

Securing access to SRHR for young people in Africa, during COVID-19 pandemic



Policy Brief



GLOBAL NETWORK OF
YOUNG PEOPLE
LIVING WITH HIV

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List of abbreviation and Acronyms

AGYW:	Adolescent girls and young women
ASRH:	Adolescent sexual and reproductive health
ARVs:	Antiretroviral
CCC:	Comprehensive Care Clinics
HIV:	Human Immunodeficiency Virus
IPV:	Intimate partner violence
LGBTIQ:	Lesbian, gay, bisexual, trans and intersex, queer
MNH:	Maternal and Neonatal Health
MISP:	Minimum Initial Service Package
P3 form:	Kenya Police Medical Examination Form
PrEP:	Pre-exposure prophylaxis
SGBV:	Sexual Gender Based Violence
SRHR:	Sexual reproductive health and rights
SRH:	Sexual reproductive health and rights
STIs:	Sexually Transmitted Infections
UNFPA:	United Nations Population Fund
WHO:	World Health Organisation
YPLHIV:	Young People Living with HIV
Y+ Global:	Global Network of Young People Living with HIV
READY:	Resilient Empowered Adolescents and Young People

Introduction and Background

This policy brief is an outcome of series of three webinars held on 21-28 May 2020. The three sessions dubbed 'Access to Sexual Reproductive Health and Rights (SRHR) services for young people in Africa in the time of Corona Virus Disease (COVID-19) pandemic', lasted approximately ninety minutes per session.

The webinars were aimed at addressing the effects of COVID-19 pandemic on sexual reproductive health and rights (SRHR) among young people in Africa, including Adolescent Girls and Young Women (AGYW), Young People Living with HIV (YPLHIV), those who identify as Lesbians Gay Bisexual Transgender and Intersex and Queer (LGBTIQ) among others. The sessions were implemented as a collaboration between AfNHI Youth Cohort, Y+ Global, HER Voice Fund, READY4UHC Campaign and Youth4UHC Movement.

Discussions centred on the vulnerability of young people in accessing the much needed SRHR services in the face of COVID-19 pandemic.. The sessions also covered the plight of key marginalized populations especially young people who identify as LGBTIQ, and those living with HIV. Key major issues arose from the webinars as follows:

Sexual and Gender Based Violence

COVID-19, and the resulting measures¹ set by governments to stop the spread, including a ban on social gatherings, curfews, restrictions on out and in-country travel, as well as encouraging people to work from home to curb the spread of the virus, as resulted in unprecedented health and economic effects. This has resulted in massive job losses with industries, companies and businesses, forced to terminate contracts, others forced to be on unpaid leave with business priorities moving from increasing profitability to reducing costs, retaining jobs, and improving cash flow. This has been aggravated by the fact that many young people that were in the informal jobs sector also lost their livelihoods, ending up in various predicaments.

Consequently, there has been a rise in cases of gender-based violence, sexual abuse, intimate partner violence (IPV), defilement, early and forced marriages, as survivors are 'trapped' with their aggressors. This has resulted in unintended pregnancies especially among adolescent girls and young women as well as increasing risk of new HIV infections.

Moreover, as access to SRH information and services is limited, AGYW are cut off from the essential protection services and social networks, creating a likelihood of a ripple effect concerning future cases of teenage pregnancy and unsafe abortion. Estimates from UNFPA and partners suggests that six months of lockdowns could result

1 <https://www.unfpa.org/news/millions-more-cases-violence-child-marriage-female-genital-mutilation-unintended-pregnancies>

in additional 31 million cases of gender-based violence, cause significant delays in programmes to end female genital mutilation and child marriage. This will result in an estimated 2 million more cases of FGM and an estimated 13 million more child marriages over 10 years, that otherwise would have been averted.

The projections offer an alarming view of the future that could confront women and girls if efforts were not urgently made to secure their welfare and ensure their rights. With increasing numbers showing increased levels of sexual and gender-based violence, and as many governments reallocate their resources to focus on the pandemic, the process of accessing justice have been slowed down, such as access to P3 forms, required to prove any incidences of social violations.

In the case of Botswana, it was revealed that young people were most vulnerable when it comes to GBV “Botswana has been on lockdown for ten days and within seven days, 28 cases of rape affecting young people had been reported” law enforcement officers and the judiciary were not prioritizing this as urgent.

