

Rapid Assessment on Impact of covid 19 to SRHR services

Introduction

Trust for Indigenous Culture and Health (TICAH) is a feminist organization whose main aim is to promote health, equitable relationships, healthy households, and community action. We seek to enhance the positive links between health and cultural knowledge, practices, beliefs, and artistic expression. Over the years, we have evolved from an organization focused on alternative therapies and empowerment for women living with HIV to one that focuses on sexual and reproductive health and rights more comprehensively. We believe that culture shapes health, that beauty is powerful, that expression is activism, and that stories have something to teach. Our work includes training and research in women's rights to comprehensive sexual and reproductive health, publication and documentation to stimulate attention to grassroots solutions, advocacy on sexual and reproductive health and creative projects to raise our communal voices to affect national policy and programs.

TICAH implements SRHR programs across the country and have developed a working relationship with community groups including the community health workers to ensure access to information and services for hard to reach populations in the informal settlements of Nairobi and rural areas across the country with a main goal of understanding the extent of the effects of covid-19 pandemic on sexual reproductive health services. It's based on these relationships that TICAH went out seeking a better understanding of the issues that the targeted communities are facing during the COVID-19 period. The purpose of the assessment was to inform TICAH of the existing gaps and challenges that face access to SRHR information and services during the pandemic and where possible identify areas of support and future programming.

As mentioned above the aim of the assessment was to understand the extent of the effects of covid-19 pandemic on sexual reproductive health services in rural areas of Bungoma, Busia, Uasin gishu, Kisumu, Mombasa, Nyeri Counties and selected informal settlements in Nairobi Kenya. Specific objectives were to:

1. Collect public voices on their level of awareness on COVID-19 in relation to sexual reproductive health services access at all levels of care, through use of digital technology and other appropriate means.
2. Capture the effects of Covid 19 on access to SRHR services, livelihoods and raise critical voices (mothers, women and girls, care givers, Human Rights Defenders, community volunteers) that need to be amplified in view of the COVID-19 pandemic
3. Continually inform programming for responsiveness through leading response in the communities we work and through various media and channels.

Nyeri	<p>Young Mothers aged 18-24</p> <p>Girls aged 18 - 24 years (Not young mother)</p> <p>Women of reproductive age 25 years & above</p> <p>Community Health Volunteer</p> <p>* Focus Interviews on persons from the above categories who have tried to access SRH service/s and not been successful.</p>	4 Interviews one per Category
Bungoma	<p>Young Mothers aged 18-24</p> <p>Girls aged 18 - 24 years (Not young mother)</p> <p>Women of reproductive age 25 years & above</p> <p>Community Health Volunteer</p> <p>* Focus Interviews on persons from the above categories who have tried to access SRH service/s and not been successful.</p>	4 Interviews one per Category
Uasin Gishu	<p>Young Mothers aged 18-24</p> <p>Girls aged 18 - 24 years (Not young mother)</p> <p>Women of reproductive age 25 years & above</p> <p>Community Health Volunteer</p> <p>* Focus Interviews on persons from the above categories who have tried to access SRH service/s and not been successful.</p>	4 Interviews one per Category
Mombasa	<p>Young Mothers aged 18-24</p> <p>Girls aged 18 - 24 years (Not young mother)</p> <p>Women of reproductive age 25 years & above</p> <p>Community Health Volunteer</p> <p>* Focus Interviews on persons from the above categories who have tried</p>	4 Interviews one per Category

	to access SRH service/s and not been successful.	
Kisumu	<p>Young Mothers aged 18-24</p> <p>Girls aged 18 - 24 years (Not young mother)</p> <p>Women of reproductive age 25 years & above</p> <p>Community Health Volunteer</p> <p>* Focus Interviews on persons from the above categories who have tried to access SRH service/s and not been successful.</p>	4 Interviews one per Category
Busia	<p>Young Mothers aged 18-24</p> <p>Girls aged 18 - 24 years (Not young mother)</p> <p>Women of reproductive age 25 years & above</p> <p>Community Health Volunteer</p> <p>* Focus Interviews on persons from the above categories who have tried to access SRH service/s and not been successful.</p>	4 Interviews one per Category

During the study 35 respondents were able to complete the interviews. The data was collected using audio recorders with the support of TICAH community facilitators and Human rights defenders (HRDs) who were part of the targeted communities. The interviews were conducted using a questionnaire that was developed by the TICAH team. The research assistants used audio recorders for the interviews. The collected audios were then transcribed and analyzed on Quirkos and Excel Software.

