

HIGHLIGHTING THE LIVED EXPERIENCES OF WOMEN, CHILDREN, AND ADOLESCENTS DURING THE COVID-19 CRISIS TO INFORM ADVOCACY AND POLICY RESPONSES



BACKGROUND INFORMATION

In Africa, the spread of COVID-19 has gone from being a threat, to a reality with Africa Centre for Disease control (CDC) reporting more than 22,000 confirmed cases and over 1,100 deaths as of April 20, 2020.

There is a strong likelihood that COVID-19 will imminently overwhelm already fragile public health systems. Without quick and decisive actions more people in Africa will become infected, including critical health personnel, the backbone of already over-stretched health systems.

A recent World Bank report, reveals that several African countries have reacted quickly and decisively to curb the potential influx and spread of the corona virus, very much in line with international guidelines.

However, the report points out several factors that pose challenges to the containment and mitigation measures, in particular the large and densely populated urban informal settlements, poor access to safe water and sanitation facilities, and fragile health systems’.



Amref Health Africa is an international Non-Governmental Organization head quartered in Africa with a mission to increase sustainable health access to communities in Africa through solutions in human resources for health, health service delivery and investments in health. It also seeks to galvanize collective action towards achievement of UHC by 2030 in targeted countries in Africa. In response to COVID-19 Amref has undertaken a range of initiatives including; the launch of a [#COVID19Africa Social Media Toolkit](#) to complement awareness and education regarding Covid-19 in Africa, based on WHO’s technical guidance on infection prevention and control in the context of COVID-19. Amref Health Africa is at the forefront of supporting government-led efforts for the control of the pandemic across Africa. Leveraging Amref’s convening power as a leader in the health and community engagement space the organization is providing support in six areas: (1) Coordination of the national and county level response; (2) Community engagement to promote continuity of essential services such as maternal and child health; (3) Laboratory systems strengthening; (4) Provision of access to water, sanitation and hygiene (WASH) as well as infection prevention control (IPC); (5) Private sector engagement; and (6) Supporting service continuity and protecting communities from social harm. This is built on our strengths, existing nation-wide presence, networks and infrastructure, which are enabling us to respond immediately and at a scale. In her engagement with adolescents on COVID-19, the organization is also addressing the increased risk of teenage pregnancies through the promotion of online SRHR information and services. www.amref.org/home

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PURPOSE OF THE WORK

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Amref Health Africa received a grant from the Partnership for Maternal, New-born and Child Health (PMNCH) to collect data from six countries namely; **Kenya, Uganda, Tanzania, Ethiopia, South Sudan, Zambia, Malawi and Senegal**, documenting the lived experiences and perspectives of women and adolescents in the context of COVID-19.

The task not only aimed at understanding the lived realities of women, adolescents and youth in the context of COVID-19, but to ensure their voices are heard and have influence in policy planning and decision making at local, sub-national, national and regional levels through the COVID-19 pandemic and beyond.

The project entailed review of documentation on COVID-19, collation and thematic analysis of content, development of advocacy messages based on the emerging themes. The report will inform an advocacy strategy that Amref Health Africa will employ in response to COVID-19 and beyond.

METHODOLOGY

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The documentation exercise mainly entailed desk review of COVID-19 related study reports and policy briefs, and news and blogs. We also sought opinion from Amref Health Africa representatives from 7 countries, namely **Kenya, Uganda, Tanzania, Senegal, Zambia, Ethiopia and Malawi**. In Kenya, we also include opinion from an NGO and three county representatives. A technical working group comprising of five staff from Amref Health Africa was formed to support the documentation process and report writing.

The project focused on five sub-thematic areas namely; access to essential health services, Sexual and Reproductive Health Rights (SRHR), Gender Based Violence, Decision making and Autonomy and Livelihoods and food security where data were obtained from the following sources:

- a. Studies conducted by Amref Health Africa and other partners. These studies included:
 1. **COVID-19 Knowledge, Attitudes & Practices: Responses from 2,010 households in five Nairobi informal settlements (Kibera, Huruma, Kariobangi, Dandora, Mathare): Population Council.**
 2. **COVID-19 effects on health care seeking behaviours and other social economic effects. Nairobi: Amref Health Africa.**
 3. **COVID-19 in Kenya: Maternal & Newborn Health Insights from partner counties – Jacaranda health**
 4. **Short term socio-economic effects of COVID-19 – AIGDH, APHRC, Amref Health Africa and PharmAccess Foundation**
- b. News and blogs
 1. Alliance, W. R. (2020). Women Living in Kajiado County Respond to the COVID 19 pandemic. Her word.
 2. Anthony Ajayi. (2020, June 17). The potential impacts of COVID-19 on teenage pregnancy in Kenya; June 17 2020. APHRC.
 3. Maichuhie, K. (2020 June 11, June 11). West Pokot records dramatic rise in FGM cases. Daily Nation newspaper.
 4. Mwangi, M. G. (2020, May 7). Multiple Risks Faced by Adolescent Girls in Kenya during the Covid-19 Pandemic. LVCT Health Kenya
 5. Ministry of Gender and Social services, Kenya. (2019); the situation of Teenage pregnancies in Kenya. Nairobi: National Council for population and Development.
 6. SDG Kenya Forum. (2020, May). Spotlight on the impact of COVID 19 on Women and Girls. Newsletter Vol XIII, pp. 2- 3.
- c. Interviews with Amref Health Africa executive and programme staff, and other partners such as national government, county and NGO representatives
 1. **Amref Health Africa representative from Kenya, Tanzania, Uganda, Senegal, Ethiopia, Malawi and Zambia (10)**
 2. **NGO representative (2)**
 3. **County representatives (4)**

Data were entered into an excel matrix and analysed by adopting a thematic framework analysis approach. A deductive approach was conducted based on key thematic areas identified by PMNCH and partners. Data from the 4 quantitative studies were analysed descriptively.

FINDINGS

Finding are organized according to the thematic areas.

