

Results from the Rapid Assessment of Continuity of essential SRHR services

Round 1 - 4 Feb 2020 - May 2021

Background 1/3

Four rounds of the Rapid assessment on continuity of Essential SRHR services with focus on safe abortion, Post-abortion care and Family Planning (FP) have been conducted for selected countries in the African region:

- Round 1 covered the period Feb May 2020: 17 countries
- Round 2 covered the period Jun Sep 2020: 15 countries
- Round 3 covered the period Oct 2020 Jan 2021: 17 countries
- Round 4 covered the period Feb May 2021: 25 countries

Main data source used by countries was HMIS/DHIS2

Background 2/3

Countries involved in each round

	Round 1	Round 2	Round 3	Round 4
West Africa	Benin, Burkina Faso, Ghana, Guinea, Mali, Nigeria, Senegal	Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Guinea, Mali, Senegal	Benin, Burkina Faso, Ghana, Guinea, Mali, Senegal	Benin, Ghana, Guinea, Liberia, Mali, Nigeria, Senegal, Sierra Leone, Togo
Central Africa	Burundi, Cameroon, Central African Republic, DRC	Burundi, DRC	Burundi, Cameroon, DRC	Angola, Burundi, Cameroon, Central African Republic, DRC
East & Southern Africa	Madagascar, Rwanda, South Africa, South Sudan, United Republic of Tanzania (Mainland & Zanzibar), Zimbabwe	Ethiopia, Madagascar, South Africa, South Sudan, United Republic of Tanzania (mainland), Zimbabwe	Ethiopia, Kenya, Madagascar, South Africa, South Sudan, United Republic of Tanzania (mainland), Zambia, Zimbabwe	Ethiopia, Eritrea, Kenya, Madagascar, Namibia, Rwanda, South Africa, South Sudan, Uganda, United Republic of Tanzania(mainland),, Zimbabwe

Legend: Red: Did not participate in all rounds of the rapid assessment, Blue: Did not participate in round 4, Black: Participated in all 4 rounds

Background 3/3

Goal: To assess the continuity of essential SRHR services with focus on safe abortion, post-abortion care and family planning in the African Region in the context of Covid-19 pandemic (Feb 2020 – May 2021)

SRH ELEMENTS INCLUDED IN THE PACKAGE OF THE NATIONAL CONTINUITY OF ESSENTIAL HEALTH SERVICES DURING THE COVID-19 PANDEMIC 1/3

Country	Family Planning / Contraception (FP)	Comprehensive Abortion Care (CAC)	Post Abortion Care (PAC)
Angola			
Benin			
Burkina Faso			
Burundi		*	
Cameroon		*	
Central African Republic			
Democratic Republic of Congo			
Eritrea		*	
Ethiopia			

SRH ELEMENTS INCLUDED IN THE PACKAGE OF THE NATIONAL CONTINUITY OF ESSENTIAL HEALTH SERVICES DURING THE COVID-19 PANDEMIC 2/3

Country	Family Planning / Contraception (FP)	Comprehensive Abortion Care (CAC)	Post Abortion Care (PAC)
Ghana			
Guinea		*	
Kenya		*	
Liberia			
Madagascar		×	*
Mali		×	
Nigeria		×	
Rwanda			
Senegal		×	

SRH ELEMENTS INCLUDED IN THE PACKAGE OF THE NATIONAL CONTINUITY OF ESSENTIAL HEALTH SERVICES DURING THE COVID-19 PANDEMIC 3/3



Country	Family Planning / Contraception (FP)	Comprehensive Abortion Care (CAC)	Post Abortion Care (PAC)
Rwanda			
Sierra Leone		*	
South Africa			
South Sudan	*	×	*
Togo		*	
Uganda			
United Republic of Tanzania			
Zimbabwe			



