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A Ghent University led initiative

'Impact of COVID-19 restriction measures on sexual and reproductive health in Eastern, Central and Southern Africa'

TECHNICAL UNIVERSITY OF KENYA

FOUNDATION FOR PROFESSIONAL DEVELOPMENT FPD

amref health africa

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INSTITUTE OF TROPICAL MEDICINE ANTWERP

ACCAF
AFRICA CO-ORDINATING CENTRE FOR THE ABANDONMENT OF FGM/C

UNIVERSITY OF NAIROBI

MBARARA UNIVERSITY OF SCIENCE & TECHNOLOGY

University of Cape Town • iYunivesithi yaseKapa • Universiteit van Kaapstad

THE AGA KHAN UNIVERSITY HOSPITAL

Overview

1. ANSER
2. Aim of this webinar
3. Research results
4. Conclusion
5. Q&A

Academic Network for Sexual and Reproductive Health and Rights POlicy (ANSER)

Aim: Building evidence for SRHR policies

Activities:

- Education
- Research
- Service to society

Members:

- 32 academic institutions
- 7 non profit organisations

OUR MEMBERS

ALBANIA
- Institute of Public Health
- University of Medicine

ARMENIA
- Armenian Association of Obstetricians and Gynecologists

AUSTRALIA
- Burnet Institute

AZERBAIJAN
- Association 'Support to Development of Gynecology and Perinatology'

BELGIUM
- Institute of Tropical Medicine
- Ghent University
- Centre for Population, Family & Health – University of Antwerp
- RHEA – Vrije Universiteit Brussels
- Hasselt University

CHINA
- Tsinghua University
- National Research Institute for Family Planning
- HeSAY – Peking University Institute of Population Research

ECUADOR
- University of Cuenca

ETHIOPIA
- Jimma University

GEORGIA
- Tbilisi State Medical University

GERMANY
- Klinikum of Ludwig-Maximilians-Universität
- Federal Centre for Health Education (BZgA)
- Centre for Conflict Studies – Philipps-Universität Marburg

KENYA
- Aga Khan University East-Africa
- Nairobi University
- Technical University of Kenya
- International Centre for Reproductive Health Kenya

LATVIA
- Department of Obstetrics and Gynaecology – Riga Stradins University

MOLDOVA
- Nicolae Testemitanu State University of Medicine and Pharmacy

MOZAMBIQUE
- Eduardo Mondlane University
- International Centre for Reproductive Health Mozambique

NETHERLANDS
- Rutgers

NORWAY
- Norwegian Centre for Violence and Traumatic Stress Studies

PORTUGAL
- Universidade NOVA de Lisboa

SOUTH AFRICA
- Foundation for Professional Development
- School of Public Health – University of the Western Cape
- University of Cape Town

SUDAN
- GRACe – Ahfad University for Women

SWEDEN
- Karolinska Institutet
- Department of Women's and Children' Health – Uppsala University

UGANDA
Mbarara University of Science and Technology

UK
- Coventry University

USA
- Johns Hopkins University

Aim of this webinar

Containing the COVID-19 pandemic was main focus of health policies over the last 2 years

Overstretched health system & shift in financial and human resources

Restriction measures had a great impact on sexual and reproductive health and rights (SRHR)

Reduction in capacity to provide sexual and reproductive health services

Aim of this webinar

Several ANSER member institutions executed research

on the effect of COVID-19 on SRHR

This webinar brings together several studies/analyses done in relation to:

- **Access to contraceptives**
- **HIV/AIDS**
- **Maternal Health**
- **Sexual and Gender based violence**

Aim: Encourage policy makers and other stakeholders to take action and be better prepared to protect SRHR during future pandemics

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Access to contraceptives

International Sexual Health and REproductive Health Survey in the time of COVID-19

I-SHARE

UN Photo - Isaac Billy

FPD

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BOTSWANA HARVARD AIDS INSTITUTE PARTNERSHIP FOR HIV RESEARCH AND EDUCATION

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Effect of covid on access to contraception

The I-SHARE study examined access to contraception during COVID-19 restrictive measures in Kenya, Uganda and Botswana.