1. ACCESS TO ESSENTIAL MATERNAL, ADOLESCENT AND CHILD HEALTH SERVICES

In low-and-middle-income countries, women and children face significant challenges in accessing quality maternal, newborn and child healthcare. Despite these limitations, progress has been made over the last two decades which have witnessed a reduction in mortality and an increase in ANC and immunization coverage. The COVID-19 pandemic is likely to undo these gains, thereby disrupting essential maternal, newborn and child services. In a study conducted by Jacaranda Health in five counties in Kenya (Sathy, 2020), it is estimated that the effect disrupted maternal healthcare during COVID-19 could lead to an additional 31% (766,180) maternal, newborn and stillbirths in the four most populous countries in low-and-middle-income countries (India, Indonesia, Nigeria, and Pakistan) due to reduced family planning use, antenatal care visits and facility based deliveries in the next 12 months.

A review of program data from 5 counties in Kenya (Kiambu, Makueni, Muranga, Bungoma, Nairobi) showed that women were concerned about the risk of contracting COVID-19 and this may have affected access to MCH services. About two-thirds of the women and new mothers inquired about the risk of their unborn child contracting coronavirus infections and also reported that COVID-19 concerns influenced care-seeking decisions of ante-natal and post-natal care. A county representative from Nairobi Kenya noted that fear of contracting covid-19 during pregnancy is contributing to missed appointments for ANC and missed immunization. (Sathy, 2020)

The survey further revealed that the fear of contracting COVID-19 made women to reflect on when and where to seek health care services. Some women may have sought services of unskilled birth attendants as noted by the quote above from the NGO representative. The study revealed a reduction in service utilization by approximately 30%. This was due to some hospitals not providing MCH services apart from skilled birth attendance and emergency services, increased referral of mothers and children to private facilities and increased consultation via phone as opposed to pre-COVID-19 period where most consultations were face to face. (Sathy, 2020)

In the perspectives of a health systems strengthening specialist in Kenya, Insufficiency of blood in the ecosystem in the African region has been aggravated by the COVID_19 situation. The largest number of blood donation beneficiaries are women especially related to maternal cases among other patients suffering from trauma. The women are currently at high risk due to shortage of blood.

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"I am worried because I'm not sure if I will find the facility open or if I will find nurses during delivery." - A pregnant woman -

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"Most expectant women are not visiting hospitals for delivery for fear of curfew, contracting COVID-19 or being put in quarantine in case they manifest high temperatures which are associated with COVID-19. This has made such women to seek for services of unskilled birth attendants hence when complications appear for example excessive bleeding; such women and even children can lose their lives". - An NGO representative from Kenya -
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Based on reports from clients, providers and after verification with county health officials, a change in access to health services was noted in 31 facilities in 5 counties. About a third (26-28%) of the facilities catchment population experienced disruption in access to health services. The disruption of services included only seeing ANC clients first, only seeing clients at gestation greater than 30 weeks and only seeing clients with complications. In regard to PNC services, one facility reported they stopped providing 6-week clinic appointment while another facility asked mothers not to attend routine weighing appointments. In addition, 5 facilities reported halting ANC services. Similarly, 12% of participants from a study conducted in 2010 households from 5 informal settlements in Nairobi, Kenya in April and May 2020 reported that health facilities had been closed. In the same study, 10% of participants reported they were foregoing medical services in the past weeks. The main medical care they were forgoing was treatment for acute illness (21%), routine health services (20%), malaria (16%) and immunization/nutrition (16%). The main reason for foregoing these services was being unable afford (52%) compared to fear of contracting COVID-19 (17%) or stigma for seeking care (3%). (Sathy, 2020)

Health providers also reported challenges in delivering MCH services. In Kenya a curfew had been imposed throughout the country from 5 am to 7 pm. This was recently revised to 4 am to 9 pm. Health providers reported that curfew (5am to 7pm) had impacted their ability to reach health facilities which inadvertently resulted in working for long shifts due to the increased expense of commuting to facilities, lack of transport options for those living far from the health facility, and restrictions on movements between cities. They also reported being inadequately equipped to handle clients during the COVID-19 outbreak. This was due to lack of personal protective equipment. On the other hand, there were changes in clients' volumes and this can be attributed to stigma toward health care providers which negatively impacted demand for services. Likewise, community a community member noted that "If you go there (hospital) without a mask you will not be assisted. Health care workers have changed from how they treat clients, they treat you like you already have the virus". (Sathy, 2020)

A programme manager for Amref Health Africa in Zambia noted that challenges related to access to MCH include misinterpretation of stay at home messages, lack of protective equipment, and long waiting hours as a result of social distancing measures.

The stay at home messages may have been misinterpreted by the community to mean that they were not supposed to visit health facilities. Toward the end of April, the MOH issued a memorandum to all health facilities which noted there was increased number of maternal deaths related to home deliveries and delay in getting to health facilities due to fear of contracting COVID-19. The permanent secretary directed the provincial health directors and head of institution to include messages on importance of facility delivery as they provided health education on COVID-19. (Brenda, 2020)

"All clients visiting health facilities are expected to wear masks while seeking healthcare services. 'Unfortunately, most women cannot afford masks and this may be deterring them from visiting the health facilities for delivery and other services"

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Social distancing is encouraged in the health facilities to combat spread of COVID-19. Apart from provision of handwashing facilities and measuring the temperature to all patients visiting the facilities, social distance is enforced by allowing only a limited number of clients into the clinics. This leads to some patients leaving the health facility unattended. This might act as a deterrent to future access to MCH services especially ANC and post-natal care. There are no restrictions on access to maternity services and women are attended to without any delays.

An important point to note is that pregnant women have always been encouraged to attend clinic appointments in the company of their husbands or partners. Male engagement is critical in improving uptake and retention of MNCH services. However due to the social distancing measures introduced in the facilities, men are no longer being encouraged to accompany their wives/partners to the clinics. This also applies to any other close family members or friends.

With COVID-19 mass gatherings have been banned hence outreach services that were being conducted at the community have been halted. These services were critical in capturing children who were likely to default or all together miss immunization appointments. A study conducted with youth (*of which 1083 were female*) across all the 47 counties in Kenya, indicated that 10.6% and 3.9% of female youth had limited access to immunization/nutrition services and medicine for pre-natal care respectively.

