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The COVID-19 Pandemic and Sexual & Reproductive Health in Africa: A Zambian Perspective

Vesper H. Chisumpa (PhD)
Department of Population Studies
University of Zambia
Lusaka, Zambia

31st August, 2020

COVID-19 Situation in Zambia

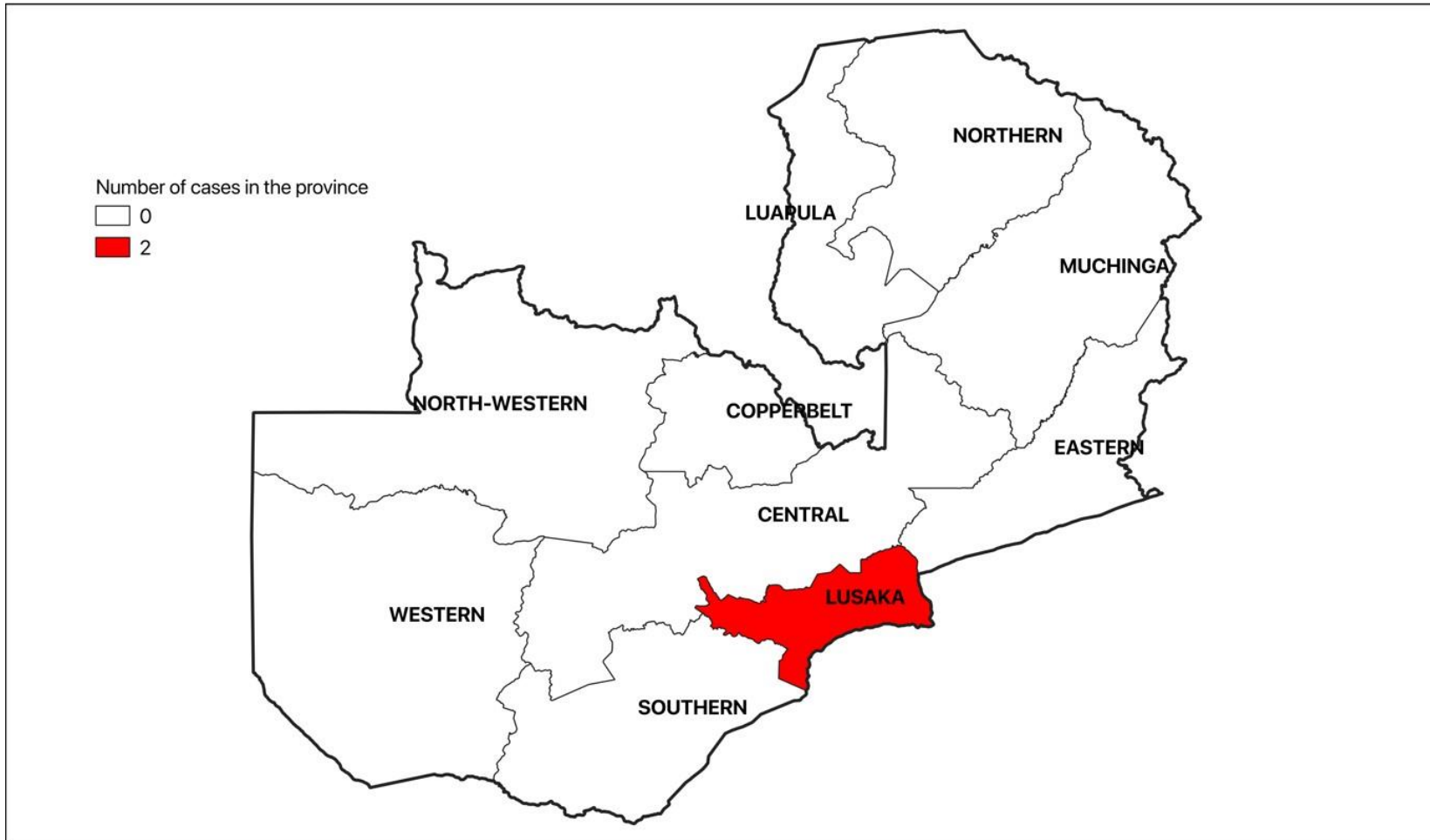
- Population estimated at 18.4 million (United Nations, 2019)
- COVID-19 outbreak declared on 18th March 2020
- Cumulative cases: 12,097 (31st August 2020)
- Case distribution by sex: male (66%) and female (34%)
- Most affected age groups: 20-29 (22%), 30-39 (28%), 40-49 (24%), 50+ (18%)