STUDY LIMITATION

Based on the challenges being experienced with the pandemic the study did not benefit from the use of scientific calculations in identification and distribution of the respondents which was pegged upon strict rules put in place by the Ministry of Health. There were cases where the research assistants could not access quality audio recording devices and at some point, they were forced to use their mobile phones that had low quality sounds. The audios that were of low quality were not transcribed and were counted as respondents reached. Additionally,

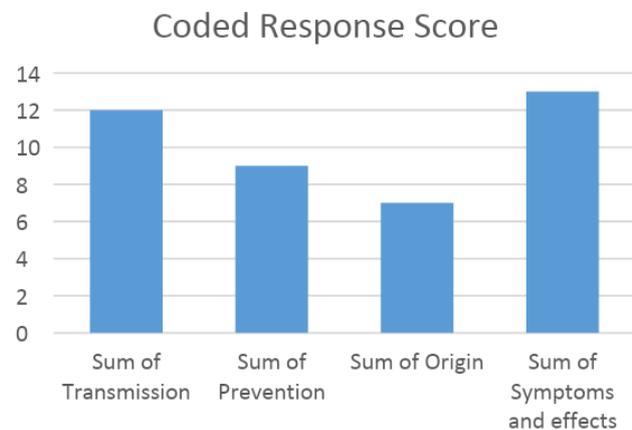
Because of the pandemic respondents did not want to interact with research assistants with the fear of being exposed to the virus.

KEY FINDINGS

Understanding of the disease

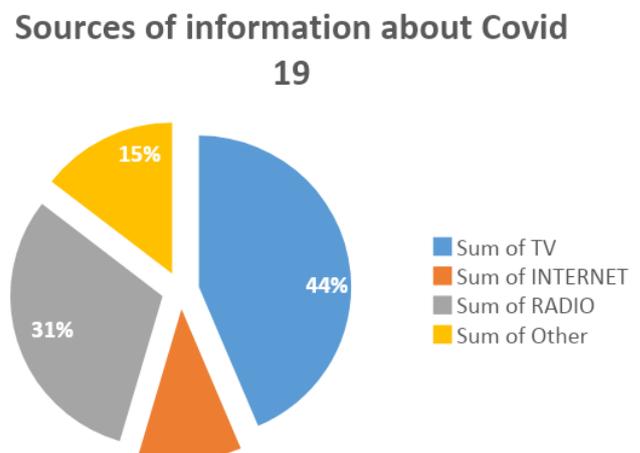
Information about COVID 19

The respondents interviewed had information mostly about transmission and prevention. 32% of the coded responses of those interviewed had information about prevention. The respondents said that COVID 19 can be prevented by avoiding staying in crowded places, regular washing of hands and using hand sanitizers and avoiding being in contact with fluids from an infected person. In addition, 29% of the coded responses revealed that respondents had information about transmission and the respondents clearly stated that it can be transmitted “when one comes into contact with fluids from an infected person if they sneeze or cough”. 22% and 17% of the coded responses had information about origin and symptoms of the virus respectively.



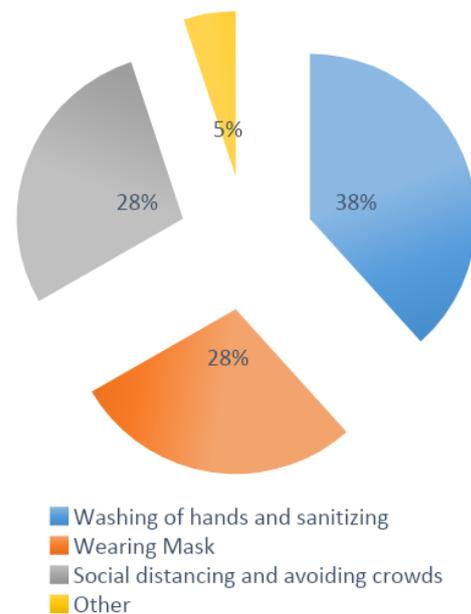
Sources of Information about COVID 19

Television and Radio were the most popular sources of information about COVID 19 with a coded response score percentage of 44% and 31% respectively. However, 15% of the coded response was for others who said they received information from a training, a poster at the health facility visited, mobile phone update from the ministry of health, newspaper and from a person they knew. 11% of the coded responses were for the internet where social media and internet awareness creation played a major role.