There is decline in number of women attending ANC and FP services. The number of women turning up for fistula repair declined also for fear of contracting COVID-19 at the points of care. There has been home deliveries as women avoid going to facilities.

Due to the economic disempowerment of women the inability to purchase PPEs made them shy away from going to health facilities for fear of infection.

A regional RMNCH expert reported that women, adolescents and children are facing challenges in accessing critical services due to measures put in place to control COVID 19 such as curfew and containment which have resulted to limited transport choices and made the process of accessing services more complicated. This is especially when services are needed during the curfew hours or if in a location with movement restrictions. This view was also reflected by the quote below from a pregnant woman

"What will I do when I go into labor at night? The police are so brutal and I'm afraid I might be beaten for disobeying the curfew time." – A pregnant mother -

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Lack of clarity on services that are available during the pandemic and lack of information on safety precautions being implemented by the health facilities could have fueled the misinformation, myths and misconception related to availability of services. In some communities there were rumors that public facilities are closed and only seeing emergency cases. Access to information, products, and services is a challenge and information dissemination is mostly on digital platforms which are lacking in the rural, informal settlements and marginalized areas.

'Quality of ANC service delivery has been affected in most facilities; HCWs not palpating clients to avoid close contact with clients. Services are provided hurriedly to avoid too much contact with clients, little counselling done. Everyone fears corona - Gynaecologist in a public facility in Nairobi -

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What is being done to ensure continuity of essential maternal, child and adolescent health services?

- **Protocols and guidelines on provision of reproductive, maternal, newborn and child services during the COVID19 Pandemic:** Kenya and Zambia reported that the ministry of health in both countries issued protocols to guide continuity of Essential Maternal and Newborn Health Services at Health Facility and Community Levels in the Context of COVID 19 Infection. The aim of the protocols is to ensure that critical and lifesaving maternal newborn health services are provided in a manner that ensures both patient and provider safety and protection from the COVID-19 infection. The protocol outlines how to deliver essential MNH facility-based and Community -based services in the context of COVID-19 pandemic.
 - **COVID-19 Education, Awareness and Training of Community and other Health workers:** Amref received funding from Eisai for an engagement on information and awareness in Kenya, Uganda and Rwanda. It was rolled out using LEAP, Amref's mobile learning solution to empower community health care workers and frontline health workers, with accurate COVID-19 information to counter the spread of the virus in Africa. 50,000 health workers have been trained on the platform and more workers are getting enrolled to reach rural and remote areas across the country. Multilingual key messaging around COVID-19 will help reduce misinformation and disinformation within communities. The health workers will also be informed on how to identify, isolate and refer suspected cases as well as maintain safety standards at points of entry or high-risk areas to prevent possible transmission.
- "In response to the COVID-19 pandemic, we have been training numerous health providers on infection prevention and control. LEAP will enable the health workers to educate communities on the virus and relevant prevention measures," noted Dr Githinji Gitahi, Amref Health Africa Group CEO.*

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- **Hemafuse:** Auto-transfusion of blood has proved to work well through the use of a simple manual device which helps patients with internal bleeding to donate blood to themselves. Training and monitoring of healthcare workers has been done within selected facilities using this method. Lives of mothers with ruptured ectopic pregnancies which is usually an emergency that requires blood transfusion. www.sisuglobal.health/hemafuse
 - **Prevention mechanisms:** Hand washing facilities, soap and hand sanitizers are provided in most health facilities. These products are used by the health providers, community health workers and clients seeking health care services in the facilities. Social distancing has been introduced in most facilities to limit transmission of the virus. This is done by limiting the number of clients being attended at the clinics at a particular moment. Mothers and children are also encouraged to go to the clinic unaccompanied by husband, partners or other family members.
 - **Use of eHealth and mHealth:** Innovative approaches such as use of mHealth for provision of services are encouraged and being implemented. For instance, the ministry of health guidelines in Kenya have emphasized the need for telemedicine and technology. This provides health workers with a platform to reach many women with appropriate information and also triage health conditions accordingly. The private providers have been swift in implementing the guidelines although the public sector has been experiencing challenges. Senegal reported using technological platforms for monitoring appointments of women of reproductive age with children under 5 year. This approach has been effective in ensuring that women keep clinic appointments and are retained in healthcare.

In Kenya, the **"Wheels for Life"**, an initiative that uses a call center to support women who need to deliver during curfew hours; a vehicle is usually deployed to pick pregnant women from their homes and drop them to the hospital.

WHAT IS WORKING WELL?

2. SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (SRHR)

According to the World Health Organization (WHO), 35% of women around the world have already experienced some form of Sexual and Gender-Based Violence (SGBV) in their lifetime. In crisis settings, this number skyrocketed to more than 70%. During epidemics, the very measures taken to protect populations and keep health systems afloat leave women and girls vulnerable to violence. Because disasters exacerbate pre-existing gender inequities and power hierarchies, violence in the home may worsen as prolonged quarantine and economic stressors increase tension in the household. Additionally, during epidemics, it's harder for SRH workers to appropriately screen for SGBV. And referral pathways to care are disrupted (SDG Kenya Forum, 2020).

In Kenya, 32 per cent of young women suffer sexual violence before they turn 18. The country's teenage pregnancy rate is the third highest with one in five girls aged 15-19 pregnant or having given birth and 23 per cent married by age 18. All this against the harsh reality of a 21 per cent prevalence of FGM (Ministry of Gender and Social services, Kenya, 2019).

A total of 3,964 girls aged 19 years and below were reported pregnant in Machakos County between Jan and June 2020 (Kenya Health Information System survey June 2020). The worrying trend has been linked to the Covid-19 pandemic, with authorities expressing fear that the data points to a bigger crisis with authorities blaming parents and an ineffective justice system for the crisis that has got the region talking.