COVID-19 Situation in Zambia

- Deaths: 288
- MoH: 76% of overall COVID related deaths are brought-in-dead (BID)
- MoH: increase in number of BIDs attributed to delayed access to health facilities (MoH, 23 August 2020, COVID-19 Daily Updates)
- Active cases: 340

COVID-19 Situation in Zambia

Map of Zambia showing provinces with confirmed COVID-19 cases as at 18 March 2020





Zambia COVID-19 Statistics
2nd August 2020

Cumulative tests: 85,560 (559 New)
 Total confirmed cases: 6,347 (119 New)
 Total recoveries: 4,493 (363 New)
 Total deaths: 170 (5 New)
 [51 COVID-19 Deaths; 104 COVID-19
 Associated; 15 Unclassified]
 Active cases: 1,684

* New - in the last 24hrs

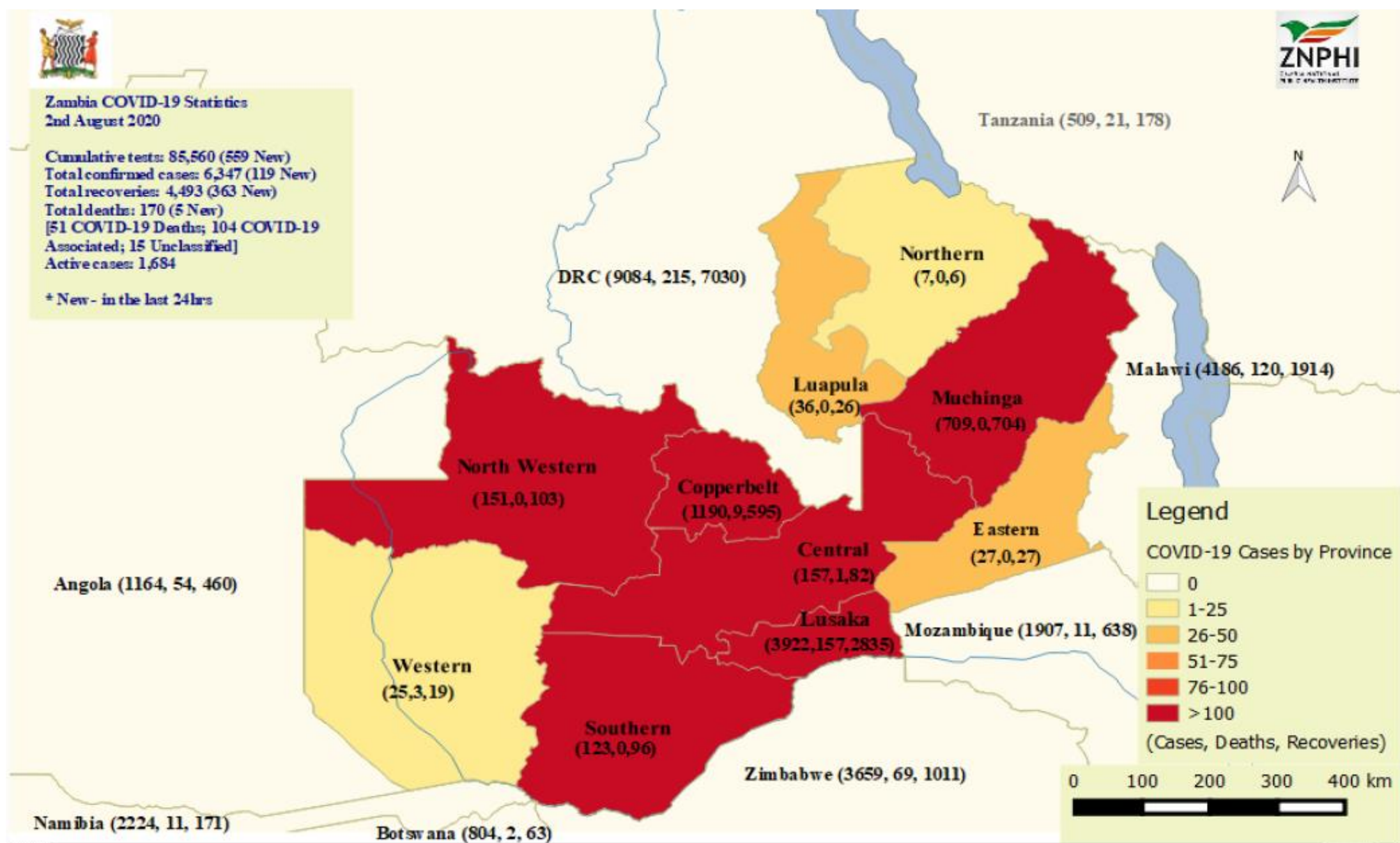


Figure 2: Map showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province and in neighbouring countries, as of 2nd August 2020