Protection from COVID 19

When the respondents were asked "How are you and your community protecting yourself and your household from the disease?" 39% of the coded responses said they used hand washing and sanitizing to prevent themselves from contacting the virus. One of the respondents under the category of Women of reproductive age 25 years & above from Mathare, Nairobi said "*sanitizing, washing our hands regularly*". Social Distancing and Wearing of masks had the same percentage score at 28% in the coded response with others (5%) mentioning cleaning of surfaces and coughing in their elbows. This is an indication that there is some level of awareness on how to prevent COVID 19 among the interviewed population.



Coping Mechanisms

Some of the ways that the respondents felt worked for them as a coping mechanism, topping the list was social distancing, maintaining hygiene, hand washing facility and wearing masks at a coded percentage of 41% ,37% and 19% respectively.

On social distancing, the respondents said that they ensured that children playing within their compound, avoided crowds, rearranged the households to fit 1-meter rule and avoided family gatherings. One of the families interviewed from the category of a Girl Aged 18-22 years (not young mother) from Nyeri said "*My house has limited space. We have had to rearrange the house to accommodate for the one-meter rule.*" Moreover, families have also put in place hand

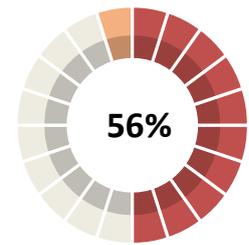
"We are a family of three. I stay with my sister and my son. When I get home from work for instance, I make sure I sanitize and shower before interacting with my son. We keep distance. My son understands these measures". Explained by one young mother from Kapseret, Uasin Gishu during the interview

washing facilities and ensured that family members wash their hands before they get into the house.



Effects of COVID 19

Economic Strain: More than half of the coded responses (56%) indicated that they **had either lost their jobs or reported a decreased income from the economic activities** that they were involved in like "kazi kwa vijana " and other small businesses. During the interviews one of the respondents said, *"My parents can no longer go to work as often as before and this has affected me because they can no longer provide as before"*.



Percentage reporting losing jobs or reduced income

The reduced income and massive loss of jobs has resulted in a **perceived increase in crime** at 6% as recorded during the interviews.

When asked, *'What challenges do you feel women and girls in your neighborhood/community might be/are facing during this period?'*,

36% of the coded responses said they **faced economic strains that also affected their ability to acquire basic commodities like sanitary pads**. In addition, they also mentioned that their affected incomes were contributing to reduced bargaining **power resulting in abuse by husbands**, boyfriends and men around them.

Education and social life: Empirically Education and social life including relationships have been greatly impacted by the pandemic at an equal percentage of 13% based on the coded responses, from the interviews some of the respondents felt like the pandemic has resulted to **them not being in close relationship with their families** since they cannot visit with children who are students, **feeling that they cannot continue with their studies and sometimes resort to internet studies which are expensive and not efficient**.



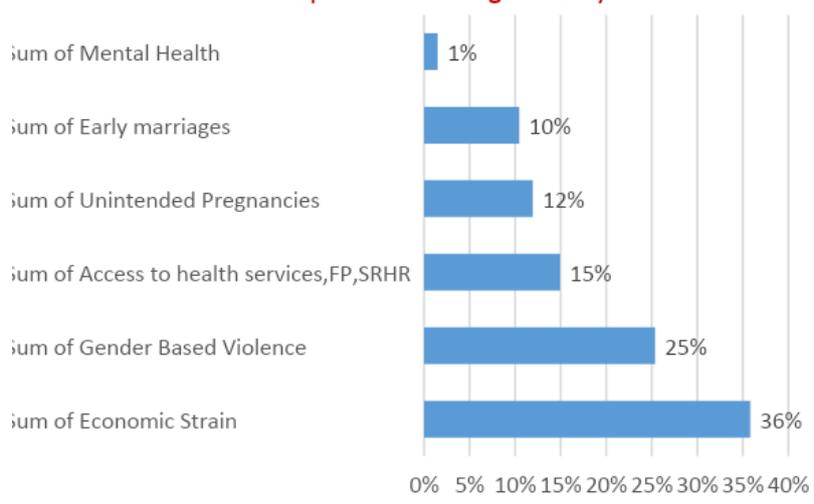
Sexual Gender Based Violence: Covid 19 pandemic also contributed to a rise in the cases of Gender Based Violence. The coded responses recorded a 4% increase in cases of GBV. Further 25% of the coded responses indicated that women and girls **faced gender-based violence during the pandemic**. and when asked some of the challenges women and girls faced, the results given by the respondents, clearly demonstrates that most women were **being raped, sexually abused and assaulted in the wake of the pandemic**.