"Most of these cases you will find involve children who were taken from urban centres in the wake of Covid-19 and left in the hands of their grandmothers in the countryside as the parents returned to the towns," - Children's officer in Kenya -

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In Kakamega county of Kenya, adolescents are aware that services are available but are afraid of accessing services such as contraceptives for fear of being stigmatized as stated by the county technical advisor of gender and social programs. The supply of these commodities is not regular at this time when all the focus is on containment of COVID-19. With schools closed, parents go to work and leave their children at home who seem to have all the time to themselves. There are a number of teenage pregnancies and the best option they always go for is an abortion. (Mukabana, 2020)

'The rate of teenage pregnancies in Kakamega is quite alarming especially in the wake of COVID-19. By the end of September 2019, we had a total of 13,490 teenage pregnancies. And now, we have 17, 000 meaning that during the COVID-19 period, we have a total of 3,510. The teenagers fear pregnancy more than sexually transmitted diseases' – Coordinator of Special Programmes in Kakamega county – Kenya. (Mukabana, 2020)

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The advent of COVID 19 has further exacerbated the challenge of access to SRHR products and services. The population containment measure such as quarantines and curfews has fuelled rape, defilement, poverty, early marriages, peer influence, drug abuse and lack of youth friendly health services. Closure of formal and informal work has led to the loss of income leading families to turn to negative coping strategies leading to sexual exploitation and abuse.

Similarly, the closure of social spaces such as schools, community centres and health clinics where Comprehensive sex education and sexual reproductive health services are offered has curtailed provision of Information and Counselling on SRH and CSE, Contraception services, Maternal and new-born health services, Services for GBV, STIs and HIV, Infertility and reproductive cancers. (SDG Kenya Forum, 2020)

In the absence of these services, potentially there is the increased risk of unintended pregnancy, unsafe abortion, possible complications of pregnancy and childbirth and maternal and new-born morbidity and mortality. Additionally, shortages of SRH commodities have been reported globally. Healthcare staff, essential medicines and supplies are diverted to respond to the pandemic. According to estimates derived by the nation there has been an alarming rise in teenage pregnancies across several counties in Kenya.

Social protection mechanisms offered by the school-based infrastructure and routine have been replaced by increased vulnerability to physical and sexual assault.

*“Many families have turned to marrying off their adolescent daughters in a bid to stave off hunger and homelessness.” -
Gender Advisor in the Ministry of Health.*

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Anecdotal reports say girls in informal settlements have been violated when going to the toilet, often outside the home, with most incidents during the curfew. From reproductive health services, provision of sanitary towels and medication to a balanced diet and, for some, the promise of a meal, the closure of schools has placed adolescent girls in peril.

Health resources are being channeled to the pandemic and, in many areas, are likely to cause a drastic influence in other health outcomes, including safe pregnancies and childbirth. Provision of essential commodities are affected and, with most of the girls relying on free sanitary pads distributed at their schools, they no longer have access to them. (Maichuhie, 2020 June 11). The COVID 19 pandemic is eroding the efforts made to reduce FGM. An anti- FGM advocate, states that proponents of FGM are now taking advantage of lengthy school closure period reasoning that it will be a sufficient recovery period for girls who undergo the cut before returning to school. (Alliance, 2020).

A children’s rights officer at the County government says that this is not the only area where girls’ rights are being violated. Girls from less privileged backgrounds who previously accessed menstrual hygiene products in school are now unable to do so. Thus, there has been an increase in child sexual exploitation due to period poverty. A CSO representative declared that girls are being encouraged to get married because there is currently no schooling. And, with the current economic strain, girls are being viewed as assets for dowry now more than ever.

A study conducted by Amref Health Africa’s Youth in Action project regarding COVID-19 effects on health care seeking behaviours and other social economic effects revealed that generally, there were very low reported levels of inability to access certain services linked to SRH among young women. Only 4% reported being unable to access E-pills and other contraceptives. In addition, only less than 5% were unable to access sanitary towels and 8% were unable to access condoms. Further only 5% were unable to access ARV and 8% were unable to access drugs to relieve anxiety and depression. (Y-ACT, 2020) .

The regional RMNCH coordinator remarks that some of the SRHR services though critical may are deemed as emergencies. For example, family planning services may not be freely available, yet the consequences of not getting a method in time can be dire. There are reported cases of consequences related to unintended pregnancy; abortions, dropping out of school for young girls, increased risk of maternal mortality and morbidity among others.

In Zambia, on a normal day, adolescents and other children attend school and have an opportunity to play and interact with their peers. Currently they are mostly staying at home and they could be psychologically affected because of the disconnection with their peers. In terms of access to health services, youth friendly corners in the clinics are almost non-functional due to the social distancing measures.

Number of women and adolescence seeking family planning services have gone down due to fear of the clients visiting the health facilities due to covid-19. Number of family planning outreaches gone down due to covid-19 pandemic and health priorities have changed, focus has been on the pandemic. Community based distributors of family planning commodities have not been active. The uncertainty of how long this will take and what happens next is stressful to families. Leading to gender-based violence parents blaming each other.

From the perspectives of a programme coordinator working for Amref Health Africa in Uganda, teenagers have the biggest challenge of accessing SRHR information and related services due to stigma and unique health needs. The health workers are often times not trained to provide adolescent friendly services. Teenage pregnancy for example is at 25%. The media recently captured a story of 60 teenage girls who got pregnant in the last 3 months of lockdown alone in Luuka district. Uganda has 136 districts, and one can only imagine what could be going on nationally. With COVID-19 bringing in disruptions to routine services and stretching an already under resourced health system, this age bracket has been hit even harder. Teenagers have struggled even more to access the SRHR services, as outreaches were cancelled, yet this was the one approach for reaching most teenagers.

WHAT IS WORKING WELL?