ZAMBIA COVID-19 STATISTICS

DAILY STATUS UPDATE – 31st AUGUST, 2020



72 NEW CONFIRMED CASES; 1 DEATH; 15 RECOVERIES

New cases reported from: 65 Lusaka, 3 Chipata, 2 Chikankata, 2 Livingstone

Death reported from: 1 Lusaka (facility death)

Recoveries reported from: 15 Lusaka

Tests in the last 24hrs: 1,169 (115,570 Cumulative)

CUMULATIVE CASES

12,097

TOTAL RECOVERIES:

11,469

COVID-19 DEATHS:

95

COVID-19 ASSOCIATED DEATHS:

193

ACTIVE CASES:

340

Total
deaths

288

**Data changes may reflect retrospective data consolidation and/or reporting delays*



Ministry of Health: @mohzambia

COVID-19 Situation in Zambia

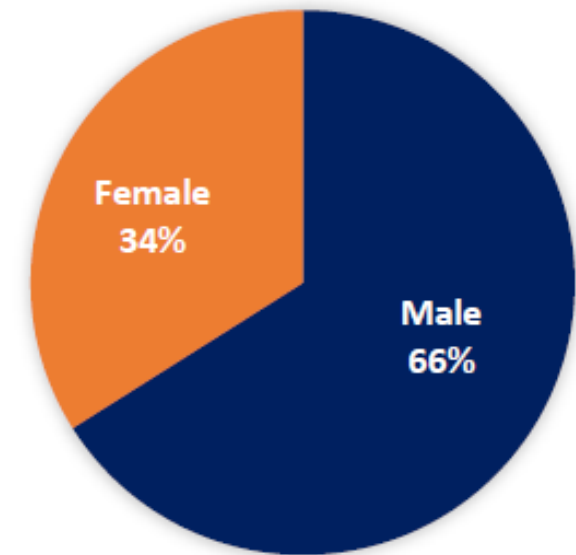
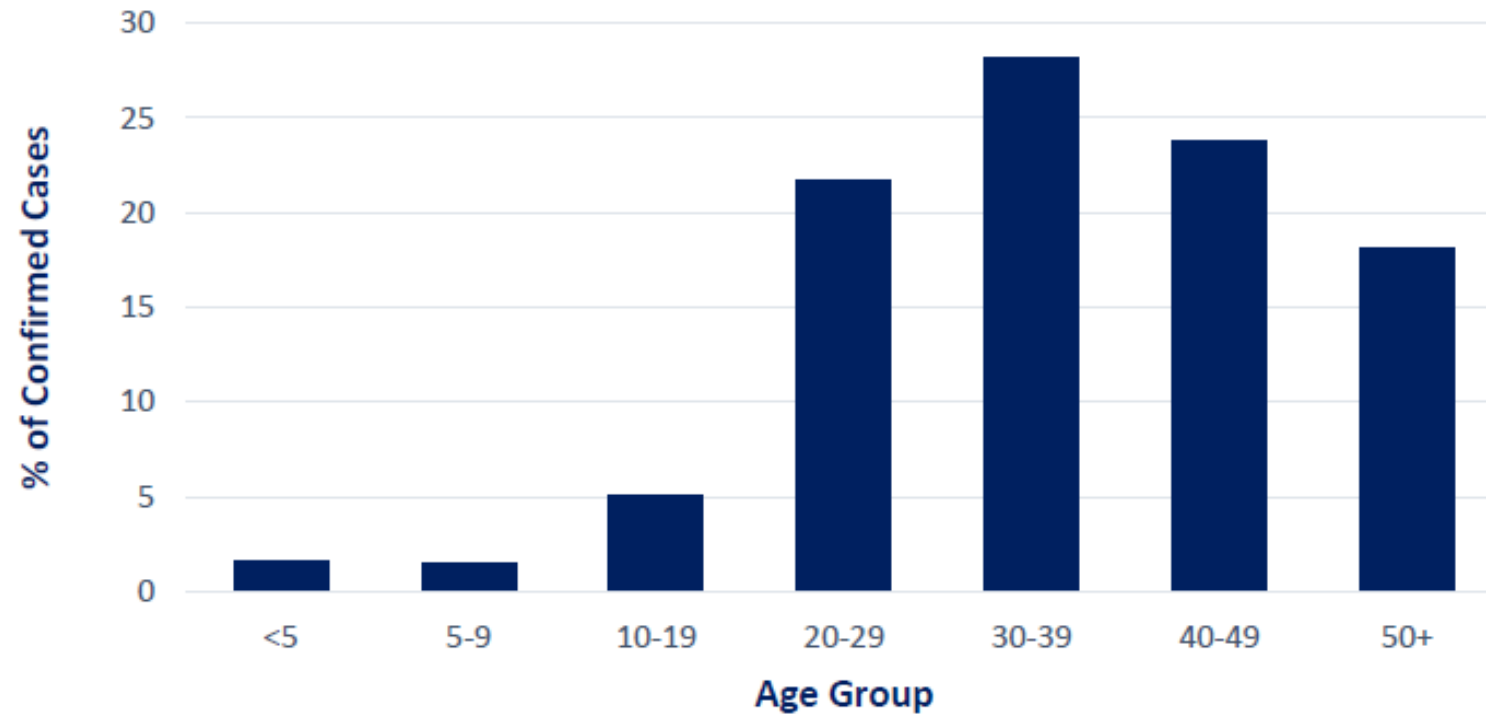