Access to SRHR services

The COVID-19 response has resulted to a shift in the healthcare system that has affected access to SRH services. SRHR services mainly not been deemed a priority in the face of the COVID-19 crisis. Moreover, disruption in global supply chain systems for reproductive health commodities, has affected women’s ability to exercise choice and control over their fertility. Additionally, there has been increased maternal and perinatal mortality due to the reduced access to SRH services like safe abortion services, antenatal care, and skilled attendance during delivery.

“In Botswana movement is monitored due to the lockdown and permits are required, so going to the clinic has to be for an emergency and SRHR services are not ‘justified’ as an emergency.”

“Due to Lockdown in Zimbabwe, young people are failing to access health facilities as they are being denied passage at police checkpoints.”

Moreover, global lockdowns and movement restrictions has negatively affected outreach interventions for SRHR service providers, therefore barriers for young people to access health services like youth-friendly clinics, comprehensive care clinics (CCC), and access to pre-exposure prophylaxis (PrEP), essential medications like ARVs as well as access for marginalized and hard to reach populations in rural areas and urban informal settlements. This has further been intensified by the fact that young people have

mostly been left out in decision making and Covid19 taskforces, which has greatly affected their access to SRHR services.

UNFPA further predicts that significant levels of lockdown-related disruption over 6 months could leave 47 million women in low- and middle-income countries unable to use modern contraceptives, leading to a projected 7 million additional unintended pregnancies. Moreover, WHO suggests that reductions in the availability of essential SRH and MNH services, even by a 10% reduction, could result in an estimated 15 million unintended pregnancies, 3.3 million unsafe abortions and 29 000 additional maternal deaths during the next 12 months.

Economic stress and Inequality

There has already been² adverse effects of the COVID-19 pandemic on the several sectors of the economy in particular; tourism, agriculture, manufacturing³ and trade putting people's jobs and livelihoods at risk. The economic stress and inequality aggravated by the pandemic has led to sexual vulnerability for more young people leading to increased transactional sex and exploitation. Social vulnerability often leads to increased incidences of HIV infections & other STIs, and social stigma.

Moreover, many young people that relied on organisations to provide SRHR services have been affected by the ongoing government restrictions, making it difficult for such groups to access the needed services.⁴

Disrupted access to safe spaces

The webinars also revealed that the pandemic had disrupted access to safe spaces to address personal issues as well as access to counselling services for the LGBTIQ people and those living with HIV, who are particularly vulnerable in the face of the COVID-19 pandemic.

These groups regularly experience stigma and discrimination while seeking health services, leading to disparities in access, quality and availability of healthcare, further exacerbating negative health outcomes for LGBTIQ, as they may not access health-care services for fear of arrest or violence. As a result, most LGBTIQ are confined with non-accepting families and others stuck at home with their abusers in undergoing 'corrective' rape. This had resulted to aggravated mental health issues such as depression, suicidal rates, and psychosocial trauma as many youth are left without the peer support and learning that gives them confidence, and much needed support.

2 Ibid

3 WHO, Maintaining essential health services: operational guidance for the COVID-19 context. [June 2020] Interim report

4 WHO, Articulating the Pathways of the Socio-Economic Impact of the Coronavirus (COVID-19) Pandemic on the Kenyan Economy. [April 2020] Policy brief



"I work for a CBO that supports a group of teen girls and Young Women, in an informal settlement outside of Johannesburg. Outside of COVID, the work focuses on individual self-growth, communications, and SRHR in the context of this environment (schools have no resources, poor living conditions, limited opportunity for exposure) NOW, with government lockdown due to COVID, the programs cannot continue (weekly education and support " the only after school/out of school program in this community). Without a physical presence, communication is halted as access to phones and data is limited among the girls. It's very difficult to provide up to date information, supplies, or support to the group. Constraints are magnified at this time."

Design and Methodology

Prior to the webinar, a survey by UNFPA on COVID-19 and youth SRHR in east and southern Africa was conducted. The findings of the survey that sought out responses from 150 respondents were presented during the webinars, which revealed:

- The trends and coverage of the pandemic by age, busting the myth that COVID-19 was a disease for old people.
- Young people covered an overwhelming number.
- A need to strengthen evidence-based communication, make messaging on COVID-19 more appealing to the young people, as well as strengthen the role of youth in dissemination of information through youth-friendly and affordable channels and most importantly, segment the messages for different youth groups.

The 3Ps Prevent-Provide-Protect model were identified as a sustainable response to dealing with the pandemic as well as access to SRHR.