- Youth Act Kenya has been providing referrals for quality sexual and reproductive health services Distribution of sanitary towel to vulnerable girls and women in Kisumu.
- Girls' Not Brides has written a joint open letter to the AU in collaboration with the following partners: The Global Partnership to End Child Marriage, the Rozaria Memorial Trust, the Global Partnership for Education (GPE), Plan International, The Forum for African Women Educationalists (FAWE) and International Planned Parenthood Federation.
- Counties have formed gender-based violence Technical Working Group to provide technical support to the management of this menace. Kakamega County has a social protection programme for widows and orphans where every household receives **US\$10 per week** but this is regardless of the household size.
- Amref has supported the various governments we work with in the response, participation in various committee, supporting facilities to offer responsive services (safe and quality in the wake of COVID, the organization has trained health workers to offer services in line with COVID policies and provided PPEs to health workers. The organization has worked with other stakeholders in Kenya supporting women in Nairobi to access services even during curfew hours, the best example being 'Wheels for Life' initiative. Amref Health Africa has joined in various advocacy efforts to ensure the right policies are in place and that they are being implemented.
- Amref has worked with the Uganda Family Planning Consortium (UFPC) to develop FP and SRHR messages for both TV/ Radio and print media. MOH was engaged and approved the messages, and now these messages are available for use by all stakeholders. Continuous advocacy for provision of essential SRHR services has been going. Amref has organized a webinar that is youth led to join the rest of stakeholders to propagate the advocacy voices for addressing SRHR.
- A multi-sector approach has been preached in Uganda to address access to SRHR services and information by the teenagers. The MOH, ministry of gender labour social development; and ministry of education among others must work together to attend and respond to the needs of teenagers.
- Use of call centre 1196 courtesy of partners such as Amref health Africa under the initiative, 'Wheels for Life' for women needing to deliver during curfew hours a vehicle picks them and takes them to hospital.
- Amref Health Africa and collaborators trained CHWs on stress management so as to manage stress levels at household levels and offer psychosocial support to those affected by the pandemic.



3. GENDER BASED VIOLENCE

The World Health Organization has already noted that violence against women remains a major threat to global public health and women's health during emergencies. GBV, including harmful traditional practices (HTPs), such as early and forced child marriage and Female Genital Mutilation (FGM) continue to be practised despite the existence of legislation, administrative directives, judicial sanctions, and awareness-raising efforts by various CSOs and the government, factors that fuel GBV and HTPs include socio-economic/cultural dynamics that contribute to their normalization.

In Tanzania, the first two months of schools closure due to COVID-19 resulted to negative effects to girls according to a **'No More Violence'** Champion from Tanzania;

'So many parents are using this time to pass their girls through the rite of passage [that includes FGM/C]. GBV is on the rise in terms of exposing girls to FGM/C and early marriage because there is no sense of when schools might reopen. If they are married off, many girls will lose the opportunity of schooling altogether". (Julius, 2020)

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In Kenya, the national helpline 1195 registered an increase in gender-based violence (GBV) cases in March — the month when the dusk-to-dawn curfew commenced — with 115 cases, up from 86 in February, an increase of 33.72 per cent in just three weeks. (Kobia, 2020).

The leading forms of violence are physical assault, psychological torture and defilement. Documented human interest stories from semi-arid areas of Kenya indicate that the curfew has increased the vulnerability of women and girls owing to confinement with their abusers.

'In my community, women and girls walk long distances to fetch water and firewood. In this time of COVID-19, there is an increase in the demand for water to enable families to stay safe by practising proper hygiene to reduce the transmission of the disease, meaning that women have to travel further and further to find scarce water sources, which puts them at higher risk of contracting the disease and exposes them to acts of gender-based violence such as rape.' - An anti-FGM activist.

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Many media reports in Kenya between March and June 2020 showed a rise in gender related abuse as a result of the movement restrictions around COVID 19 given that victims had less access to rescue services. During the dusk to dawn curfew, anecdotal reports indicate increased cases of sexual violence amongst this population especially for girls in the informal settlements. Girls report being violated when going to toilets that are often outside their houses during the curfew. Many of these girls do not have access to reporting mechanisms that require them to seek timely response services; noting the presence of perpetrators within the household or their neighbourhoods. In concurrence, the director for HENNET, notes that GBV has resulted to death, physical and emotional distress to the victims and their families.

Gender Based Violence (GBV) has been on the rise in Kajiado County in Kenya due to the slowing down of markets that which have reduced household incomes. With the culture of silence surrounding GBV, there has been an increase in depression rates and suicide deaths by women in violent homes. (Alliance, 2020).

On gender-based violence, less than 1% (10) of young women reported experiencing more violence inside the house. However, 4.3% (47) of young women reported experiencing more violence outside home. (Karijo E, 2020).



There was a slight increase in violence experienced at home (3.3% in April up to 5% in May), higher for women (5%) vs. men (3%); and 6% of respondents report more fear that their partner will harm them, with women reported a higher percentage (7% vs. men (5%)). A third of the participants reported more household tension due to COVID-19 and a quarter report more arguing taking place in their home (Abuya T, 2020)

With the continued spread of the virus in Kenya, women, girls and children face increased and multiple challenges including physical and psychological violence related to family confinement, isolation and economic vulnerability (Mwangi, 2020)

People have got a lot of emotional turmoil now that the essential supplies have been affected. Usually when there is such pressure, women usually suffer gender-based violence. In Kakamega County, there is no recovery centre for survivors of GBV. It is now that the centre is under construction by the national government. Therefore, only well-wishers and relatives provide shelter. There is no budgetary allocation for this centre in the county and therefore we are likely to have a white elephant.

The recent global outbreak of COVID 19 has increased the prevalence of FGM and early marriages. The ongoing pandemic has created the perfect conditions for proponents of FGM and early marriage to resume their perverted motives. This includes the closure of learning, the pause by rule of law institutions and organs alongside an over stretched health system including requirements for social distancing. In many such instances, girls as young as 11 years old have been betrothed to older men and their bride prices paid.

The pandemic has brought about the risk of increased FGM activities due to the Government's measures in place to contain the spread of the virus such as the dusk to dawn curfew and a 21-day lockdown (which has recently been extended to June) in parts of Nairobi and Mombasa County. Currently, cases of FGM in West Pokot County have reached alarming levels. More than 500 cases of FGM have been reported since schools were closed. (Maichuhie, 2020 June 11) .

4. AUTONOMY AND DECISION MAKING

Given that curfew and lockdown measures are in place and people are dependent on the Government directives it has made a crippling impact when it comes to mobility, autonomy and decision-making.

Most volunteerism work worldwide is done by women. We have a challenge where CHWs are referred to volunteerism. They are complementary to other health workers and are required in every country. In Africa, there is no registry for Community Health workers (CHWs) apart from Ethiopia where they are health extension workers. A study conducted by the centre for global development in 24 countries with one million CHWs reveals that only 14% are paid (June 2020). The other 86% were relying on stipends and allowances.

