

Photo Essay

on COVID-19 and the Continuation of
Services across East and Southern Africa





A mother receiving family planning services at Mpilo Hospital, Bulawayo, Zimbabwe ©WHO/2021/Tatenda Chimbwanda



Innovative ways to deliver sexual and reproductive health services during a pandemic

In 2018, when the UN joint programme, 2gether 4 SRHR was launched in partnership with the Swedish International Development Cooperation Agency (SIDA) to improve sexual and reproductive health and rights (SRHR) in Eastern and Southern Africa, COVID-19 was not in the picture.

Following the detection of the first COVID-19 cases in March 2020, governments imposed stringent lockdowns. As cases increased, the pandemic and associated lockdowns threatened to overturn the health gains made over the past two decades. Despite the significant progress made prior to COVID-19, much was at stake, with 16 countries in the region still having maternal mortality rates above 310 per 100,000 live births, HIV accounting for 10 per cent of all deaths and 27 per cent of all new HIV infections amongst adolescent girls and young women (aged 15–24 years).¹

The four UN agencies implementing the programme (United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO)) in collaboration with governments and partners found new ways to ensure that sexual and reproductive health services continued. This photo essay describes some of the innovations that were adopted and are contributing to building back better and more resilient systems.

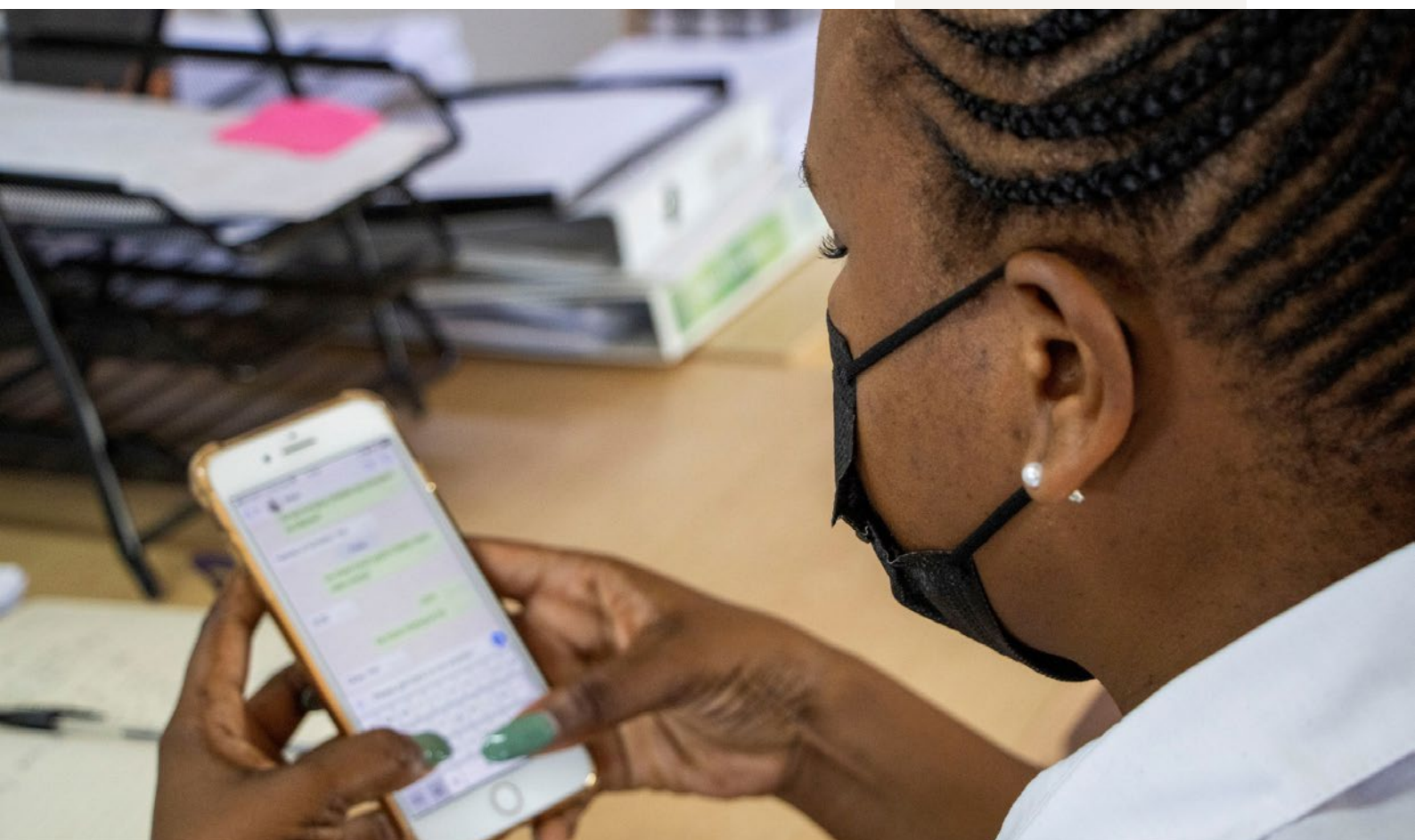
Among the first response priorities were to provide health workers with personal protective equipment (PPE), including masks, and diagnostic and therapeutic supplies, and to find new ways to reach and serve the population, especially young people.

