



IUSSP Webinar series

The COVID-19 Pandemic and Sexual & Reproductive Health in Africa

**Potential and Actual Implications - Adolescent Sexual and Reproductive Health (SRH) and Rights
in Africa**

Country Perspective: Zimbabwe

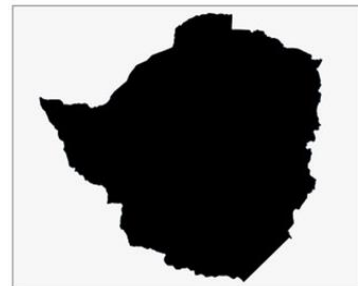
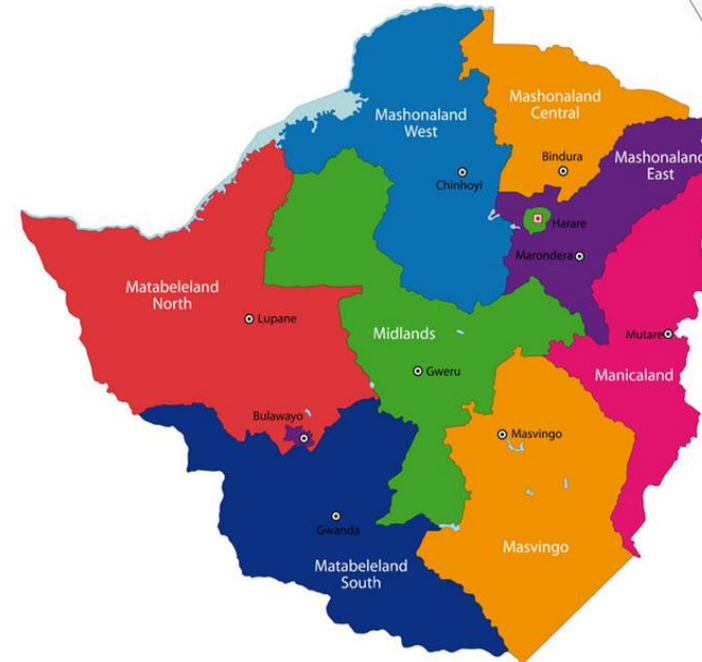
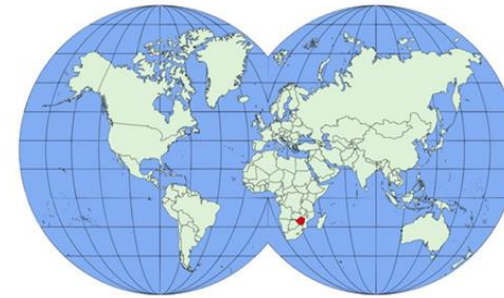
Talent Tapera, Monitoring and Evaluation Manager FHI360 Zimbabwe