We must build the bridge of resources to ensure that in all countries have CHWs on the wage bill bearing in mind that health is an investment and not consumption sector. We must invest in them'. Dr Githinji Gitahi, GCEO of Amref Health Africa.

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5. LIVELIHOOD INCLUDING FOOD SECURITY

The first COVID-19 case was detected in Kenya on March 13, 2020. As a result, the Kenyan government issued containment measures which included closure of schools, banning of public gatherings, workers were requested to work from home where possible, international flights were suspended, bars and restaurants were closed and a national curfew running from 5am to 7pm was issued.

A report released by the cabinet secretary of gender and Social services in Kenya revealed that the school closures and household isolation resulting from the Covid-19 pandemic shifted child care from the paid economy — schools — to the unpaid domestic economy normally undertaken by women, putting more strain on their normative responsibilities and means of earning incomes. (Kobia, 2020).

‘The economic dependence and marginalisation of women make them more vulnerable, especially in the midst of a pandemic’ – Cabinet Secretary, Ministry of Gender and Social services in Kenya.

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Data from a longitudinal study conducted in Kisumu and Kakamega counties were analysed. At the time of data collection, Kakamega had only recorded 1 COVID-19 case and Kisumu none. Weekly data collected from 330 households using diaries was analysed to assess economic effects of the pandemic during the first five weeks after the discovery of the first COVID-19 case in Kenya. Income from work, gifts and remittances reduced by one third since the start of the pandemic. Average income decreased from US\$38 to 27; income from work decreased by US\$7 per week on average compared to a pre-COVID average of KES 20; and remittances decreased from US\$3 compared to a pre-COVID-19 average of US\$8. However household expenditures on food remained at pre-outbreak level but household’s expenditure on schooling and transportation reduced significantly. This could be due to the COVID-19 containment measures where schools were closed, public gathering banned and people asked to work from home where appropriate.

“The COVID 19 lockdown and quarantine measures have negatively impacted the crafts and curio businesses, largely owned and operated by women in Kajiado County. The women who sell their wares to tourists and business people have been left without a source of income following the ban on international flights and restrictions on travel within the country. Additionally, though food and goods are moving across counties, the beef and dairy sectors which contribute significantly to the county’s economy have slowed down. With movement restrictions and a 7pm to 5am curfew in place to slow the spread of COVID-19, women who supply milk for example cannot move products as fast as they previously did” – Interview titled “Her word – women living in Kajiado Country respond to the COVID-19 pandemic” (available online)

In another study conducted in five informal settlements in Nairobi, Kenya, majority of the respondents (84%) reported losing complete or partial income due to COVID-19. The percent of people reporting a complete loss of income rose from 36% to 42% between April and May. In addition, 87% reported increased household expenses, 83% reported an increase in food prices and over half reported increased costs of cooking fuel. Food insecurity remained a major issue with a higher proportion of participants reporting skipping a meal in May (74%) compared to April (28%). Two-thirds (64%) of the participants reported skipping a meal a couple of time per week while 19% reported skipping a meal every day. In addition, 80% reported that their children skipped meals or ate less as well. (Abuya T, 2020)

In nomadic areas, the situation is even dire for young girls according to a youth gender champion in Marsabit, Kenya. She explains,

'Schools have been closed, meaning that many children who depended on school feeding programs before the outbreak of the pandemic, barely have anything to eat.'

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Women were disproportionately shouldering the burden of social distancing and lockdown measures since they were more likely to lose their job and take on more cooking, cleaning, and childcare; in addition, almost half of them are not purchasing sanitary pads (41% in May; 36% in April). In the same study, the proportion of participants reporting ever skipping a meal in the last 7 days increased between survey rounds from 68% in April to 74% in May. Two thirds (64%) reported skipping a meal a couple times per week, while 19% skipped a meal every day. Women were more likely to skip a meal (77% vs. 68% of men). (Abuya T, 2020)

'For us women life has become hard it's not easy at all. Getting a job is also a challenge especially under this pandemic and now we are struggling to get food.' – Woman of Reproductive Age in Nairobi Informal settlements

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More participants reported receiving some kind of assistance in May compared to April (21% vs 7%). The most common assistance received was cash, vouchers, food, soap etc. Only 37% the respondents said the assistance given was enough to cover their household's most important needs. The single biggest unmet need was food, followed by cash. It is important to note that 77% of participants reported increased food prices and 87% increased household expenditures. In addition, 80% of the respondents reported complete or partial loss of income/employment. Respondents reported that 80% of their children skipped a meal or ate less due to loss of income triggered by COVID-19. In addition, 5% reported that their children did something to help earn money and these children were more likely to be in households that skipped meals. Also 5% of the respondents reported skipping healthcare/immunization for their children. (Y-ACT, 2020)

In Kenya, COVID-19 is reported to have economically affected female youth with almost half of those interviewed 43% (464) reporting significant reduction in income. About a third reported increased expense in house or food prices and 23% reported loss of job and 15% (163) of female youth reported increased housework. (Karijo E, 2020)

A key informant from Zambia also reported that livelihood has been negatively impacted due to stay at home messages and social distancing. The government in Zambia is providing relief in the form of food to a small proportion of the elderly and poor people living in the rural areas as a measure to mitigate food insecurity though this is not sufficient.

'Most businesses have been closed or and the number of clients has declined. Also, most people lack the purchasing power to buy goods and products. "When you move around the streets you can see poverty roaming in our city' – Woman of Reproductive Age (WRA) in Zambia

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A key informant from Tanzania also reported that women are mostly affected by COVID-19 because they are unable to continue with their small scale business such as selling groceries and vegetables. Their movement are curtailed by social distancing measures and this has affected their income. In addition, buyers also fear to go out and purchase products and there is limited transport available to transport products. South Sudan also reported that “basic needs in the house such as food cannot be met”. Pregnant women and children are also experiencing poor nutrition due to loss of livelihood. As a result, this is causing anxiety and stress among women including pregnant women.



WHAT IS WORKING WELL?