3Ps. Prevent-Provide-Protect

Prevent

The survey proposed a prevention strategy that involved collecting analysing and disseminating of accurate and complete age and sex-disaggregated data to understand how the COVID-19 affects different segments of population, support young people in community engagement. Additionally it proposed engaging young people in risk communication, including translating vital resources into local languages, combating misinformation and xenophobia around the COVID-19 pandemic as well as reaching out to young people through digital platforms to promote comprehensive sexuality education. Besides providing factual, age-appropriate information about the virus to adolescent and youth.

Provide

It also proposed providing to those infected with and affected by COVID-19, including mental health services by strengthening the health systems through supporting scale up of remote and/or virtual delivery of integrated HIV, SRHR and GBV youth friendly services. Likewise, providing psychosocial support accompanied by a scale up of mobile and outreach of services for adolescents and young people to ensure continuation of service delivery.

Protect

Protect the delivery of essential ASRH services, in particular the Minimum Initial Service Package (SRH-MISP) to young people. Strengthen the capacity of youth organizations to engage safely, effectively and meaningfully in the response as well as putting measures in place to mitigate risk of all forms of violence against adolescents and youth in quarantine settings or isolation. Lastly, supporting where possible, continuity of education through non-formal education or recreational activities.

The results of the survey and webinar discussions therefore supports the following conclusions.

Key Findings/Conclusions

Political support

COVID-19 pandemic should serve as a wakeup call to governments and other development partners to strengthen health systems, and focus on preventive measures other than curative measures that has been the focus by most governments. Most importantly, African governments should list SRHR services as essential services to ensure access for all as we work towards universal health coverage.

Moreover, a need for political support in availability, affordability, accessibility, and security of SRHR commodities and implementing existing policies such as MAPUTO plan

of action that ensures universal access to comprehensive sexual reproductive health services was emphasized. These policies and commitments foster the need to hold the member states accountable on matters SRHR.

The importance of engaging Africa's young people on Sexual Reproductive Health and Rights (SRHR) in policymaking cannot be overemphasized.¹ Young people are resourceful players, as well as accountable and responsible citizens that would greatly contribute to collective response to the pandemic effects on SRHR.

Decision makers should also prioritize SRHR needs for young people during this time. SRHR should be listed as an essential service to ensure gains made in SRHR are not reversed.

Governments should consider its vulnerable populations before issuing blanket regulations. They can do so by pro-actively linking to relevant NGOs, CSOs, expert in their respective fields, to design responsive interventions that will mitigate the harms due to lockdowns and income loss.

Balance of resources

Countries need to ensure that there is proper balancing of resources and priorities so that not all human and capital resources are geared towards COVID-19 effort at the expense of other health service provisions including sexual reproductive health.

As part of their decision-making, policymakers must explicitly consider what resources might be justifiably diverted in the near term. Evidence suggests the indirect effects of outbreak responses can be just as significant, or worse than the direct toll of COVID-19 itself.

WHO's operational guidelines set out immediate actions for national, regional, and local actors to maintaining essential health services during the pandemic. For instance, HIV patients on antiretroviral, interruption to treatment poses a triple threat: increased mortality; increased transmission due to less viral suppression among those already on treatment; and treatment interruption potentially contributing to a rise in drug-resistant virus, jeopardizing the ongoing use of our best and most cost-effective options.

Lastly, we know that preventive interventions are often among the best buys for health. However, many highly cost-effective prevention services, like contraception, childhood vaccination, and bed net distribution, are at risk during the crisis as resources and attention are directed to the urgent threat of COVID-19.

1 African Union Commission. MAPUTO plan of action 2016-2030- Universal Access to Comprehensive Sexual and Reproductive Health Services In Africa.

Community infrastructure

In many settings, community health work already forms the backbone for primary health provision. In the context of COVID-19, the use of community health workers, health extension workers, and other technologies that facilitate home-based care present important opportunities to continue providing services outside healthcare facilities while appropriately referring people with more acute needs to higher facilities.

Use community radio stations to provide SRHR information, especially to marginalized communities. The messages should be translated to local languages so that they are accessible to larger communities.

Create mobile clinics to provide SRH services, door to door ordering and delivering. Young people should be empowered to engage in community preparedness, to identify emerging trends in their communities and communicate these to resource and service providers; or afforded some role in information sharing and communicating concerns. This is critical in hard-to-reach areas like informal settlements and slums (not a desired term) when CSOs and CBOs don't have access, community actors must be permitted and encouraged to act if complying with safety recommendations.