31 August 2020

Country Context

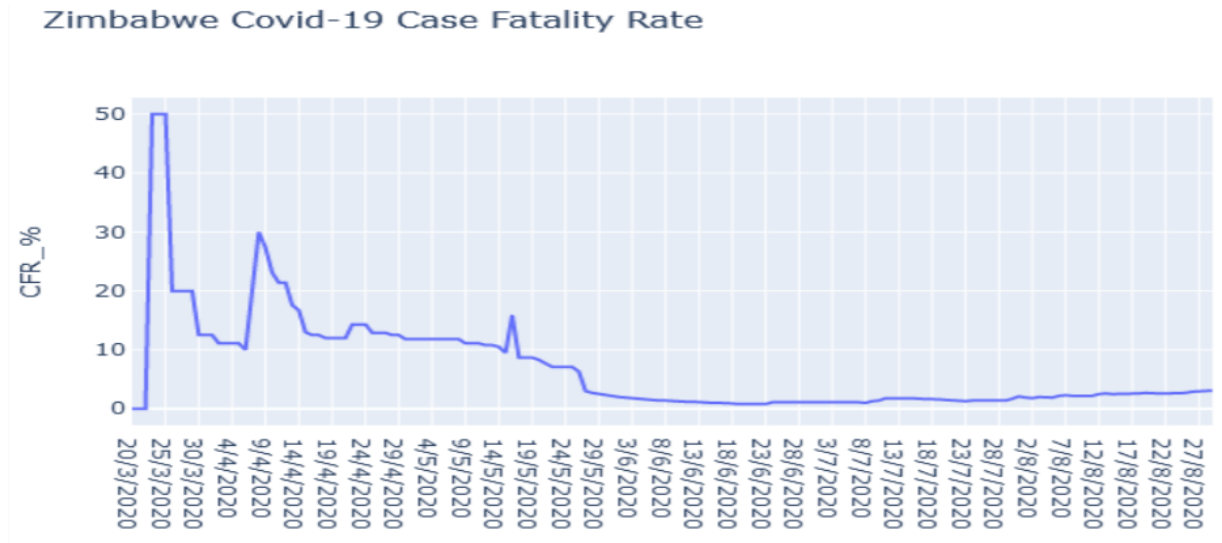
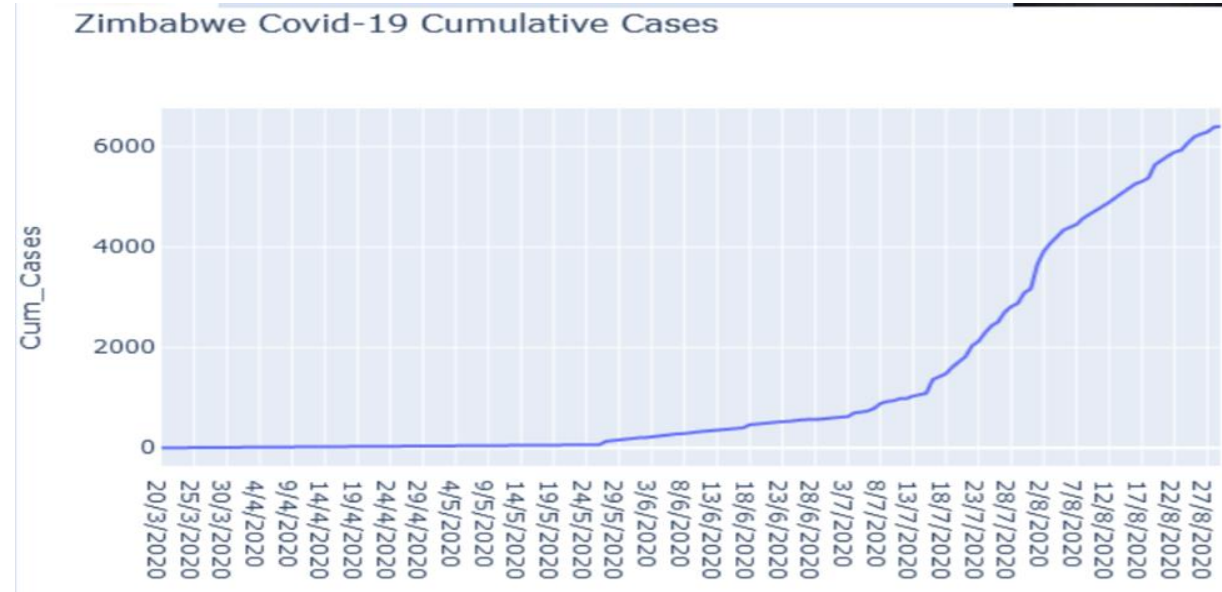
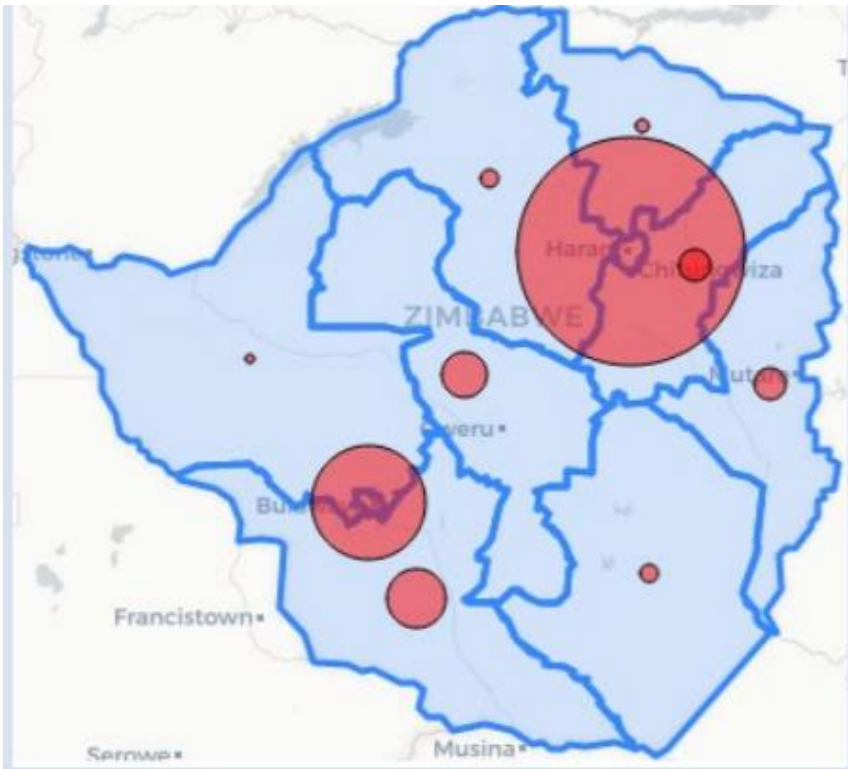
- Zimbabwe is landlocked country situated in Southern Africa.
- The country is bordered by Mozambique to the east, South Africa to the south, Botswana to the west, and Zambia to the north and northwest.
- Total population of **13.5** million people of which **52%** are females
- **62%** of the country is below 25 years (UNFPA)
- Country still recovering from the effects of Cyclone Idai
- At the moment – over 5 million Zimbabweans are food insecure – 2.2 million of these being in urban areas (United Nations (UN) Flash appeal- August 2019).