Method : Online survey among 799 adults between July 2020 - February 2021:

212 participants: Uganda
344 participants: Botswana
243 participants: Kenya

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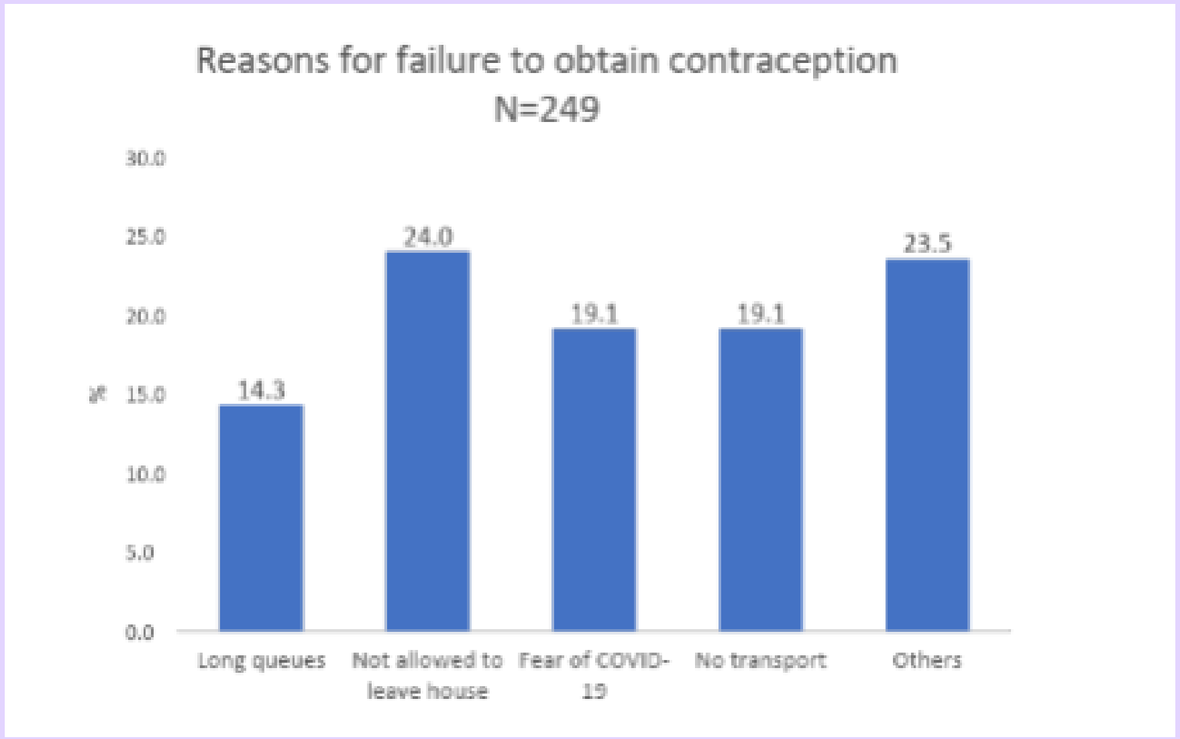
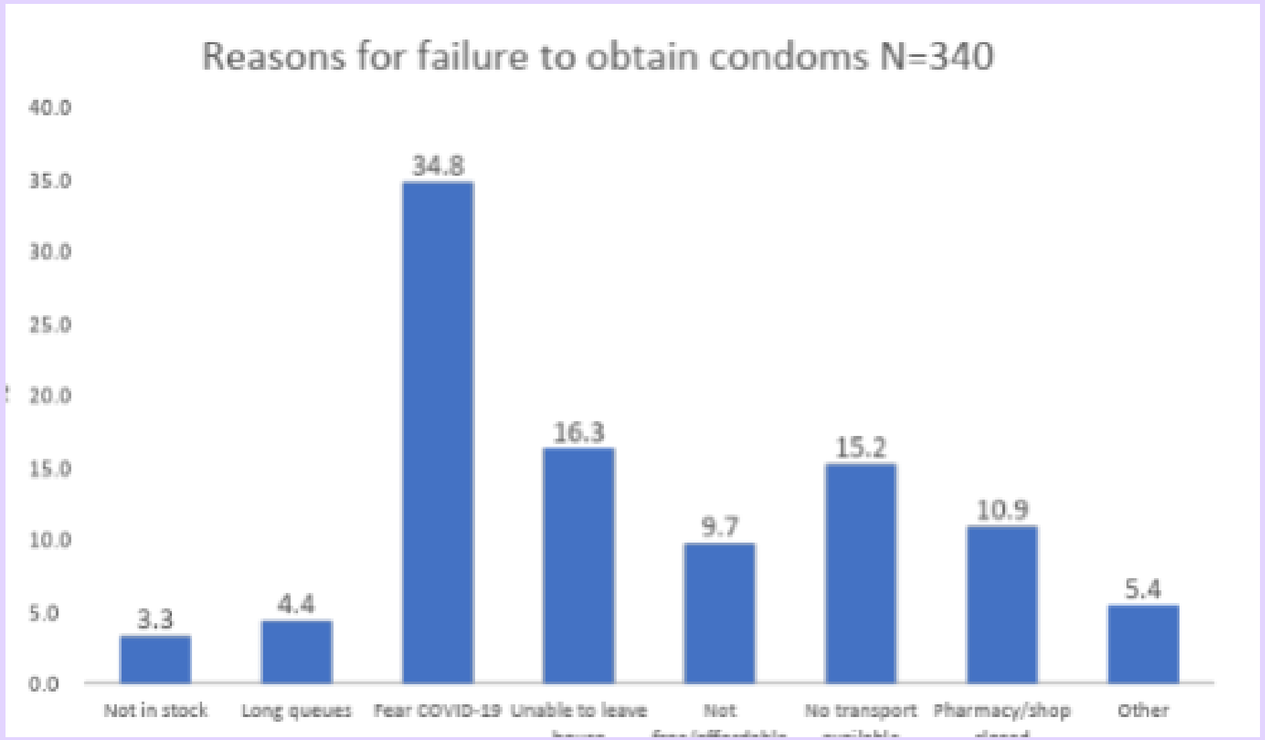
Study Results