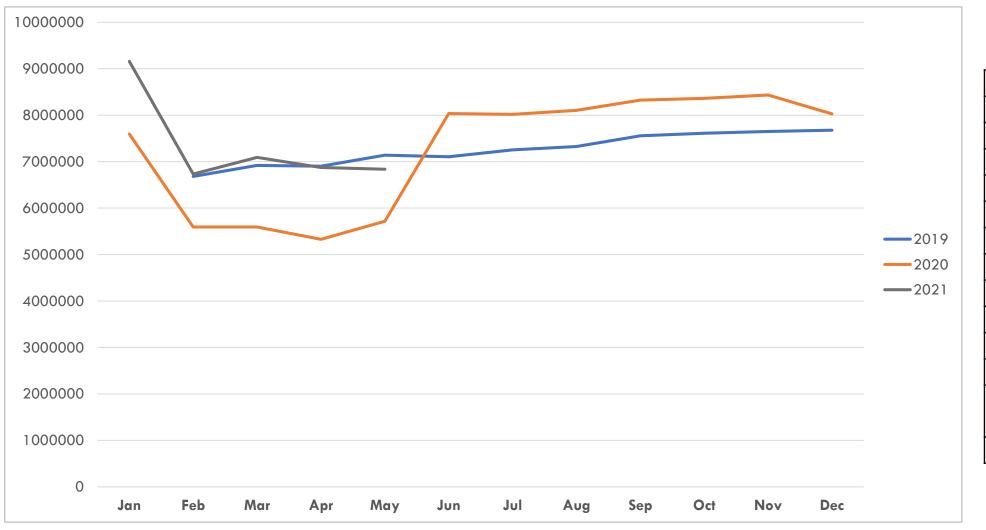
SPECIFIC MEASURES TAKEN BY COUNTRIES TO MAINTAIN THE CONTINUITY OF FP/SA/PAC SERVICES 1/2

MEASURES	Countries
Triage system to direct COVID-19 cases to dedicated case management health centres	• Benin
IPC strengthening : Supported with PPE and disinfection equipment to the health facilities; Deployment of hand-washing equipment in health facilities; Training; vaccination of health personnel	 Benin, Burkina Faso, Guinea, Mali, Nigeria, Sierra Leone, Togo, Uganda
Promotion of self-care such as self-injection of DMPA-SC and self-management at home through the mothers' class	 Benin, DRC, Nigeria, Uganda, Zimbabwe
Multi-monthly dispensing of FP products/ ARVs in order to reduce the flow of clients to the facilities	 Benin, Uganda
Supply chain management & ensuring Health facilities have FP commodities	 Cameroon, Ghana, Nigeria, Rwanda, Sierra Leone, Uganda
Community-based distribution of FP commodities & Integrated Outreach Services	 DRC, Uganda, Zimbabwe

