

My Signature Date

My Printed signature Signature of Researcher

For further information, please contact:

Dr. Tamar Gotsadze, Lead Researcher
Email: tgotsadze@gmal.com
Phone: +995 577438487

Annex 3: Focus Group Discussion Guides

Annex 3.1 Focus Group Discussion Guide for Pregnant Women

Introduce yourself : My name is ---------- representing Curatio International Foundation.

Introduction to the objectives of the research: UNFPA Country Office has contracted us to evaluate the home visiting services in the region, including in your country. The findings of the given evaluation will help to identify remaining weaknesses and inform future actions to streamline the home visiting service package in a way to better meet your needs.

A brief introduction to the rules of focus groups

- The FGD will last for 60-90 minutes
- Your participation in this research is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no negative consequences on you.
- Your names will not be asked and recoded. Names will not be associated with responses. Everything said and done is confidential and will not be used outside the room except for the purposes of this research. We will not tell your home visitor anything about what you say;
- FGDs will be tape-recorded to allow us to have a complete notes. Records will be transcribed later and together with records will be kept in a secure place with limited access to non-authorized individuals for another 12 months.
- You are also requested to keep the information you get from other participants during the discussion in confidence.
- You do not have to talk about anything you do not want to, and you may end your participation in discussion at any time
- Every statement is right;
- Please do not hesitate to disagree with someone else, but we ask that any disagreements be respectful and civil;
- But do not all talk at once

Ask questions

I would like to begin our discussion with some general questions about antenatal services

1. When did you receive your last antenatal consultation?
   i. How many antenatal consultations you received during the period of February – June 2020?
   ii. Did you receive antenatal consultations as planned during this period?

2. Where clinics closed during the lockdown?
   i. If yes, how you received services, please specify?
   Probe:
   - *Facility based*
   - *Distance consultation Phone, Skype, etc.*
   - *Other*

   ii. Have you missed or delayed pregnancy health care appointments during the COVID-19 social distancing measures? (Some providers have been seeing their patients by phone or by video conferencing. We are NOT counting those types of visits as missed).

   iii. How did you learn about clinic working schedule and ways of receiving services using alternative modes?

3. In your opinion why alternative mode of ANC was used by facilities? Please specify
   Probe:
   - *Movement restrictions*
   - *Fear of COVID-19 transmission*

- *Staff shortages*
- *Other*

4. On 5 point scale how would you rate the quality of received care through alternative service delivery during the lockdown?
   - *Excellent 4*
   - *Good 3*
   - *Average 2*
   - *Poor 1*

5. Did you and/or your family lose income (Partially or significantly) during the COVID-19 and particularly during the lockdown?

   i. How loss of income during lockdown affected access to facility based antenatal services?
   ii. For which antenatal services (consultation, medications, specialists consultation, ultrasound examination etc.) received during the lockdown you had to pay out of the pocket?
   iii. How amount of payment changed?

6. How would you assess availability of medicines you were prescribed during the lockdown?
   - Available
   - Hard to find
   - Not available

7. In your opinion, how movement restrictions hampered access to antenatal services? please give examples

8. Have you received sufficient information about prevention of COVID-19?

   i. If yes, what were main sources of information?
   ii. If not, what type of information you wanted to receive?

9. Do you know anyone who wanted to receive ANC services during the lockdown but decided to postpone the visit? If yes, what were main reasons? Please explain

10. Did you getting pregnant, in your opinion, have anything to do with the COVID-19 situation?

11. Because of COVID-19, did you feel anxious or depressed during your pregnancy? Do you have any concerns regarding your delivery in the following weeks/months?

Annex 3.2 Focus Group Discussion Guide for Young mothers

Introduce yourself : My name is ---------- representing Curatio International Foundation.
Introduction to the objectives of the research: UNFPA Country Office has contracted us to evaluate the home visiting services in the region, including in your country. The findings of the given evaluation will help to identify remaining weaknesses and inform future actions to streamline the home visiting service package in a way to better meet your needs.
A brief introduction to the rules of focus groups

- The FGD will last for 60-90 minutes
- Your participation in this research is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no negative consequences on you.
- Your names will not be asked and recoded. Names will not be associated with responses. Everything said and done is confidential and will not be used outside the room except for the purposes of this research. We will not tell your home visitor anything about what you say;
- FGDs will be tape-recorded to allow us to have a complete notes. Records will be transcribed later and together with records will be kept in a secure place with limited access to non-authorized individuals for another 12 months.
- You are also requested to keep the information you get from other participants during the discussion in confidence.
- You do not have to talk about anything you do not want to, and you may end your participation in discussion at any time
- Every statement is right;
- Please do not hesitate to disagree with someone else, but we ask that any disagreements be respectful and civil;
- But do not all talk at once

Ask questions

I would like to begin our discussion with some general questions about your delivery services

1 When did you give a birth to your baby?
   a. Is this your first baby?
   b. If not, how old is your previous child?

2 How often you received ANC services during the pregnancy?
   a. How many ANC visits you had during the pregnancy?
   b. How last ANC visit differed from previous visits?

3 Where you able to deliver in the maternity home which you have selected initially? If not, why, please explain?

Probe:
- *Facility designated as COVID-19 site*
- *Facility closed*
- *Movement restrictions*
- *Staff shortages*
- *Other*

4 In your opinion, how movement restrictions hampered access to delivery services? please give examples

5 How would you assess availability of medicines you were prescribed at the maternity?
   a. Available
   b. Some available, but others not
   c. Not available
   d. Had to purchase and bring to the facility

6 Did you and/or your family lose income during the COVID-19 and particularly during the lockdown?
   a. How loss of income during lockdown affected access to delivery services?
   b. Did you pay for delivery services? If yes, how much?
   c. Please explain why you had to pay.