- 9.4% were stopped or hindered from obtaining contraception
- 23.7% prevented from accessing condoms





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Policy recommendations

1) Facilitate mobility to access care during a pandemic

2) Implement strategies to minimise fear of COVID (e.g. increased vaccination, social distancing when accessing care,...)

3) Explore innovative ways to distribute SRH commodities, such as:

-E-pharmacy

- Distribution by community health volunteers

- Use of motorcycles & bicycles to deliver at drop-in community centres

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HIV

International Sexual Health and REproductive Health Survey in the time of COVID-19

I-SHARE

amref health africa

Technical University of Kenya

The Aga Khan University Hospital

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Study

This part of the I-SHARE study looked into the effects of COVID-19 on uptake/utilisation of HIV care in **Kenya, Nigeria, Mozambique, Uganda, Egypt, and Botswana.**

Method : quantitative survey with 827 participants ; April - Dec 2020

Demographics :

Sex :

- 52% female participants

Gender :

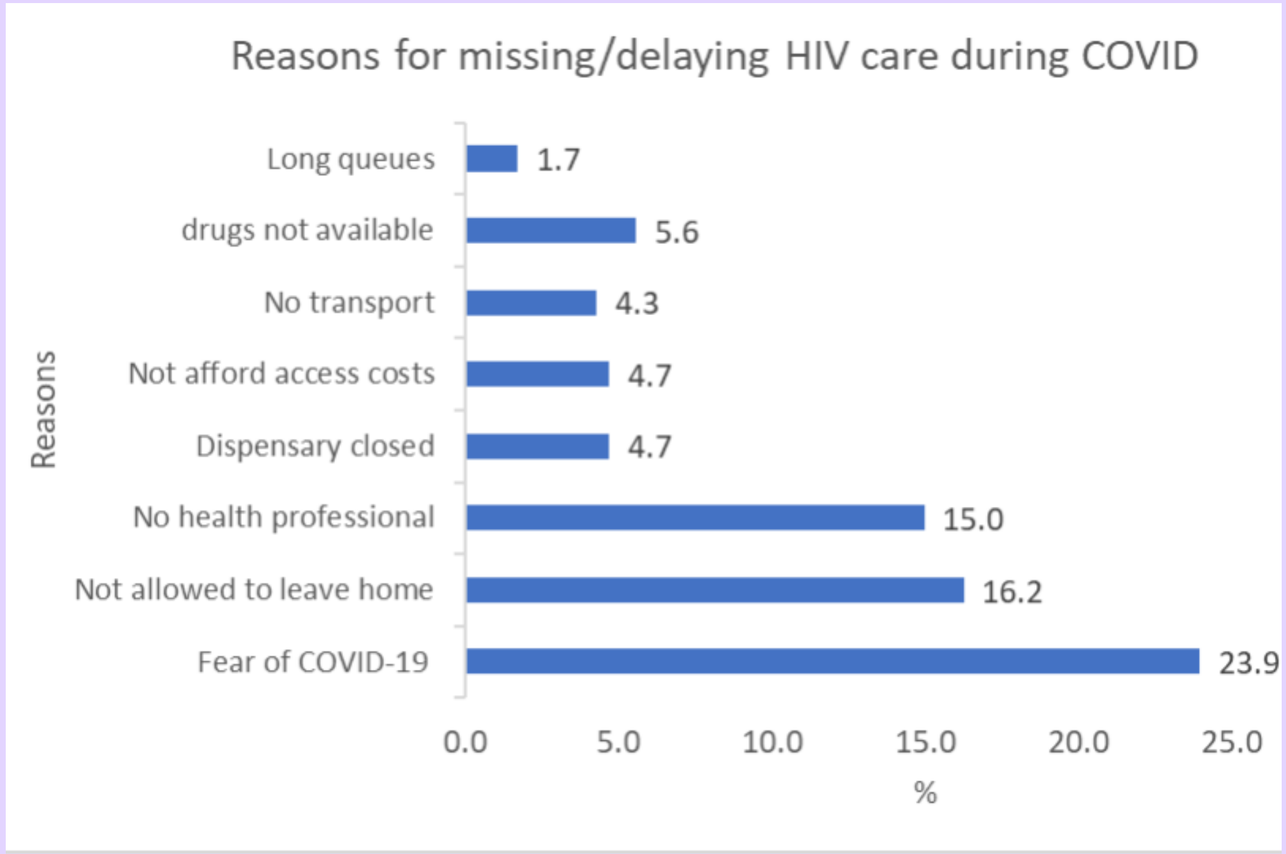
- 674 cis-gender participants
- 99 non-cis-gender participants
- 9 others participants