"...My parents are not in good terms and there are a lot of feuds because they are not used to staying together..." Mentioned one respondent from Majengo Nairobi

Access to Health Services including SRHR and FP services: The coded responses recorded 4% impact on access to health services with the respondents saying that **they do not visit health facilities because they fear being infected** by the virus or being quarantined if tested positive at the point of access to health services. When asked some of the challenges faced by women and girls, it was clear that Covid 19 affected access to health services **including maternal health, abortion services and other SRHR**. The findings from the study reveal that **15%** of the coded responses were for lack of access to health services, family planning and other SRHR related services including abortion. **74%** of the respondents answered No when asked, *"In your opinion do you feel safe visiting health facilities and service providers at this time of COVID?".* In their view they felt that the service

providers don't pay attention to SRHR issues now and that they fear visiting facilities since it will expose them to the virus and in case of a misdiagnosis they might be put into isolation for coronavirus since it has some symptoms similar to malaria and pneumonia. They also felt the facilities are far and there is a curfew

% coded responses for challenges faced by AGW



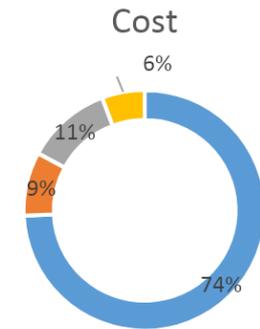
Access to SRHR

Majority of the respondents who were interviewed felt that the pandemic had affected access to SRHR services within the community that they live in. The results revealed lack of access to

contraceptives, safe abortion, post abortion care services from government facilities, HIV testing, PrEP and PEP with others mentioning lack of youth friendly services. In addition, some of them mentioned less working hours due to the curfew , lack of SRHR commodities within the facilities that were visited and in most cases expectant mothers were not able to access services because of the fear of being locked out into the curfew and those that wanted to access services within the facilities were afraid of misdiagnosis since they felt that if they had high temperatures they could be put into quarantine for COVID 19 specifically one of the respondents said that , *"It has affected access to SRHR services a lot because most people fear going to the facility in that you temperature might be high and you will be suspected for corona virus."*

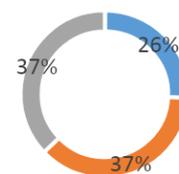
In regards to cost, distance and open health facilities 37% mentioned that the facilities were open with a percentage (26%) confirming during the interviews that the facilities remained closed during the pandemic, this was majority experienced in the rural areas, Busia,Bungoma , Uasin gishu and Mombasa counties.

A further inquiry on cost and distance the graph below indicates results for further inquiry on cost and distance by the respondents.



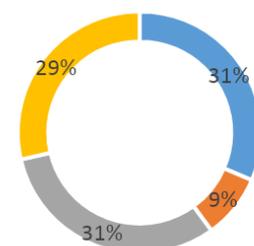
■ Expensive ■ Affordable ■ Free ■ I don't know

Open Facilities



■ No ■ Yes ■ I don't know

Distance



■ Close ■ Far ■ Very Far ■ I don't know

Unintended pregnancies and early marriages- Unintended

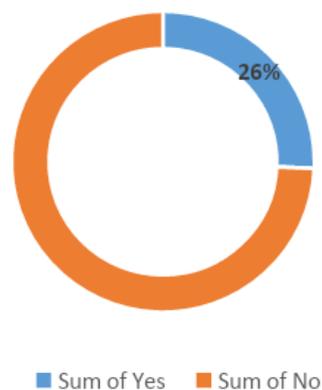
pregnancies and early marriages were also some of the challenges faced by women and girls as depicted by the graph above. A paltry 1% of the coded response also mentioned Mental health among women as one of the challenges "Generally, with regards to women there has been an increase in Gender Based Violence cases. Women's mental health has also been heavily affected."