¹ UNAIDS Estimates: <https://aidsinfo.unaids.org>

The pandemic catalysed greater use of digital platforms

Peer educators and community health workers are making more use of social media, phone calls and text messages to provide clients with adherence counselling, psychosocial support, screening for mental health conditions and real-time, credible information on COVID-19.² Additionally, interactive messaging tools such as U-Report supported by UNICEF, and Tune me supported by UNFPA, have allowed young people to remain engaged with and speak out on issues, and served as platforms to respond to tens of thousands of messages related to SRHR, HIV and mental health. These platforms have also been used to conduct rapid assessments of the situation in communities. Moreover, in Zimbabwe, short videos like this one <https://www.youtube.com/watch?v=G1Nc-EVf7Lo> have been posted on digital platforms to provide information and dispel myths around HIV and COVID-19.

Nurse Lipolelo communicating with youth advocates. "Due to COVID-19 restrictions, we had to learn to use mobile phones more than usual in order to communicate with our peer educators," she says. ©Lesotho/2021/Sesotho Media



² Judith Sherman, UNICEF's HIV programming in the context of COVID-19 (2021).



Peer-to-peer counselling ©UNICEF/Zambia/2021/Siakachoma 

Peer educators step up to the challenge

In addition to their usual work of counselling and following up with peer clients, peer educators have also been distributing HIV self-testing kits. If a person tests positive for HIV, information is provided on

how to access relevant services. These kits are an important innovation and proved popular amongst youth, and are now available in several countries in the region.

HIV Self-testing kits make it easier for young people to know their HIV status


Population-based studies in seven countries in the region found that only 46 per cent of adolescent girls and young women living with HIV were aware of their HIV status³. Although stigma is much less than in the past, it remains an issue in some smaller communities. Taking HIV tests to the people and allowing them to test in the privacy of their home, is both a way to significantly increase testing rates among young people and is a safer option during the pandemic.

Peer educator gives a 16-year-old adolescent girl from Mafeteng, Lesotho, an HIV self-test kit. "I love the fact that I can easily test for HIV in the comfort of my own home," says the youth. ©UNICEF Lesotho/2021



3 Brown K, et al. Status of HIV epidemic control among adolescent girls and young women aged 15-24 years in seven African countries, 2015-2017. Centers of Disease Control weekly morbidity and mortality report, January 12, 2018/67 (1); 29-23. https://www.cdc.gov/mmwr/volumes/67/wr/mm66701a6.htm?s_cid=mm6701a6_w