SPECIFIC MEASURES TAKEN BY COUNTRIES TO MAINTAIN THE CONTINUITY OF FP/SA/PAC SERVICES 2/2

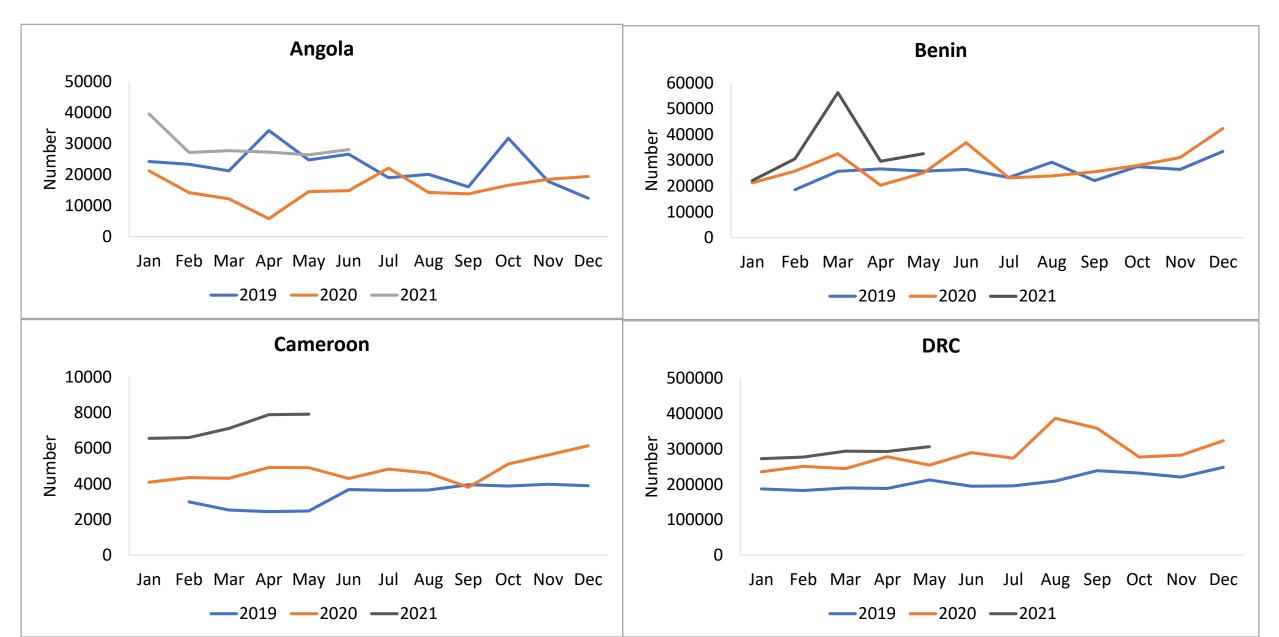
MEASURES	C	Countries
Development/Revision of Guidelines, standards, and tools for continuity of care in the context of COVID & self-care	•	Angola, Burkina Faso, DRC, Kenya, Ghana, Guinea, Madagascar, Nigeria, Senegal, Togo, Uganda
Strengthening coordination through regular meetings with SRHR actors	•	CAR, Ethiopia, Ghana, Nigeria, Rwanda, Sierra Leone
Supportive supervision, mentoring & regular performance review	•	Ethiopia, Ghana, Sierra Leone, Mali
Monitoring of SRHR data: Routine data analysis, Assessments on the effect of covid-19 on SRHR in health facilities, SRHR indicators included as tracer indicator for monitoring of EHS	•	Angola, CAR, Ghana, Namibia, South Africa, Sierra Leone, Zimbabwe
Services are part of the essential package for implementation at facility level	•	Zimbabwe
Targeted health promotion & sensitization on continuity of care	•	All