- In Kenya, the government is providing tax relief, reduction of VAT and income and business tax together with the “inua jamii” (uplift families) program which provides social security in the form of cash transfers to orphans and vulnerable children, the elderly, people with severe disabilities and people living in the arid northern counties. The COVID-19 government emergency fund has set aside KES 1 billion some of which is being provided to low income households in the urban areas. Apart from cash, respondents reported received food and soap from government, NGOs and well-wishers.
- A respondent from Senegal reported that strengthening resilience programs and supporting agricultural subsidies can mitigate some of the challenges related to livelihood and food insecurity. In Tanzania the Amref program is supporting women to establish agro-pastoral for rural women. The program equipped the women to be able to carry out the venture on their own.

THEMATIC ADVOCACY ASKS

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Continuity of essential health services for mothers, children and adolescents

1. Government should harmonize official communication on safety in accessing and how communities can access continued services during the pandemic. The harmonized information should be shared through multiple media channel.
2. Government, Civil Society Organizations (CSOs) and other stakeholders should conduct targeted campaigns through multiple media channels to increase demand and access to MNCH services.
3. Training of health providers and community health workers should be scaled up by government, training institutions and civil society organizations to ensure zero gap in community health worker needs
4. Government Civil Society Organizations and other stakeholders should train health workers and community health workers on prevention and control of COVID-19 done through innovative online platforms such as Leap <http://leaphealthmobile.com>
5. Government should ensure comprehensive collection of credible and disaggregated data by its agencies and stakeholders on Covid-19 effects and response on various demographic groups which should be used to monitor and inform COVID-19 response.
6. Healthcare providers should adopt and scale up innovative ways of ensuring collecting and making blood available to patients. Innovative ways such as auto-transfusion for patients with internal bleeding should be a priority to ensure patient safety.
7. Women girls, and other marginalized groups should participate in discussions and decision making spaces around changes in provision of essential services during the pandemic.
8. Kenyan health system to ensure that health service providers have adequate access to Personal Protective Equipment (PPE) to further this agenda. These services must be marked as essential services and recognised as so in the Pandemic Response and Management Bill (**Senate Bills No. 6 of 2020**) owing to the severity of the associated consequences.

SRHR services

1. The government should provide Sexual Reproductive Health (SRH)/FP services closer to the community through community health workers, adapted integrated outreaches where permissible and collaboration with other stakeholders such as private clinics, pharmacies, Non-Governmental Organisations (NGOs) and Faith Based Organisations (FBOs).
2. Sexual and reproductive health and family planning services must be classified as “essential” during any disaster.
3. Healthcare providers should promote and adopt innovative approaches for SRH/FP services such as: digital health (*telemedicine, mobile apps, information through SMS.*) for counselling, to deliver sexual health information and sexuality education and for follow up.

4. Governments, CSO's and other stakeholders should adopt targeted strategies to disseminate messages on need for young people to continue accessing SRH services during the pandemic of access of health services among youth should be deployed. Innovative platforms to ensure delivery of health services especially SRH and mental health should be adopted.
5. Health care providers should provide to their clients supplies for longer periods for example two cycles of Combined Oral Contraceptives (CoCs) instead of one and increase the range of available FP methods, including long-acting reversible contraceptives (LARCs) and permanent methods longer-term acting methods ensuring that the clients are supported in making informed decisions
6. Healthcare providers should ensure that there is adequate stock levels of contraceptives and use of Logistic Management Information system (LMIS) to enhance monitoring.
7. Government, CSOs and other stakeholders should put in place or enhance mechanisms of ensuring participation of the recipients in the design and implementation of policies around SRH provision.
8. Government, CSOs and other stakeholders should make targeted initiatives to target the youth with SRHR information and services, using youth friendly platforms.
9. Government and CSOs should put in place measures to ensure that the losses being registers around teenage pregnancies STIs and HIV infection are controlled by amongst other means ensuring the health of WCAs services continue without interruption, commodities are available, no budget cuts on this area.
10. Government and CSO should ensure continued tracking of delivery and utilization of health services especially SRH services. The guidelines and protocols on service provision during the COVID-19 pandemic need to be disseminated to assure youth of their safety and continuity of health services.
11. Government and CSO should put in place mechanisms to enable adolescent girls and young women continue to access a range of health services including menstrual hygiene products and psycho social support.
12. Teenage mothers need to be recognised as vulnerable population that must benefit from the government cash transfer programs being run by government and CSOs.
13. Government and CSO should ensure provision of sexuality education even during the lockdown.
14. Government in collaboration with relevant stakeholders should provide sessions for parents on how to address these topics of sexuality education with their children and to respond objectively to some of the misinformation and misconceptions around sexuality education.

Gender Based Violence

1. Government, CSOs and other stakeholders should put in place mechanisms for collecting sex-disaggregated data and conduct gender-responsive analysis to inform inclusive and comprehensive Covid-19 prevention, response and recovery strategy.
2. Emergence response planners should make sure that the Preparedness and Response Plans integrate campaigns against Female Genital Mutilation (FGM)
3. Use of innovative and COVID-19 friendly strategies to conduct regular outreach activities around prevention and redress services for GBV. These could include use of Community health volunteers, mentors and innovative media around others.

4. Government, CSOs and other stakeholders should put in place innovative and practical ways to enable Adolescent Girls and Young Women (AGYW) to report violence including sharing referral to shelter, security and medico-legal services. Such initiatives could include Toll Free hotline numbers for GBV information, response, Psychological First Aid, Tele-counselling and referral services for survivors to raise alarm and seek immediate post violence services.
5. Governments should allocate adequate funding to facilities responding to SGBV such as those running shelter homes to continue supporting women and girls during the pandemic.
6. Government and CSOs should ensure scale up of anti- FGM/C campaign during the pandemic. One of the approaches would be to ensure that information about FGM should be integrated in dignity Kits. The distribution of these kits can serve as an introduction/entry point for providing GBV and FGM related information and messages

Livelihoods and food security

1. Governments should address the health, economic, and social impacts of lockdowns, with special attention to women.
2. Governments should promote women's economic opportunities to cushion them against the subsequent socioeconomic hardships. Cash transfers would ensure a social safety net for those most in need. General empowerment and inclusion of women in all spheres of national life will go a long way in cushioning families and communities.
3. Government and partners need to develop policies for resilience and recovery of small and medium sized enterprises, many of which are income channels for majority of the youth. Additionally, there should be expansion of digital job opportunities for the youth.
4. Governments should include mechanisms within social protection programs, which align skills development to income generation for the youth hence