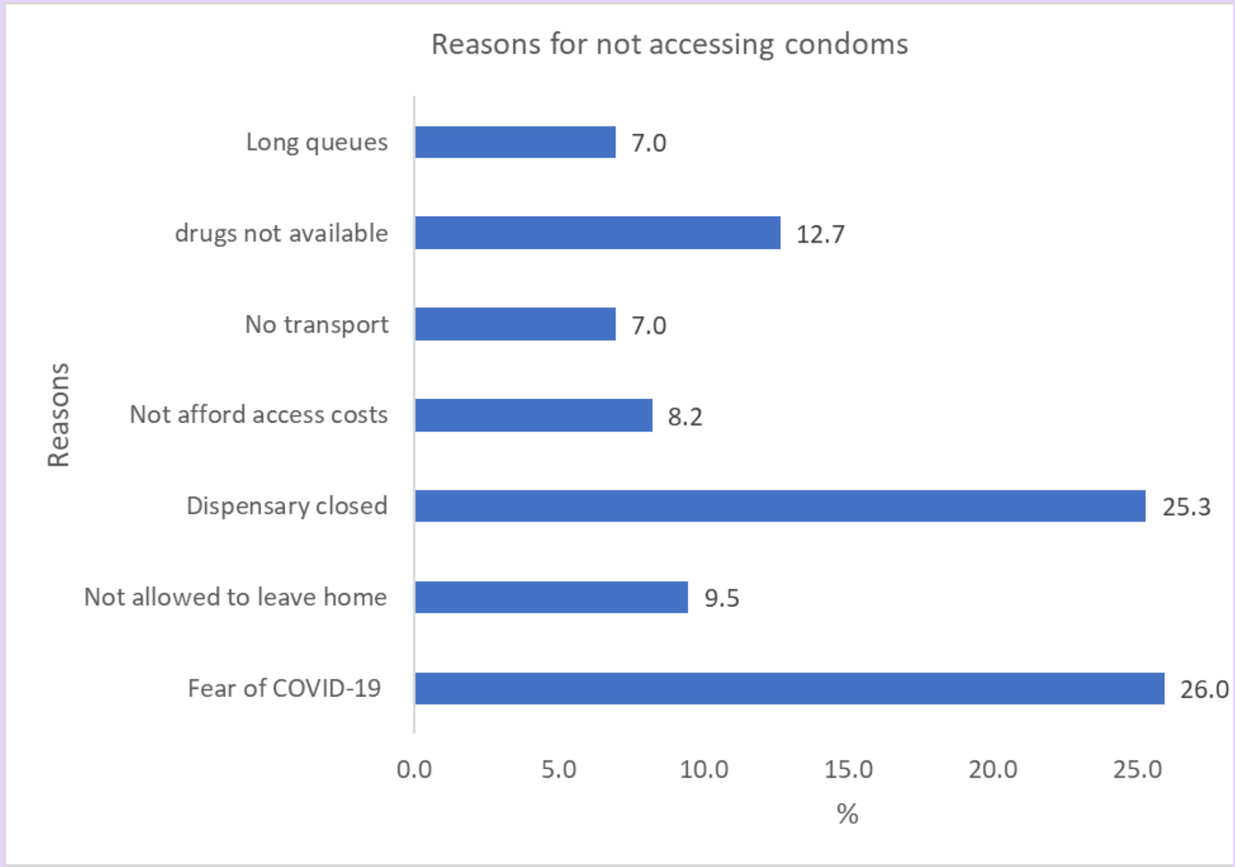
Study results

- 38% HIV positive participants reported cancelling HIV care appointments
- 34%, mostly females, either missed or delayed an appointment at the clinic
- 9.6% - 19.4% across countries reported COVID-19 measures negatively impacting their ART adherence
- 17.7% reported forced to unwillingly disclose their HIV status due to COVID-19 measures

Study results

30.7% reported difficulty accessing condoms than before covid





Access was affected by COVID-19 fear, direct restrictions, health system challenges

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Policy recommendations

1) Ensure measures to ensure uninterrupted access to HIV care services during pandemics, taking into consideration special needs for women/girls

2) Explore mobile HIV care service provision and homecare services to address delayed or missed services.