Family planning clients counselled and received - Regional

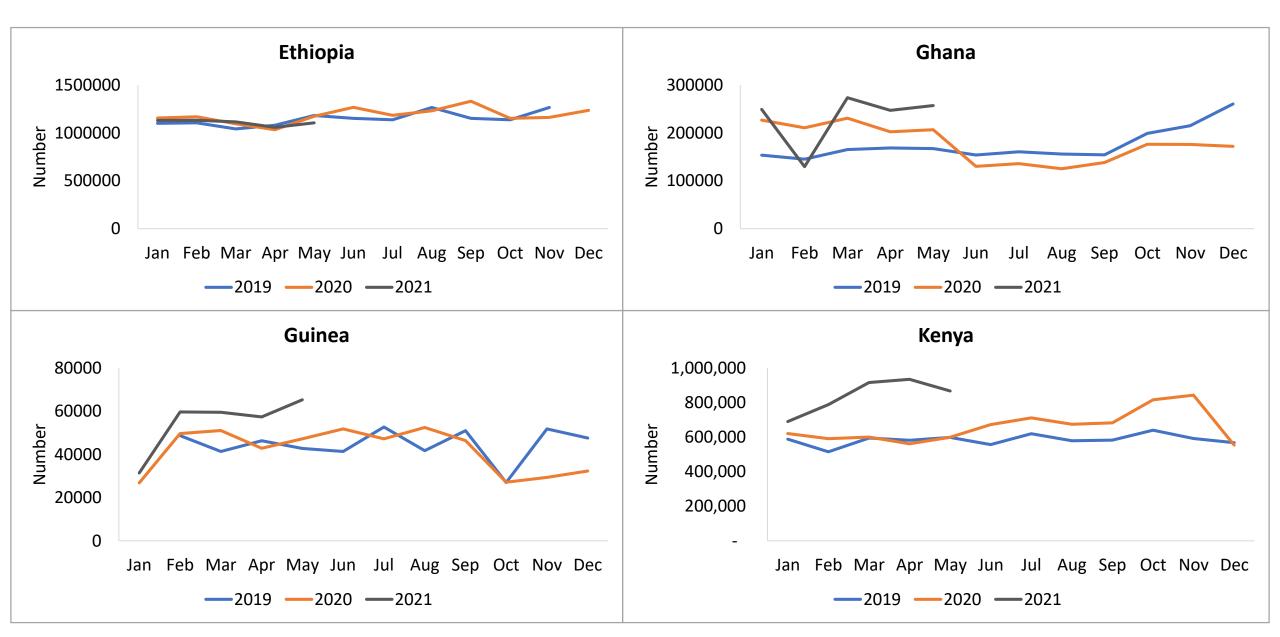


Angola
Benin
DRC
Cameroon
Ethiopia
Ghana
Guinea
Kenya
Liberia
Madagascar
Senegal
South Africa
United Republic of
Tanzania
Zimbabwe

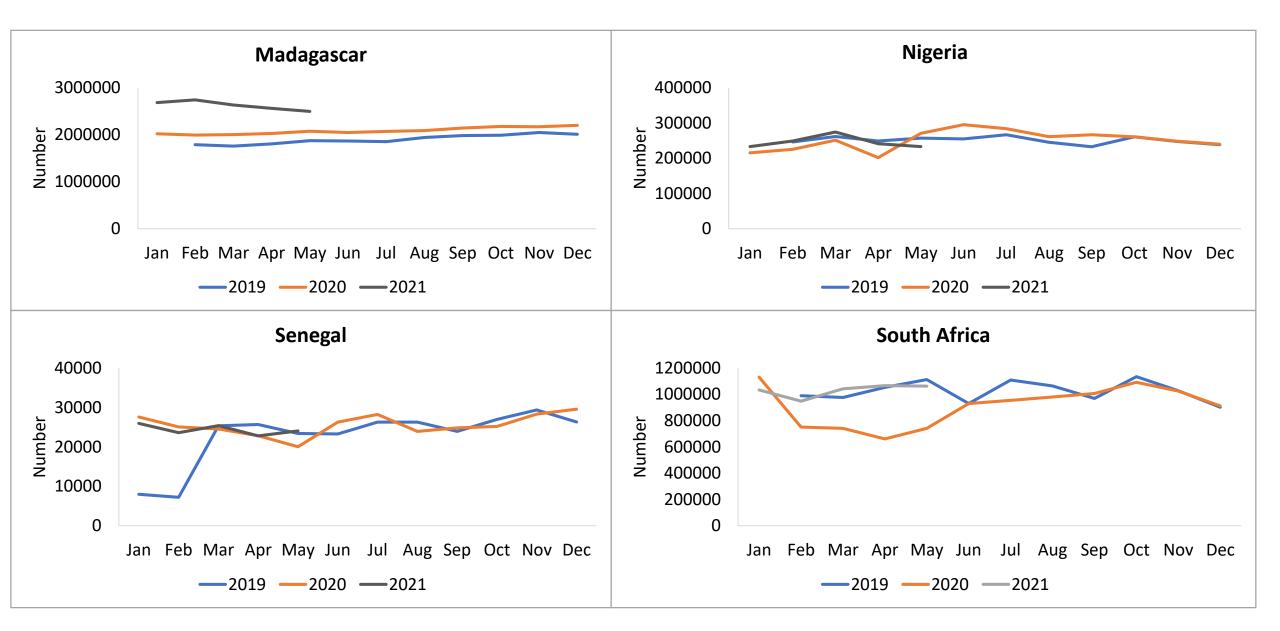
Family planning clients counselled and received in countries 1/4