Zimbabwe map



Covid-19 Cases in Zimbabwe

- As of 29 August 2020, Zimbabwe has now recorded 6406 Cases 5056 recoveries and 196 Deaths Cases rising exponentially from mid-March 2020.
- The Human Resources for Health is stretched and incapacitated
- Cases contracted in Harare and Bulawayo



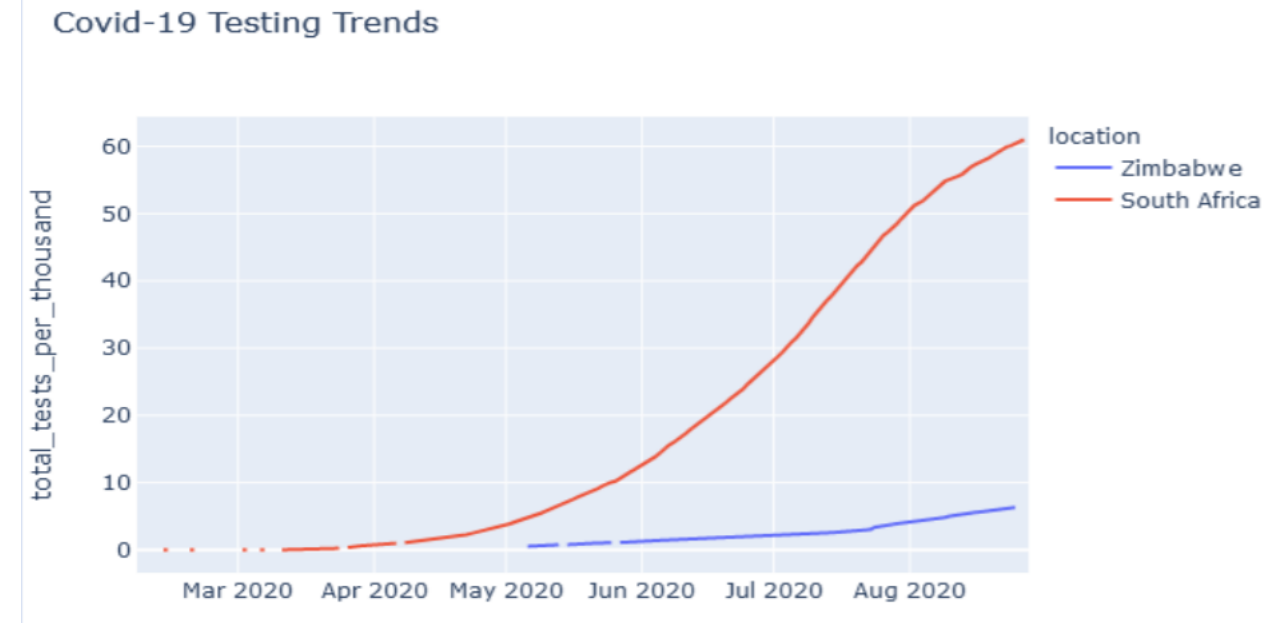
Evolving Covid19 Response in Zimbabwe

Government's response to Covid-19

- First case was confirmed from a returning resident on 19th March
- Government of Zimbabwe instituted a lockdown on 31st March
- Total national lockdown on 2nd June

Adopted measures

- Compulsory wearing of face masks in public spaces
- Observing social distancing (at least 1m apart)
- Regular hand washing (sanitizers & soap and water)
- Restricted movements of people
- Virtual working for some organizations



Exponential rise in Cases in Harare and Bulawayo

- On 21 July 2020 lockdown extended
- Only registered businesses allowed to operate
- Curfew in CBDs from 6pm to 6am

Impact School Closures on SRHR in Zimbabwe

- Schools in Zimbabwe have also been a **source of comprehensive sexuality education** which increases access to information and builds agency of girls in relation to their sexual reproductive health and rights
- Non accessibility to this information may result in girl's failure to practice body autonomy, get social protection and increase their risks to sexual abuse
- Unfortunately this will also see an **increase in teenage pregnancies** which in turn will increase the poor nutritional status of pregnant and lactating girls



- The number of home deliveries being attended to by unskilled workers will increase and additionally teenage pregnancies may result in **unsafe abortions**.
- All these factors further plunges the country into higher maternal and infant mortalities and morbidity.

Increase in Sexual violence and exploitation in Zimbabwe

- COVID-19 has presented an opportunity of sexual violence and exploitation against girls as “part of the devised strategies” in order to ensure food provision at household level.
- Others may be forced into sex work.
- All these further worsens the poverty levels of girls and presents’ new STI and HIV incidences, unwanted pregnancies, stigma and mental health problems amongst the girls.
- The national GBV Hotline (Musasa) has recorded a total of **4,047** SGBV calls from the beginning of the lockdown on 30 March until 15 July
- 1,312 in April, 915 in May 2020, 776 in June, 753 in July, and 315 from 1 to 12 August
- An overall average increase of over **70 per cent** compared to the pre-lockdown trends



Compromised access to sexual reproductive health and rights (1)