3) Consider virtual counselling services to support patients during pandemics

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Maternal health

Global study of Maternal health provision during the COVID-19 Pandemic (MATCO)

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Study

The MATCO study examined the utilisation of services along the continuum of maternal healthcare during the COVID-19 pandemic in Lubumbashi, DRC

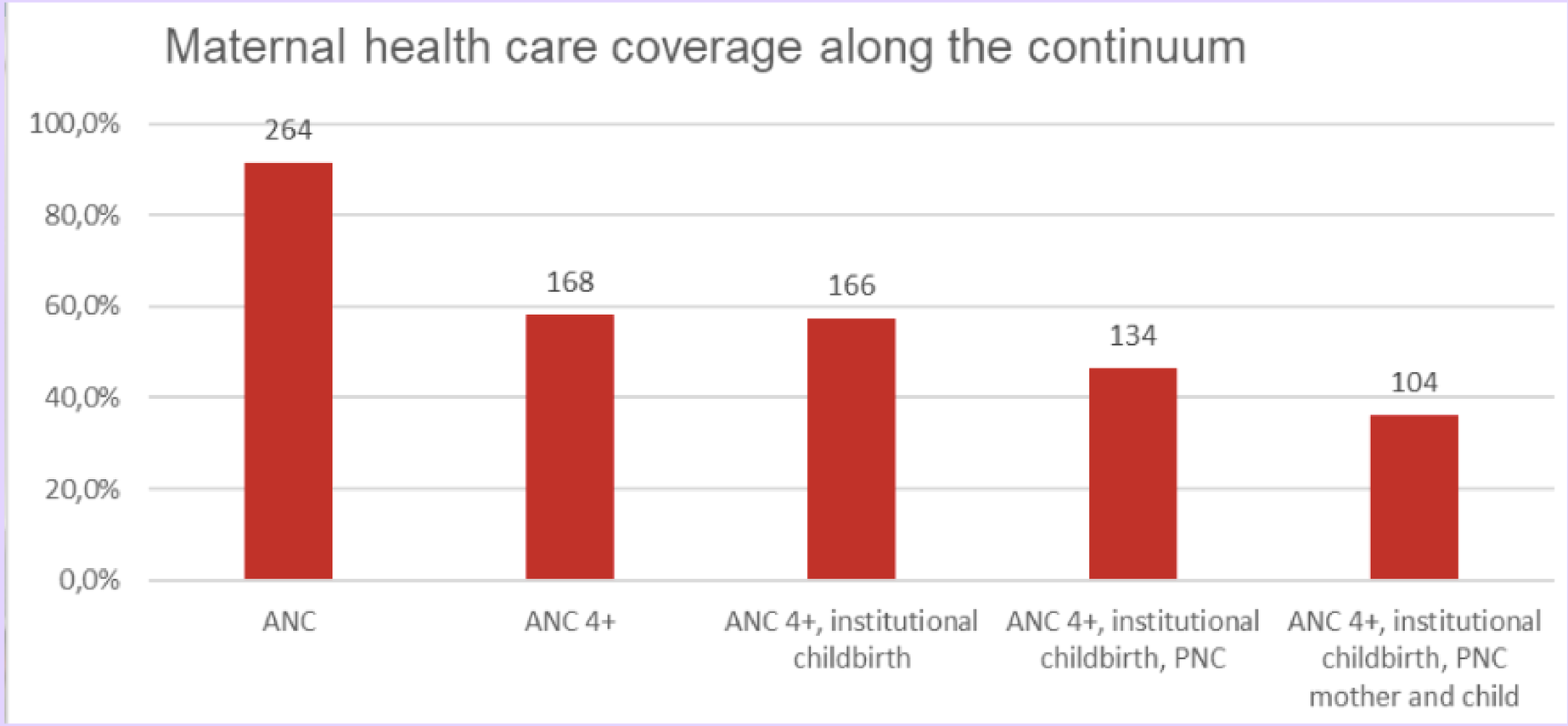
Method :

- Stratified random sampling
- Interviewed 604 women (15-49 years) who were pregnant
- Between March 2020 and May 2021

Criteria for complete continuum of care:

- receiving ANC 4+ consultations,
- skilled birth attendance,
- at least one PNC check for both mother and newborn

Study results



Reasons for not seeking care

- Afraid of COVID 19 vaccination
- Not affordable

Restricted access was associated with:

- low education
- negative attitude towards COVID 19 vaccine

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Policy recommendations

1) Set up public campaigns eg through role models and IEC to reduce vaccine hesitancy to ensure the continuum of care

2) Decentralise care and make it more accessible and affordable in communities through not-for-profit institutions and NGOs