Family planning clients counselled and received in countries 2/4

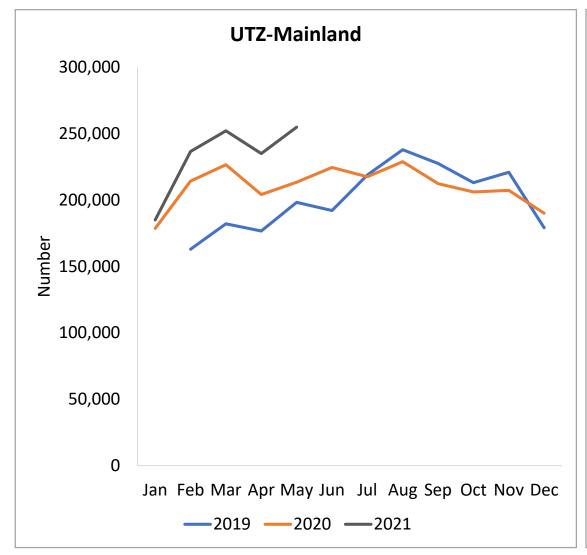


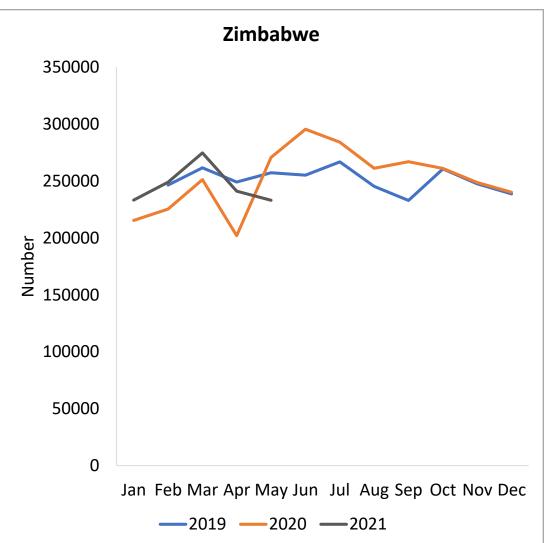
Family planning clients counselled and received in countries 3/4



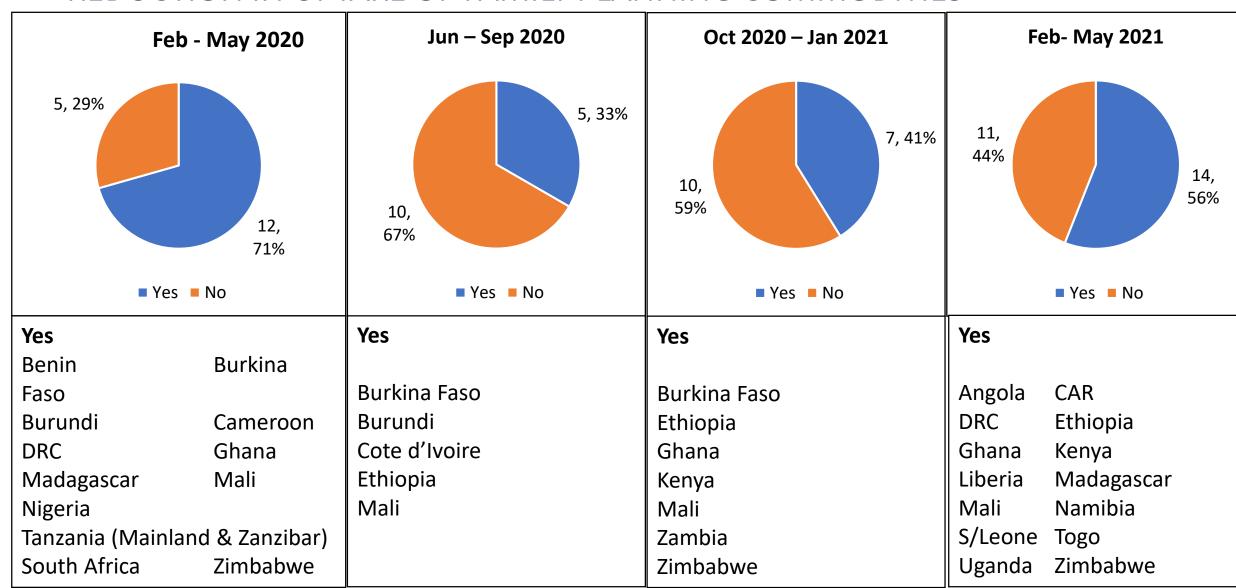
Family planning clients counselled and received in countries 4/4