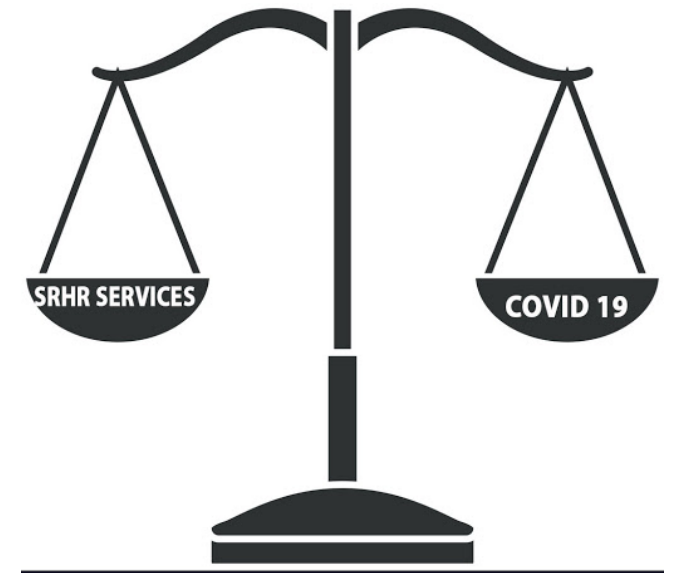


- The COVID-19 crisis within Zimbabwe has negatively impacted on the access to SRHR services for adolescent girls and young women.
- This includes SRH information and counselling, contraception services, safe post abortion care, maternal and new-born health services, gender-based violence (GBV) services, STIs/HIV, infertility and reproductive cancers, which could result in increased risk of teenage pregnancies, unsafe abortion and possible complications of pregnancy during labour.
- These consequently will lead to unmonitored home deliveries, maternal and new-born morbidity and mortalities

Community health workers who are frontline for offering family planning at community level have been failing to provide selected SRHR services such as oral contraceptives and condoms due to the lockdown which has disrupted the supply chain.

Compromised access to sexual reproductive health and rights (2)

- The curfew measures enforced since 22 July continue to generate reduced access to Sexual and GBV services, especially in rural and remote areas
- Mobile SGBV teams in some districts have reduced operations hours to ensure safety of clients returning home after accessing services, as well as to ensure return at base before 6 p.m
- Closure of health facilities resulting from the current health sector crisis has also contributed to reduces accessibility of SGBV services, compromising timely access to post rape treatment
- Sanitary wear affected hence limiting choice for girls and women. Prices for sanitary wear has gone up due to the COVID 19 crisis and this affects the menstrual hygiene and dignity of women.



Restricted movement affecting access to SRH in Zimbabwe)

- Adolescent girls and young women living with HIV may fail to access their ARVs which may reverse the gains in HIV hence defaulting, new infections, HIV related mortalities
- Reduced public transport availability remains a challenge in urban, peri-urban and rural areas for adolescent survivors of SGBV to access timely multisectoral services
- Fear of encountering with police and soldiers whilst in search for SRH services

“ Rutendo had heard that soldiers were beating people up on the streets to enforce the lockdown and she was afraid to go and buy medication ”



Recommendations to improve SRHR services in Zimbabwe

- The national and local health authorities to list SRHR services as **essential** and ensuring access to non-discriminatory, adolescent-friendly gender-responsive sexual and reproductive health information and services
- Promote and adopt innovative approaches such as virtual learnings, where age appropriate SRHR information is given through SMS, various online platforms including TV and community radios
- Provision of protective personal clothing for young people. Additionally for community-based providers in order to enable doorstep distribution of contraceptives and other essential SRH products such as condoms where appropriate including information
- Adolescent girls and young women living with HIV could be at risk from interrupted supplies, and government authorities should work with health service providers at all levels and with community partners to ensure that those living with HIV maintain uninterrupted access to antiretroviral treatment integrated with SRHR services in particular cervical cancer screening, contraceptives and condoms
- Linking AGYW with economic strengthening packages and ensuring food security is achieved at house-hold level. Food distribution should be done from a gender lens hence prioritize adolescents girls and young women.