Health Facility Safety

74% of the respondents answered No when asked, "In your opinion do you feel safe visiting health facilities and service providers at this time of COVID?". To justify the reasons why they gave this answer, one of the respondents said that "... *you might be suspected of coronavirus since the symptoms are familiar with other diseases then you will be taken to quarantine. So it's better you stay at home. The facilities are located far because you have to travel*" they also mentioned lack of attention from the doctors and lack of commodities within the facilities that they visited.

On the contrary, 26% answered Yes, although when probed further a majority of them felt that there were unfriendly services offered by male doctors within the facilities they visited, as mentioned by one of them "*Yes, but the male*

Safe while visiting the health facility



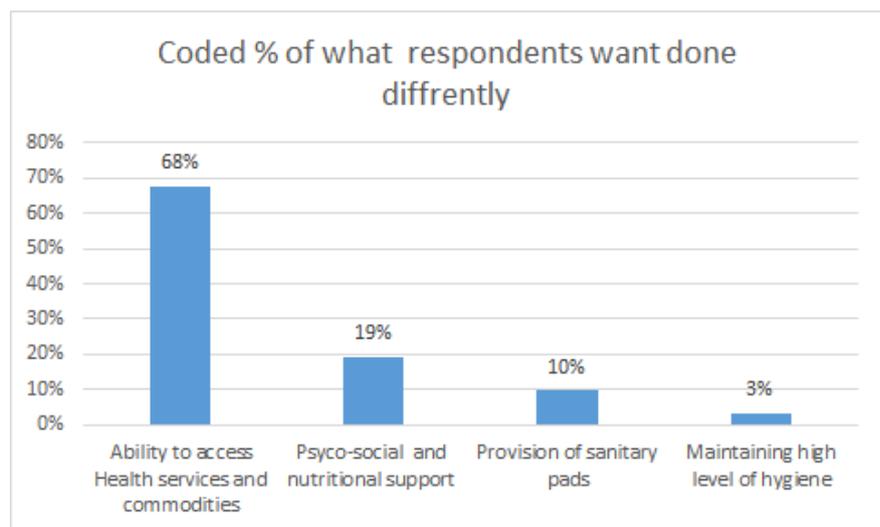
doctors are unfriendly in that they give intimidating responses". There are also respondents who felt confident visiting the facilities but advised that precautions should be taken when visiting the facilities for one not to expose themselves to coronavirus, "*Yes if the precautions like social distance and hand washings are maintained, but I would advise in case you have some common ailments you should manage it at home using home remedies.*"

Suggestions from Respondents (what they want done differently)

As expressed by the respondents during the interviews, access to health services and commodities was one of the major challenges caused by the Covid 19. From the coded responses, 68% of the respondents recommended that the government should ensure that people living within the informal settlements and rural villages have access to health facilities and that at any time someone would like to visit the facility, should be able to do so. There were suggestions that the NHIF should cover costs around Covid 19 and that the government should make sure that the facilities should maintain a high level of hygiene (3% of the coded responses) and also within other public spaces. "...I would like the NHIF card to be able to cater for everything..."

Psycho-social and nutritional support were some of the issues mentioned by the respondents and they recommended that the government and CSOs should provide some form of monetary support for families and their incomes were greatly interfered with by the pandemic and where possible provide some form of food to the families affected.

In addition, there is a need for community health workers to work closely with community members and link them with counsellors for comprehensive psycho-social support. Initially girls receive sanitary pads from schools but with the pandemic affecting school activities the girls within rural villages and informal settlement,



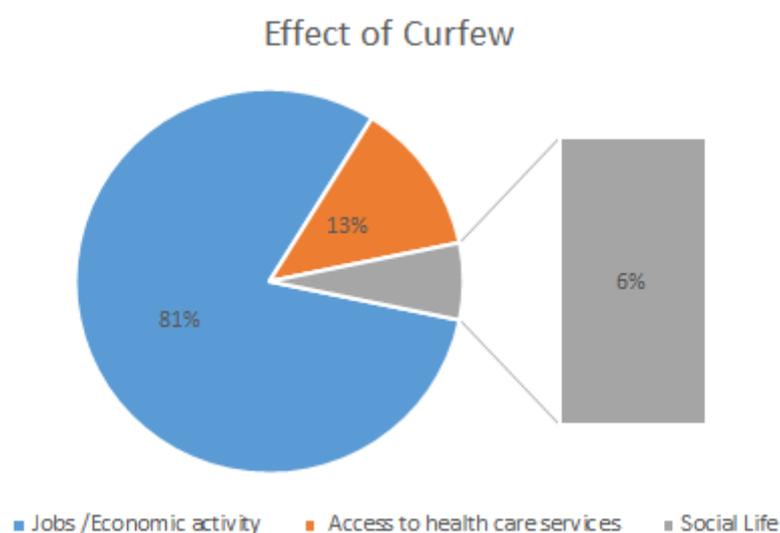
it was therefore a recommendation from the respondents with a coded response rate of 10% that the government through the existing structures should support communities with sanitary pads. A respondent said "...Sanitary pads, Condoms and Family planning services should be boosted to increase its accessibility to women and girls here..."