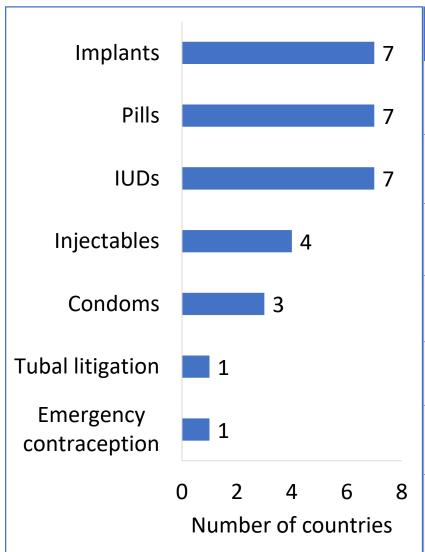


REDUCTION IN UPTAKE OF FAMILY PLANNING COMMODITIES



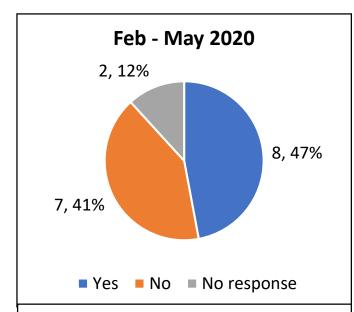
REDUCTION IN UPTAKE OF CONTRACEPTIVE METHODS

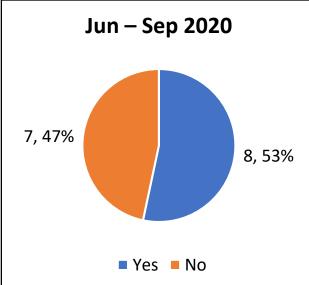
Feb – May 2021

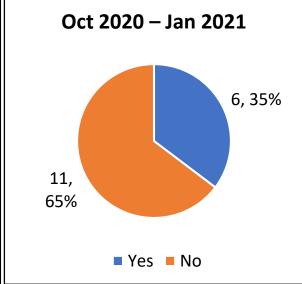


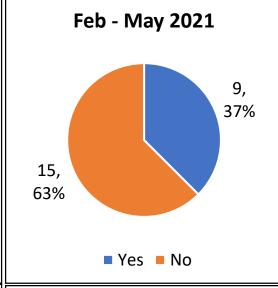
Commodities	Countries
Implant	Angola, Ghana, Kenya, Madagascar, Sierra Leone, Uganda, Zimbabwe
Pills	CAR, DRC, Ghana, Liberia, Namibia, Sierra Leone, Zimbabwe
IUDs	Angola, Ethiopia, Kenya, Liberia, Madagascar, Mali, Zimbabwe
Injectables	Ghana, Mali, Namibia, Sierra Leone
Condoms	DRC, Liberia, Uganda
Tubal litigation	Zimbabwe
Emergency contraception	Togo

STOCKOUT OF FAMILY PLANNING COMMODITIES









Yes

Benin

Cameroon

DRC

Mali

Nigeria

Senegal

South Africa

Tanzania (Mainland)