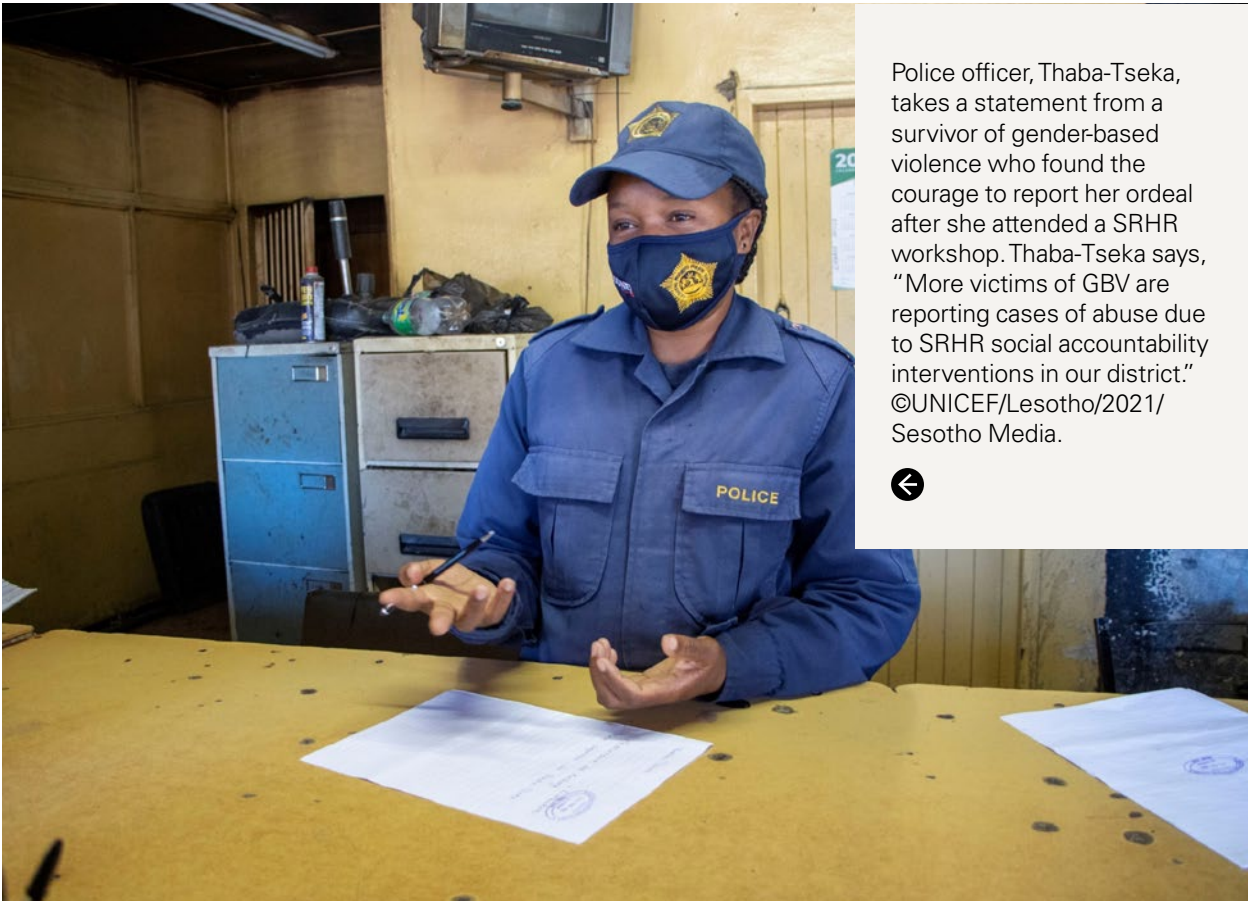
A registered midwife Resty Musasizi with health workers accessing information Sexual Reproductive Health and Rights (SRHR) at Buyinja Health Centre IV in Namayingo District. This was under Sexual Reproductive Health and Rights Programme a joint UN programme supported by Swedish International Development Agency (SIDA). © UNICEF/UN0545507/Emorut 

Training has been key to integrated service delivery

Training for health care providers at all levels on delivering integrated reproductive health services, a key activity in the programme, continued during the pandemic. Some countries adopted virtual training methods whereas in other countries, like Uganda, all training was conducted face-to-face with the

necessary COVID-19 precautions: participants wore masks, class sizes were reduced to enable social distancing, and rooms were well ventilated. Health workers have also been using telementoring to train other healthcare providers in remote areas, an innovation likely to continue even after the pandemic.

Tackling the rise of sexual and gender-based violence during the pandemic



Police officer, Thaba-Tseka, takes a statement from a survivor of gender-based violence who found the courage to report her ordeal after she attended a SRHR workshop. Thaba-Tseka says, "More victims of GBV are reporting cases of abuse due to SRHR social accountability interventions in our district." ©UNICEF/Lesotho/2021/ Sesotho Media.



Sexual and gender-based violence (SGBV) prevalence is high in eastern and southern Africa. According to the latest SADC Sexual Reproductive Health [Scorecard](#) data, in seven countries, around 20 per cent of those aged 15-24 years reported they experienced violence from an intimate partner.

As occurred in many other countries around the world, when lockdowns were imposed, the high levels of SGBV rose even more. The 2gether 4 SRHR programme has been supporting governments, including through virtual means, to develop and revise legal, policy and strategic frameworks to align them with global, continental and regional commitments on gender-based violence. The programme also facilitates training for better linkage and care at all levels, particularly at community level

with people working in health, social welfare, legal services and the police. For example, in Zimbabwe the programme has reinforced the provision of integrated SRHR/SGBV services at shelters and one-stop centres through training counsellors from victim-friendly units, Social Welfare and the Ministry of Women's Affairs, and community-based clubs and organizations.

COVID-19 has taken a harsh toll on people's well-being and often hits the most vulnerable the hardest. The 2gether 4 SRHR programme continues to find new ways to support countries to ensure that the delivery of integrated SRHR, HIV and SGBV services reach and empower the most hard-to-reach and these new ways are showing promise toward building back better.

For more information on delivering SRHR services during the COVID-19 pandemic:
<https://www.unicef.org/esa/reports/hiv-programming-context-covid-19>