3) Take clear measures to reduce pre-existing structural barriers to maternal healthcare that were exacerbated by the pandemic

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Sexual and gender-based violence

International Sexual Health and REproductive Health S
COVID-19 (I-SHARE)

I-SHARE

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Study on FGM/C & CEFM

This analysis assessed the effect of COVID on Female Genital Mutilation/Cutting & Child, early and forced marriage (CEFM) and on the effort to end FGM/C and CEFM in Kenya, Uganda, Ethiopia, Senegal

Method :

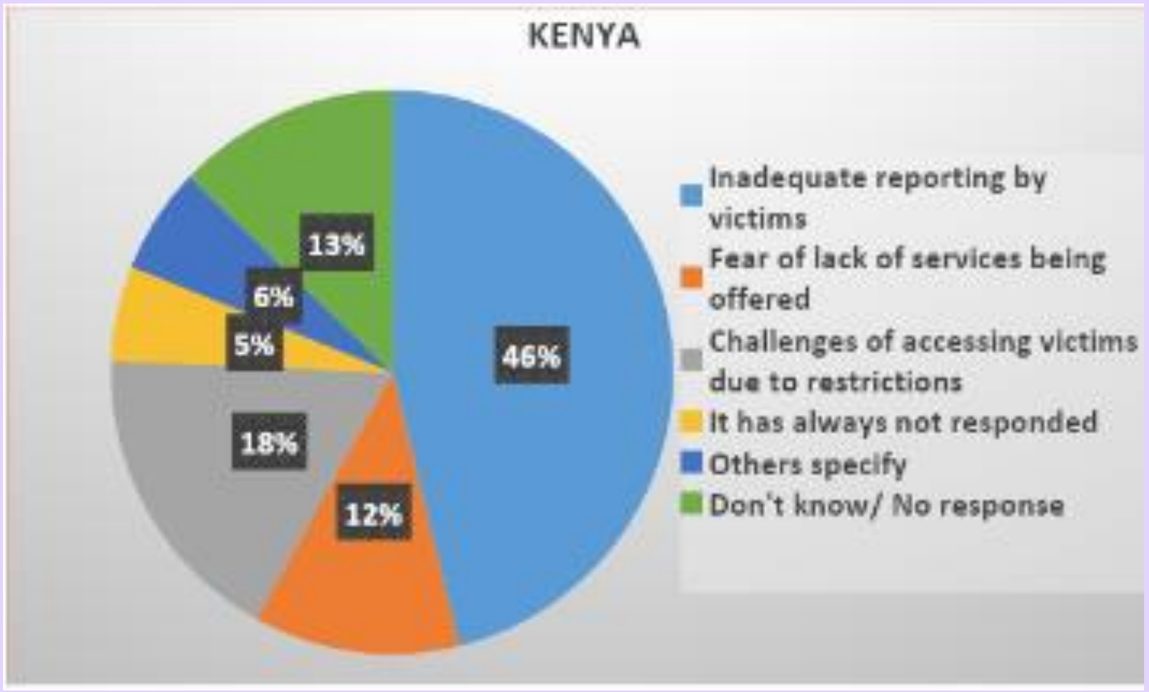
Cross-sectional mixed methods study using:

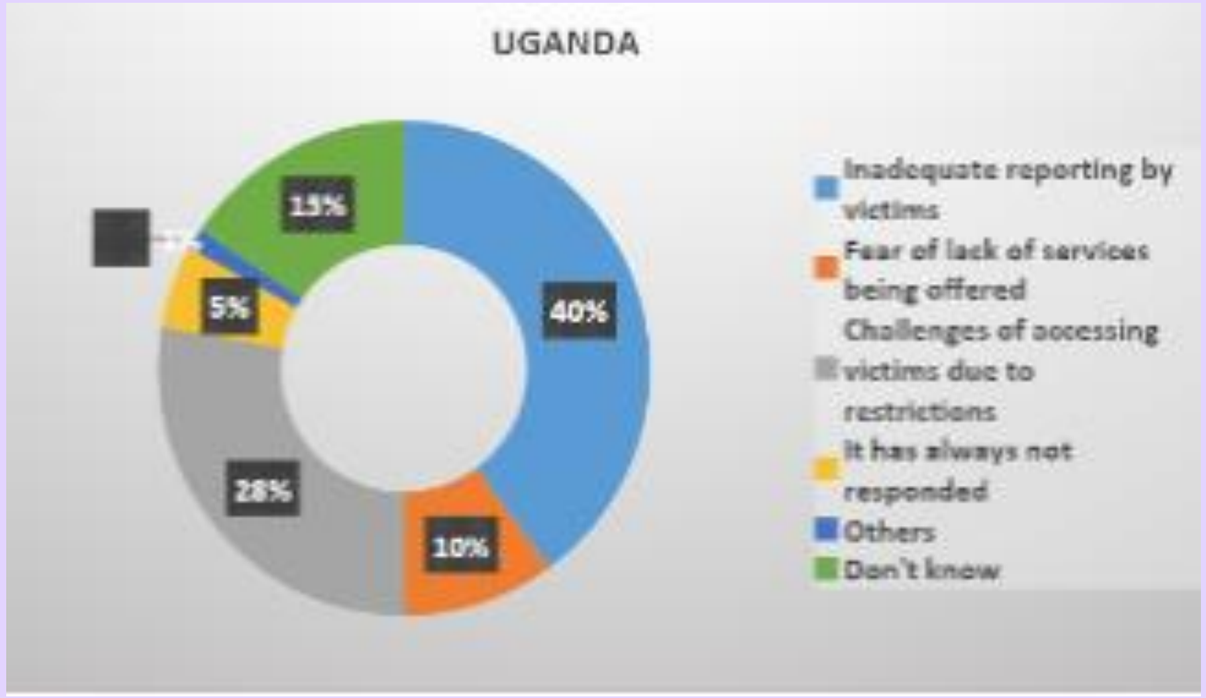
- qualitative - 38 in-depth interviews with policymakers 7 programme impementers
- quantitative - 841 adolescents and youth