Yes

Benin

Burkina Faso

Burundi

Cote d'Ivoire

DRC

Mali

South Sudan

Zimbabwe

Yes

Burkina Faso

DRC

Ethiopia

Ghana

Kenya

Zambia

Yes

CAR DRC

Ghana Kenya

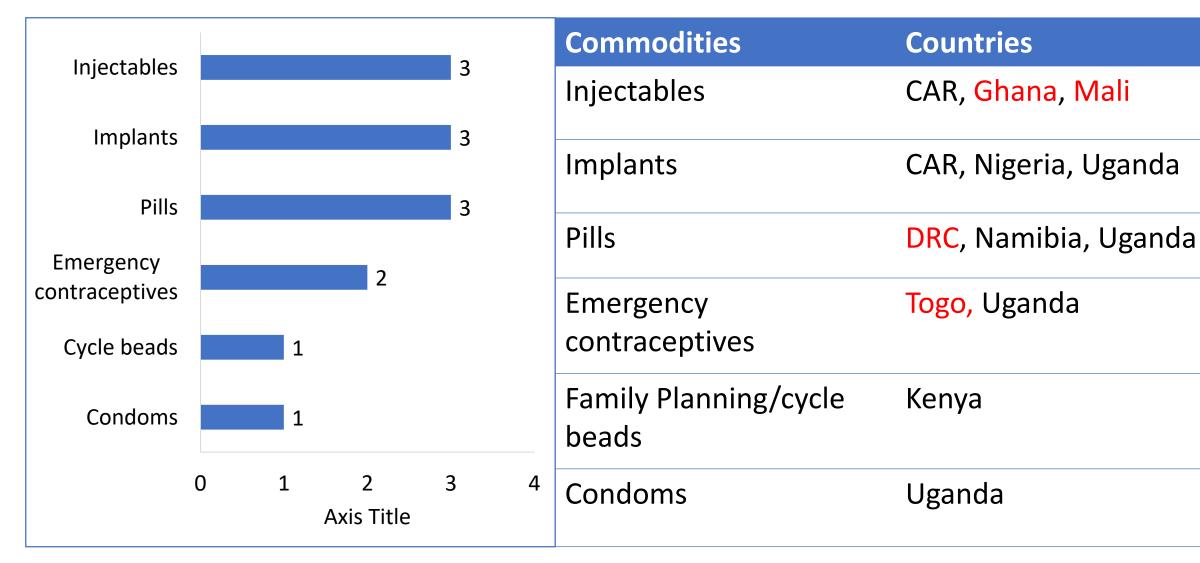
Mali Namibia

Nigeria Togo

Uganda

STOCKOUT OF CONTRACEPTIVE METHODS

February – May 2021



TRENDS IN SAFE ABORTION CARE SERVICES (JUN 2020 – MAY 202 COMPARED TO THE PREVIOUS YEAR

Countries	Jun – Sep 2020	Oct 2020 - Jan 2021	Feb – May 2021
Benin	No change	No change	Don't know
Burkina Faso	Don't know	Don't know	NA
Burundi	NA	NA	NA
Cameroon	NA	NA	Don't know
Cote d'Ivoire	No change		
Democratic Republic of Congo	Don't know	Don't know	No change
Ethiopia	Decreasing 🖊	Increasing 1	Increasing 1
Ghana		Decreasing 👢	Increasing 🛖
Guinea	NA	NA	NA
Kenya		NA	Don't know
Madagascar	NA	NA	NA
Mali	NA	Don't know	NA
Rwanda			Increasing 👚
Senegal	NA	NA	NA
South Africa	Decreasing 棏	Don't know	Decreasing 🖊
South Sudan	NA	NA	Increasing 1
Tanzania (mainland)	NA	NA	NA
Zambia		Decreasing 🖊	
Zimbabwe	Decreasing 🖊	No change	Don't know

^{*} First round not included because questions on these services were lumped as 'comprehensive abortion care'.

TRENDS IN POST-ABORTION CARE SERVICES (JUN 2020 – MAY 2021) COMPARED TO THE PREVIOUS YEAR

Countries	Jun – Sep 2020	Oct 2020 - Jan 2021	Feb – May 2021
Benin	No change	No change	No change
Burkina Faso	Decreasing 棏	Don't know	
Burundi	Decreasing 👢	Decreasing 🖊	Increasing 1
Cameroon	No change	Decreasing 棏	
Cote d'Ivoire	No change		
DRC	Decreasing 🖊	Decreasing 👢	Increasing 👚
Ethiopia	Increasing 1	Increasing 1	Increasing 1
Ghana		Decreasing 棏	Decreasing 棏
Guinea	No change	No change	No change
Kenya		Increasing 1	Increasing 1
Madagascar	Don't know	No change	Increasing 1
Mali	Decreasing 棏	Don't know	
Rwanda			Increasing 🛖
Senegal	Increasing 1	Decreasing 棏	No change
South Africa	Decreasing 👢	Don't know	Don't know
South Sudan	Don't know	No change	Increasing 1
Tanzania (mainland)	Don't know	No change	Increasing 1
Zambia		Increasing 1	
Zimbabwe	Decreasing —	No change	Increasing 1

* First round not included because questions on these services were lumped as 'comprehensive abortion care'.