Figure 3: Age and Sex distribution of confirmed cases, as of 2nd August, 2020

COVID-19 Response/Mitigation Measures

- Partial lockdown/COVID-19 Restrictions
- Mandatory wearing of face masks in public
- Frequent washing/sanitizing of hands
- Closure of all social places like bars
- Limiting number of people to 50 in social gatherings e.g. weddings,
- School closure of non-examination grades
- Practice social distancing
- No traditional greetings with handshakes
- Travel restrictions or no unnecessary travel/restrictions in movements
- Stay at home

Effects of COVID-19

- COVID-19 has impacted on the sexual and reproductive health of women
- Limited access to essential SRHR services
 - COVID-19 restrictions on movements (stay at home)
 - Fear of COVID-19 infection at health facilities prevent many women accessing SRH services
 - Reduced income to facilitate movement
 - Future health implications of untreated SRH conditions
- Diversion of SRHR health workers to COVID-19 response
 - Limited staff available to provide SRH services at health facilities
 - Less concentration on family planning services

Effects of COVID-19

- Diversion of SRHR financial resources to COVID-19 response
 - Huge shift of health resources to COVID-19 response has negatively affected provision of SRH services (considered non-essential)
- Health workers contracting COVID-19
 - Over 300 health workers have been infected with COVID-19 in Zambia
 - Quarantining of health workers exposed to COVID-19
 - Limited personal protective equipment (PPE) for health workers

Effects of COVID-19

- Limited SRH screening services
 - COVID-19 is having an effect on SRH screening services e.g. reduced smear testing, STI screening
 - Reduction in gynecological visits
- Scaled down SRH outreach services
 - No community mobilization for SRH outreach services
- Vulnerable people impacted the most
 - Poor households are least likely to access SRH information

Effects of COVID-19

- Effect on SRH commodities supply
 - Disruption in the wide supply chain system (effects of closure of borders, production factories)
 - Shortage of SRH commodities (e.g. Copperbelt (META))
 - Threat to availability and continuity of care
 - Exposure to unintended pregnancies
 - Effect on fertility preferences among women (limited access to contraception)

Effects of COVID-19

- Effect on gender-based violence
 - Increase in cases of sexual and gender-based violence
 - COVID-19 restrictions on movement: stay at home expose women to GBV
 - Economic and social distress (loss of jobs, lack of income) contributed to increased risk of GBV against women
 - School closure for non-examination grades: expose young girls to GBV and teenage pregnancies

Interventions for Continuity of SRH Services

- Responses to essential SRHR services
 - Despite COVID-19 restrictions on movements women should still be encouraged to seek SRH services
 - Ensure continuity in dissemination of SRHR messages on multimedia platforms
- Supply chain of SRH commodities
 - Ensure an uninterrupted supply of essential SRH commodities
- Funding to SRH services
 - Government (MoH) should ensure that funding to SRH services is not diverted to COVID-19 response
- Availability of SRH health workers
 - Government (MoH) should ensure that SRH health workers are available at health facilities and provided with PPE
 - Ensure continuity of family planning and maternal health programmes