Recommendations

Covid-19 has presented challenges that require new ways of thinking and responding to the needs of young people if countries have to emerge stronger. Based on the evidence provided below are some recommendations for different actors

AU MEMBER STATES

- Provide toll free lines dedicated to GBV and Mental health support and create a system of response to deal with these emerging shadow pandemics
- Implement the Africa Charter on the Rights and Welfare of the child
- Create state run shelters as safe spaces for all that are vulnerable especially facing GBV
- Include provision of ARVs and contraceptives in COVID-19 emergency responses
- Include CSO's that provide support to youth friendly services as essential services to mitigate in the widening gap of lack of access to services for your people
- Support community health workers and peer educators with training and personal protective equipment (PPE) and use them as part of the personnel to educate the public on matters health, GBV and provision of contraceptives
- Invest in healthcare
- Remove discriminatory laws towards LGBTIQ communities on the continent so they can access health care services
- Lockdowns should be implemented with recognition of maternal health needs and in respect of human rights.
- Adopt clear and comprehensive minimum standards and guidelines which will in-

Civil Society Organisations

- Covid-19 provides an opportunity to advocate for the need for state run youth friendly facilities that are fully resourced
- Use this time to collect evidence for reprogramming and making a case for the need of young people
- Use social media to reach to young people. WhatsApp has been used as a great campaign tool in Sierra Leone merged with other radio messages for young people

Media

- Media needs to highlight challenges experienced by young people in their diversity to encourage the population to seek health care services
- Hold governments accountable to the commitments made at national, regional and international levels including access to health for all (universal health coverage)
- The use of community radio stations and translation of messages to local dialect so as to reach as many people as possible

Profiles of collaborating youth networks

1. **Africa Free of New HIV Infections (AfNHi)** is an Africa regional advocacy network which exists to unite African Civil Society voices and action on regional advocacy for HIV prevention research. AfNHi is committed to influencing Africa regional policies in order to accelerate ethical development and delivery of HIV prevention tools towards ending the AIDS epidemic by 2030.

The network seeks to fast-track the biomedical HIV prevention research agenda on the continent through local ownership, using indigenous strategies to enhance Africa's contribution to the Global goals.

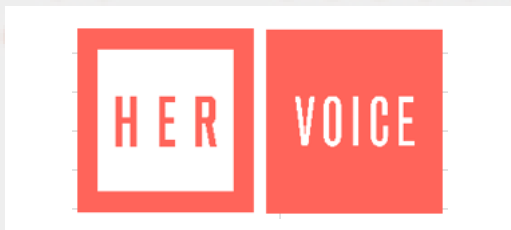


2. **Youth for UHC (Youth4UHC) Movement**, is the first virtual Pan-African youth-led movement on UHC that seeks to galvanize the youth voice in curating innovative solutions on UHC and keeping governments accountable in their journey towards achieving UHC by the year 2030. The movement, powered by Y-ACT, Youth in Action at Amref Health Africa comprises a membership of over 2,000 youth advocates from 43 countries. It's a platform that seeks to enable young people to foster the exchange of good practices, strategies and commitments to influence national and regional consultation processes related to Sustainable Development Goals (SDGs).



3. **HER Voice Fund**: The HER Voice Fund is being managed and implemented by Y+ Global and funded by Global Fund and ViiV Healthcare Positive Action. The HER Voice Fund has been created

to support the meaningful engagement and leadership of adolescent girls and young women (AGYW) and community-based organizations who are serving AGYW, within Global Fund and other related national processes. The HER Voice Fund offers small grants to organisations in 13 priority countries where Global Fund is investing to contribute to the reduction of HIV incidence among AGYW. The grants are to amplify the voices and priorities of AGYW in order to inform the decisions that affect their lives.



4. **READY4UHC:** This is a campaign which is being led by Y+ Global, the network is committed to promoting health and sexual reproductive health and sexual rights of adolescents and young people living with and affected by HIV in all their diversity. The campaign is being supported by Aidsfonds, Frontline AIDS and PATA and through the Partnership to Inspire and Connect the HIV response (PITCH), Resilient and Empowered Adolescents and Young People (READY) programmes to support strong youth leadership. The campaign ensures that young people are meaningfully involved in the design and implementation of country UHC plans at every level.



5. **Global Network of Young People Living with HIV (Y+ Global):** aims to strengthen the leadership of young people living with HIV from local to global level, empowering them to be meaningfully engaged in political and programmatic spaces that impact their lives. Y+ Global is the engine behind the READY Movement which is a network of youth serving and youth-led organizations. With support from Frontline AIDS and other partners, the READY Movement shows that young people are ready to be involved in the HIV response on a much bigger scale.



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