- Collected data from youth respondents aged 15 to 18 years (Uganda & Senegal) and 26 to 35 years old (Kenya & Ethiopia)

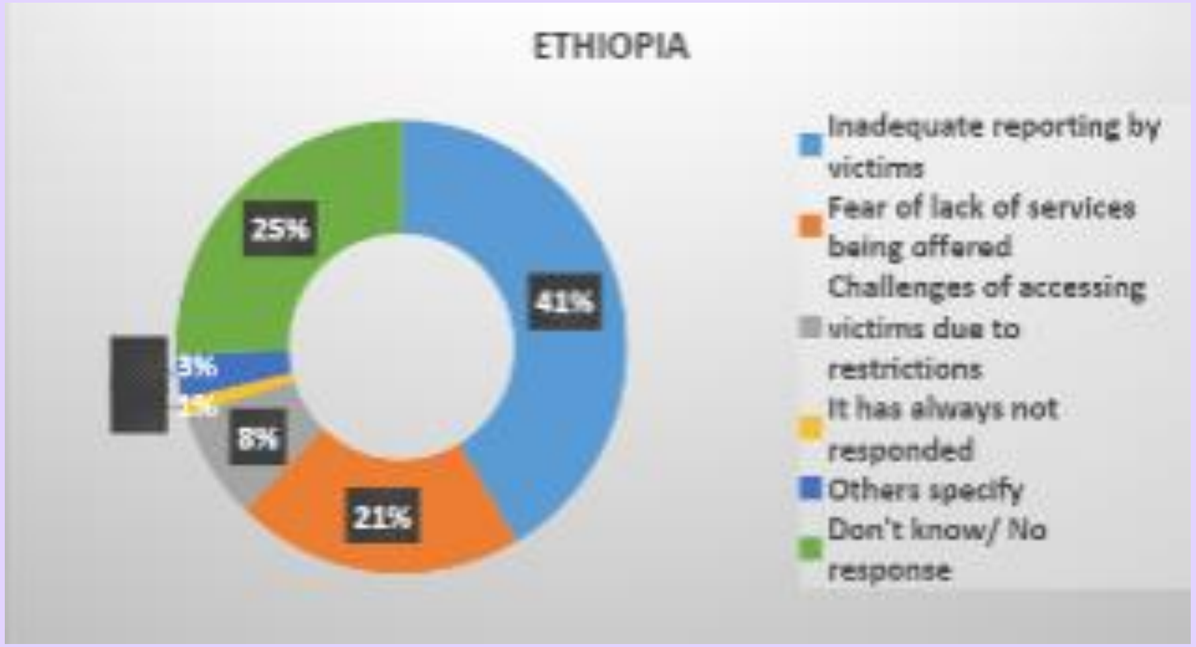
Barriers to accessing health and legal care for FGM/C & CEFM survivors