7 Have you received sufficient information about prevention of COVID-19?
   a. If yes, what were main sources of information?
   b. If not, what type of information you wanted to receive?

8 How the maternity ensured COVID-19 prevention?
Probe:
   - *Social distancing (at admission, patient rooms, etc.)*
   - *Patients wearing masks*
   - *Screening at admission*
   - *Separate entrance for women in delivery*
   - *Frequent hand washing and sanitizing*
   - *Health personnel wearing masks, gloves, gowns, glasses, etc.*
   - *Patient rooms cleaned regularly*
   - *Information material on COVID-19 prevention measures*
   - *Other*

9 Were you counselled by Health professionals before discharge?
   a. If yes what were main topics discussed?
   b. How satisfied were you with the information received? If not satisfied, please explain

10 On 5 point scale how would you rate the quality of received care?
   - *Excellent 4*
   - *Good 3*
   - *Average 2*
   - *Poor 1*

Annex 3.3 Focus Group Discussion Guide for Women of Reproductive Age

Introduce yourself : My name is ---------- representing Curatio International Foundation.
Introduction to the objectives of the research: UNFPA Country Office has contracted us to evaluate the home visiting services in the region, including in your country. The findings of the given evaluation will help to identify remaining weaknesses and inform future actions to streamline the home visiting service package in a way to better meet your needs.
A brief introduction to the rules of focus groups

- The FGD will last for 60-90 minutes
- Your participation in this research is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no negative consequences on you.
- Your names will not be asked and recoded. Names will not be associated with responses. Everything said and done is confidential and will not be used outside the room except for the purposes of this research. We will not tell your home visitor anything about what you say;
- FGDs will be tape-recorded to allow us to have a complete notes. Records will be transcribed later and together with records will be kept in a secure place with limited access to non-authorized individuals for another 12 months.
- You are also requested to keep the information you get from other participants during the discussion in confidence.
- You do not have to talk about anything you do not want to, and you may end your participation in discussion at any time
- Every statement is right;
- Please do not hesitate to disagree with someone else, but we ask that any disagreements be respectful and civil;
- But do not all talk at once

Ask questions

I would like to begin our discussion with some general questions about family planning, abortion and cervical cancer screening services

1 Were you using any method to delay or avoid getting pregnant when the Coronavirus restrictions began? If yes, what method were you using and where did you go to obtain it?
   a. Family Planning
   b. Abortion
   c. Cervical Cancer Screening

2 Did you use a website, app or phone service to get FP information and/or to schedule an appointment with service provider?

3 Did you have an abortion during the COVID-19 social distancing measures? If yes, did you experience any delays in obtaining abortion care? How did the COVID-19 social distancing measures stop or hinder you from seeking or obtaining an abortion?

4 Were you using any method of contraception to delay or avoid getting pregnant when the Coronavirus restrictions began?

   a. Did you use these services in the period of February – June 2020?
   b. Did the Coronavirus pandemic and the social restrictions affect your ability to avoid or delay pregnancy? If yes, where did you receive these services?
   c. If not, what were the reasons?

      Probe:

- *Facility designated as COVID-19 site*
- *Facility closed*
- *Service suspended/discontinued*
- *Movement restrictions*
- *Staff not available*
- *Can't afford*
- *Other*

5 In your opinion, how movement restrictions hampered access to these services? please give examples

6 How would you assess availability of medicines you were prescribed during the lockdown?
   a. Available
   b. Some available, but others not
   c. Not available

7 How would you assess availability of contraceptives you were prescribed during the lockdown compared to earlier times? If access deteriorated, which coping mechanisms you applied?
   d. No change
   e. Some available, but others not
   f. Less options to select
   g. Increased prices
   h. Other

8 Did you and/or your family lose income during the COVID-19 and particularly during the lockdown?
   i. How loss of income during lockdown affected access to these services?
   j. Did you pay for services you received during the lockdown? If yes, how much and how it differed from previous payments?
   k. Please explain why you had to pay.

9 Have you received sufficient information about prevention of COVID-19?
   c. If yes, what were main sources of information?
   d. If not, what type of information you wanted to receive?

10 How the facility where you received the services ensured COVID-19 prevention?
Probe:
   - *Social distancing*
   - *Patients wearing masks*
   - *Screening at admission*
   - *Separate entrance for women*
   - *Frequent and washing and sanitizing*
   - *Health personnel wearing masks, gloves, gowns, glasses, etc.*
   - *Patient rooms cleaned regularly*
   - *Information material on COVID-19 prevention measures*
   - *Other*

11 Were you counselled by ethe health professionals before receiving services?
   - If yes what were main topics discussed?
   - How satisfied were you with the information received? If not satisfied, please explain

12 On 5 point scale how would you rate the quality of received care?
   - *Excellent 4*
   - *Good 3*
   - *Average 2*
   - *Poor 1*

13 Would you be interested in using on our own family planning services/methods (pregnancy test, condoms, pill, emergency contraception, standard days method, etc.) without seeing a provider.

- *Very interested*
- *Fairly interested*
- *Neither interested nor disinterested*
- *Fairly disinterested*
- *Very disinterested*
- *No response*