SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE CONTEXT OF COVID-19 IN THE AFRICAN REGION: RAPID ASSESSMENT OF CONTINUITY OF SERVICES

As part of the fight against COVID-19 and its adverse effects on WHO African region countries' health systems, regular assessments of the provision of sexual and reproductive health and rights services are conducted. They aim to identify gaps in the availability of essential SRHR services to populations. They serve as a decision-making and resource mobilization tool to ensure that people in the WHO African Region have access to sexual and reproductive health and rights services at all times.

FIRST ROUND (FEBRUARY TO MAY 2020)

Only 2 (12%)

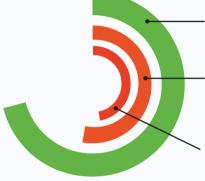
countries , reported no integration of Sexual and Reproductive Health Services in the Essential Health Services package

Fourteen (82%)

countries , reported ongoing awareness-raising campaigns/communication messages about these services during the COVID-19 pandemic

12 (80%)

of the 15 countries with SRH integrated included All SRH components (Family planning/contraception and Comprehensive abortion care, including postabortion care) in the EHS package



Twelve (71%)

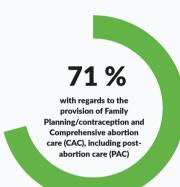
countries reported a reduction in uptake of family planning commodities since the beginning of the health crisis

Nine (53%)

countries reported a reduction in the use of family planning since the beginning of the pandemic, in comparison to the same time in 2019

Eight (47%)

countries reported stock out of family planning commodities. The most-reported stocked out items were injectables, pills, and implants



Countries

participated

n the rapid

ssessment

The key challenges identified in most countries

Services during the COVID-19 pandemic were the fear of patients/clients to go to health facilities and lack of information of the population about the continuity of these ser- vices as essential health services. Funding FP/ contraception and CAC/ PAC services was also identified as a challenge



3 countries

reported a decrease in comprehensive abortion care services (safe abortion where legal and post-abortion care) since the beginning of the COVID-19 pandemic



13 countries (76%)

reported implementation of self-care interventions for Family Planning/contraception or safe abortion

SECOND ROUND (JUNE TO SEPTEMBER 2020)

Fifteen (15) countries participated in the second round of the rapid assessment of continuity of essential SRHR services in the African region in the context of COVID-19. The goal of the assessment was to evaluate the continuity of essential SRHR services with focus on safe abortion, post-abortion care and Family Planning (FP).











SRH is integrated into the package of the national continuity of Essential Health Services (EHS) in 14 out of the 15 participating countries



Stockout of Family Planning commodities remains an issue in eight countries



Comprehensive abortion care, which was missing in the 1st round, is now included in the package of the national continuity of EHS in Mali only four countries reported a reduction in Family Planning services compared to 9 countries in the first round

Five countries reported a reduction in uptake of Family Planning commodities compared to 12 countries in the first round



Safe abortion services decreased in three (43%) of the seven participating countries that answered this question. Post-abortion care services decreased in six (40%) and increased in two (13%) of the 15 participating countries *CAR, Ghana, Nigeria, and Rwanda did not participate in round 2. Cote d'Ivoire and Ethiopia participated only in round 2.