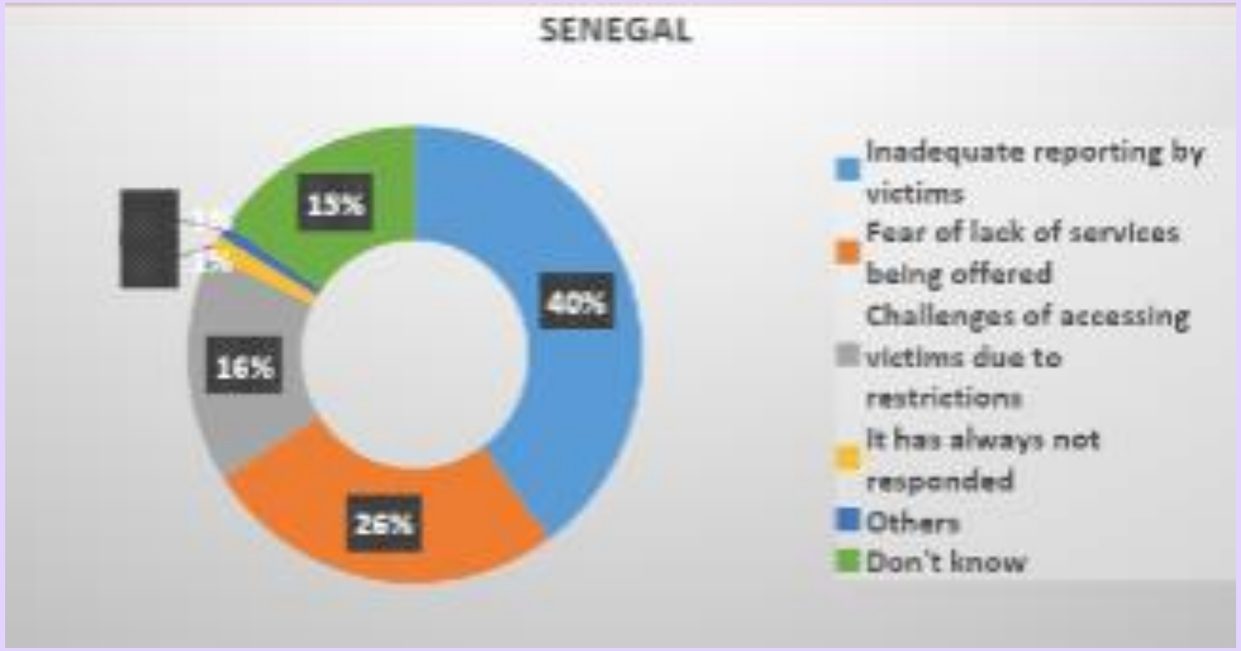
- COVID-19 pandemic has contributed to the increase in both FGM/C and CEFM case
- In Uganda, a significant increase in CEFM cases from 14% to 69% and FGM/C from 5% to 7%
- Major reasons - non-reporting and restrictions to accessing victims





Barriers to accessing health and legal care for FGM/C & CEFM survivors





- COVID-19 pandemic has had a limited effect on changes in FGM/C and CEFM
- Inadequate reporting and lack of services for survivors were major barriers to FGM/C and CEFM response

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Study on Community Health Workers (CHW)

This I-SHARE analyses aimed at assessing the role of CHWs to prevent GBV during COVID-19 in Kenya, Uganda and Senegal

Method :

- Mixed methods qualitative (KIIs with policy makers, KIIs with HCWs, IDIs with CHWs)
- Quantitative (survey interviews) : Kenya (n=112), Uganda (n=100), and Senegal (n=100)
- From Oct 2020 to Dec 2020

Study results on CHW

- 1/3 reported child, early, enforced marriage during COVID-19 due to financial instability

- Intimate partner physical, sexual or emotional violence during covid was reported by:
  - 1/3 in **Uganda**
  - 1/5 in **Kenya**
  - 1/10 in **Senegal**

- Outreach to the policy/local authorities with regard to GBV cases was done by:
  - 1/3 in **Senegal**
  - 1/10 in **Uganda**

- Poverty was blamed for increased violence against women and girls as many lived on less than minimum wage due to increased COVID-19 related job losses

Policy recommendations

FGM/C & CEFM study

1) Strengthen evidence based policy and programmes on FGM/C & CEFM during emergencies

2) Develop sensitization and awareness raising campaigns for social media and radio

3) Set up hotlines & call centres

4)Continue surveillance and response to GBV and related impacts during COVID

CHW study

1) Leveraging on technology

2) Building capacity for CHWs to support COVID prevention and care (e.g. psychosocial support)

3) CHWs interventions include stipends

4) Strengthen collaboration, partnership and coordination between community, CHWs and the health system

To conclude:

Research shows that COVID had a significant impact on SRHR.

Policy makers should take away all barriers to access SRHR care during a pandemic by:

1) Facilitating mobility of patients
2) Exploring innovative ways to:
   - distribute reproductive health supplies and
   - continue SRHR service delivery
3) Decentralising SRHR care
4) Strengthening evidence based SRHR policies & programmes during health emergencies
5) Develop SRHR sensitization and awareness raising campaigns for social media and radio
6) Use CHWs to support COVID prevention and SRHR care
7) Strengthen collaboration, partnership and coordination between community, CHWs and the health system

Acknowledgements

Thanks for listening

Any questions?