SUMMARISED ADVOCACY ASKS

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Amref Health Africa's proposed call to action on COVID-19 for CSOs, governments and global leaders

1. Develop an accountability frame work with gender markers by generating sex-disaggregated data and a gender-responsive analysis to inform an inclusive and comprehensive Covid-19 prevention, response and recovery strategy.
2. Prioritize the health of WCAs services to continue without interruption by ensuring that commodities are available with a ring-fencing of funds for maternal, child and adolescent health services.
3. Increase access to safe blood during COVID-19 pandemic period in surgical emergencies by making patients own blood available and reducing the risk of infection during auto transfusion.
4. Strengthen Public private strategic partnerships to collaboratively respond to the COVID-19 situations.
5. Include the voice of the service recipients in the design of policies and regular feedback encouraged to ensure their needs are captured. As the policies are being implemented the rights of the clients should be respected the best way possible.
6. Promote and adopt infection risk reducing and innovative approaches such as: digital health (*telemedicine, mobile apps, information through SMS, auto transfusion of blood*) to deliver quality health services to the target populations.
7. Deploy data-drive rationalization to inform strategic purchasing of health services.
8. Local and national governments and other development partners to intensify child protection efforts, provide relief services, respond to increased domestic violence and other forms of gender-based violence in our communities.
9. Authorities and stakeholders must provide mechanism for reporting and addressing GBV including Toll Free hotline numbers for GBV information, response, Psychological First Aid, Tele-counselling and referral services for survivors to raise alarm and seek immediate post violence services.
10. Health system to ensure that health service providers have adequate access to Personal Protective Equipment (PPE) to further this agenda. These services must be marked as essential services and recognised as so owing to the severity of the associated consequences.
11. Governments should promote women's economic opportunities to cushion them against the subsequent socioeconomic hardships. Cash transfers would ensure a social safety net for those most in need.
12. Put in place mechanisms to ensure continued provision of essential services including family planning, maternal health and immunizations.
13. Increase domestic resource mobilisation and international aid for Covid-19 response

NEXT STEPS

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	Task	Timelines
1	Publishing of the report	30 September, 2020
2	Hold a webinar to internally disseminate the report to Amref Health Africa	15 September, 2020
3	Hold a webinar to disseminate the report to external stakeholders	30 September, 2020
4	Development of policy briefs on thematic areas	30 November, 2020
5	Stakeholder engagement on specified advocacy issues <ul style="list-style-type: none"> • Ministry of Health • Central and devolved governments • CSOs 	30 November, 2020
6	Documentation of advocacy outcomes	30 November, 2020
7	Report writing and submission to PMNCH	31 December, 2020

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APPENDICES

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Links to Human Interest stories: lived experiences of WCAs in the wake of COVID-19

1. [Choosing between buying food and a mask](#)
2. [COVID-19 school closures leading to increased risk of FGM/C in rural Tanzania](#)
3. [Community-health-worker-fighting-covid-19 in the largest slum in Africa](#)
4. [Kenya's COVID-19 Response is Affecting the Well-Being of Women and Girls](#)
5. [Ensuring the Continuity of Reproductive Health Services during COVID-19](#)
6. [Message From Group CEO: Amref Health Africa's COVID-19 Response](#)

The Plight of Pregnant Women during COVID-19

Sexual and reproductive health services and commodities are often overlooked in times of crisis. Yet, women and girls continue to require family planning, menstrual health supplies and maternal health care. Countries have already seen health systems forced to allocate staff and resources towards COVID-19 preparedness to the detriment of other essential health services.

It is a particularly worrying time for pregnant women in need of routine health services. Today, the coronavirus pandemic is exacting a significant toll on women's livelihoods, considering control measures such as dusk-to-dawn curfew, closure of schools (which increases the burden of domestic care that typically falls to women), and travel restrictions affecting service industries and informal labour dominated by female workers.

In normal circumstances, women and girls are generally a vulnerable population. The circumstances brought about by the COVID-19 pandemic such as the stay at home, directive, and the enforced curfew just heightens their vulnerability. They are exposed to gender-based violence, diseases such as high blood pressure, increased anxiety, fear of infection and panic attacks. These factors may predispose them to preterm deliveries.

Seeking health care requires the availability of some finances, a strain for the average Kenyan in normal circumstances, let alone during a pandemic. When interviewed on the challenges faced while living in the time of the COVID-19 pandemic, a resident of Siaya County said: "The scarcity of running water makes it harder to wash hands." The existence of pre-existing health conditions, including respiratory problems caused by indoor crowding in slums and informal settlements where a majority of low-income earners dwell makes it even more difficult for expectant mothers to thrive.

Amref Health Africa's Health Systems Advocacy and Partnership project has supported counties by working with youth platforms, Community Health Volunteers (CHVs) and Civil Society Organisations (CSOs) to raise awareness and sensitize communities on ways to protect themselves from COVID-19. Youth forums working with CHVs in Kajiado and Siaya Counties have come up with a system to identify and link mothers to health facilities to access services. The appointments are well coordinated to ensure that social distancing is enforced to avoid crowding at the facilities. Infection control measures must be taken to protect women in antenatal, neonatal and maternal health units.

This in-reach model is working well in Siaya County with the support of the County Department of Health and Reproductive Health Coordinators. In Kajiado, the County government has given authority to CHVs to offer some family planning services such as pills and injectable to clients.

Pregnant women also need access to reliable information and quality care. The risk to women and girls increases significantly if health systems divert resources from sexual and reproductive health, and more so if supply lines begin to buckle under the strain of the pandemic. Pandemics such as COVID-19 make existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty, worse. This needs to be considered, given the different impacts surrounding detection and access to treatment for local communities.

Health systems are also urged to be prepared to provide essential support to survivors of COVID-19. All these survivors need to access protection, psychosocial support amid quarantines, cessation of movement and even after.

Article by **Beatrice Oluoch**; Health Systems Advocacy Project- Amref Health Africa

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Rachel Ambalu,

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