Impact of the curfew and lockdown

The respondents interviewed mentioned reduced income based on reduced hours of working, reduced access to healthcare services and commodities and reduced social life. Specifically, the respondents

mentioned that, the recent curfew imposed by the government in response to the disease outbreak affected their livelihoods in the following ways;

- Economically , the respondents reported reduced working hours that has greatly impacted their income levels , a clear case is a respondents who said ,"*...I work at an MPESA shop and most clients usually come in the evening. Now I have to close early because of the curfew and my business income has been affected...*" Majority of the respondents shared this similar issue at a coded 81%,.
- Access to health care services , although the curfew and cessation of movement did not directly affect livelihoods of the targeted respondents it was clear that it had a greater impact on access to health services to the respondents for example during the interview a respondent said *...Most referral health facilities are located in Nairobi and because of the lockdown it's hard to access these services ...*" at a coded 13%. Others also mentioned effects of social life at 6% as depicted by the chart below.

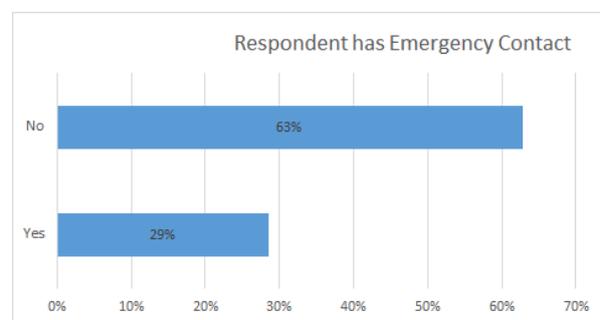
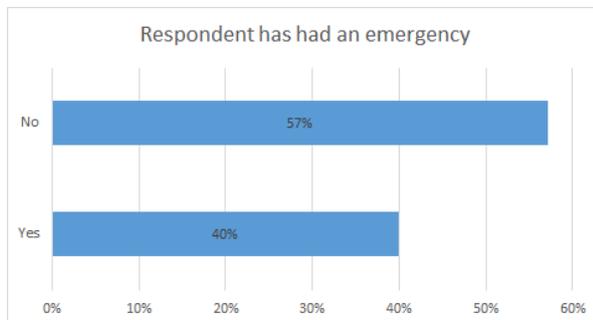


Availability of emergency services

More than half of the coded respondents (57%) Said that they neither had an emergency nor anticipated to have one , while on the contrary 40% of the coded respondents had an emergency or anticipated to have one in the future, some of the emergencies included children who were sick or relative and were not able to get medical services past the curfew hours , a respondent said "*...my child was sick and I was unable to go outside to get her any medication...*", another respondents narrated how her immediate neighbour lost her child and she said "*...Just recently my neighbour's son died because we weren't able to*

access a health facility after the curfew..." from the study it was

evident that, most of the respondents (63%) did not have access to any emergency contact numbers as indicated in the graph below.



Sample Stories from Respondents

"Last week a friend of mine realised she was pregnant late and she needed a safe abortion service and she couldn't get it because of the curfew" said Girl aged 18-22 years (not young mother) from Nyeri

"My friend was not able to access family planning services because of the increased costs of the services. She has had to choose between feeding her family and buying the family planning pills." said Young mothers aged 18-24 years from Nyeri

"Personally I gave birth through CS , I was discharged after 4 days because of coronavirus when I arrived home my wound got worse and I cannot help myself so I am forced to just visit local hospitals" narrated a Young mother aged 18 - 24 years from ajengo, Nairobi

"Just recently a pregnant neighbour got into labour after the curfew hours and there isn't much we could do to help her. We had to call another woman from another area to help her" . Girls 18-24 years. (Not Young mother)from Ruma village in Uasin gishu