HEALTH FACILITIES OFFERING SAFE ABORTION AND POST-ABORTION CARE IN COUNTRIES IN ROUND 4

Health facilities offering safe abortion care in accordance with the law:

- Operational in Benin, CAR, Ethiopia, Ghana, Rwanda, South Africa, and Zimbabwe
- Reported as 'not applicable' in the other countries due to restrictive laws

Health facilities offering post-abortion care:

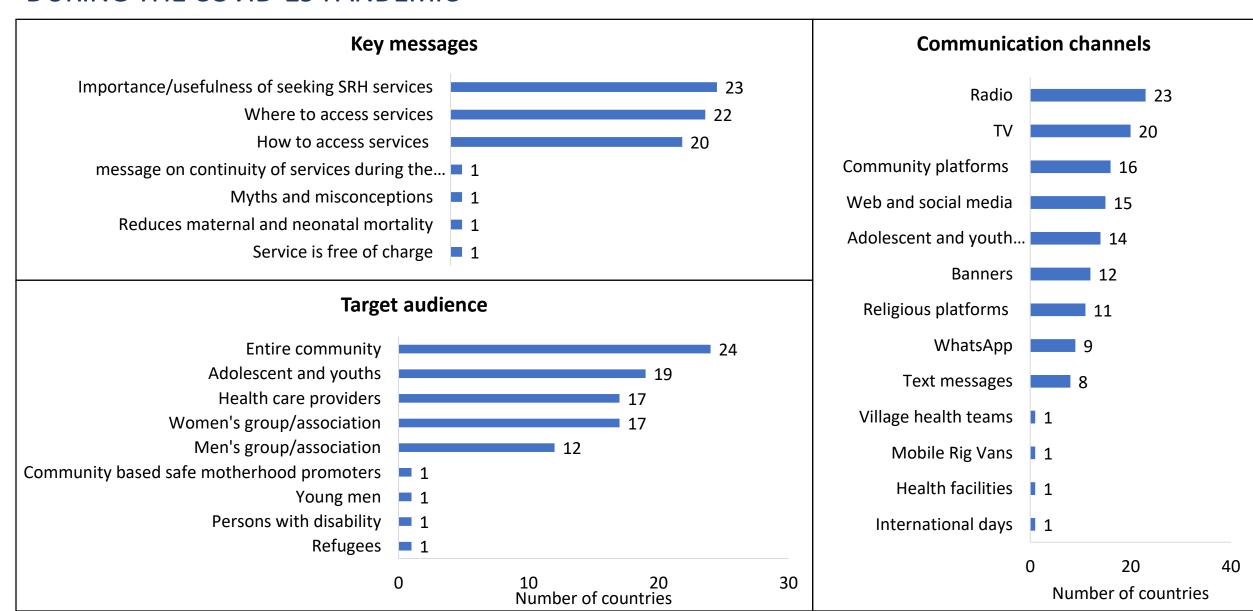
 No designated health facility for post-abortion care in CAR and DRC, but all maternity hospitals in DRC provide this service

	Self-provision of contraceptive pills	DMPA sub- cutaneous self- administered	Self-management of Abortion - Mifepristone/Misoprostol (in accordance with national laws)	HPV self- testing	STIs self- sampling	
Angola	×	×	×	×	×	1
Benin	~	~	×	×	×	
Burkina Faso	~	~	×	×	×	
Burundi	×	×	×	×	×	
Cameroon	~	×	×	×	×	
CAR	×	×	×	×	×	
DRC	~	~	~	×	×	SELF-CARE
Eritrea	~	×	×	×	×	
Ethiopia	~	×	×	×	×	INTERVENTIONS
Ghana	~	~	<u> </u>	×	×	FOR SRHR
Guinea	~	~	×	×	×	1 OIT SITTIN
Kenya	~	~	×	×	×	
Madagascar	~	~	×	×	×	
Mali	~	~	×	×	×	- In South Africa,
Liberia	~	×	<u> </u>	×	×	ovulation prediction
Namibia	×	×	×	×	×	•
Nigeria	~	~	×	~	~	kits for infertility care
Rwanda	×	×	×	×	×	and HIV self testing
Senegal	~	~	×	×	×	are available
Sierra Leone	×	×	×	×	×	- In Senegal, duo
South Africa	×	×	×	×	×	counseling for
South Sudan	~	×	×	×	×	syphilis and HIV done
Tanzania	~	×	×	×	×	at home, then self-
Zambia	~	~	✓	×	×	testing
Zimbabwe	~	~	×	×	×	testing
TOTAL	18	12	4	1	1	

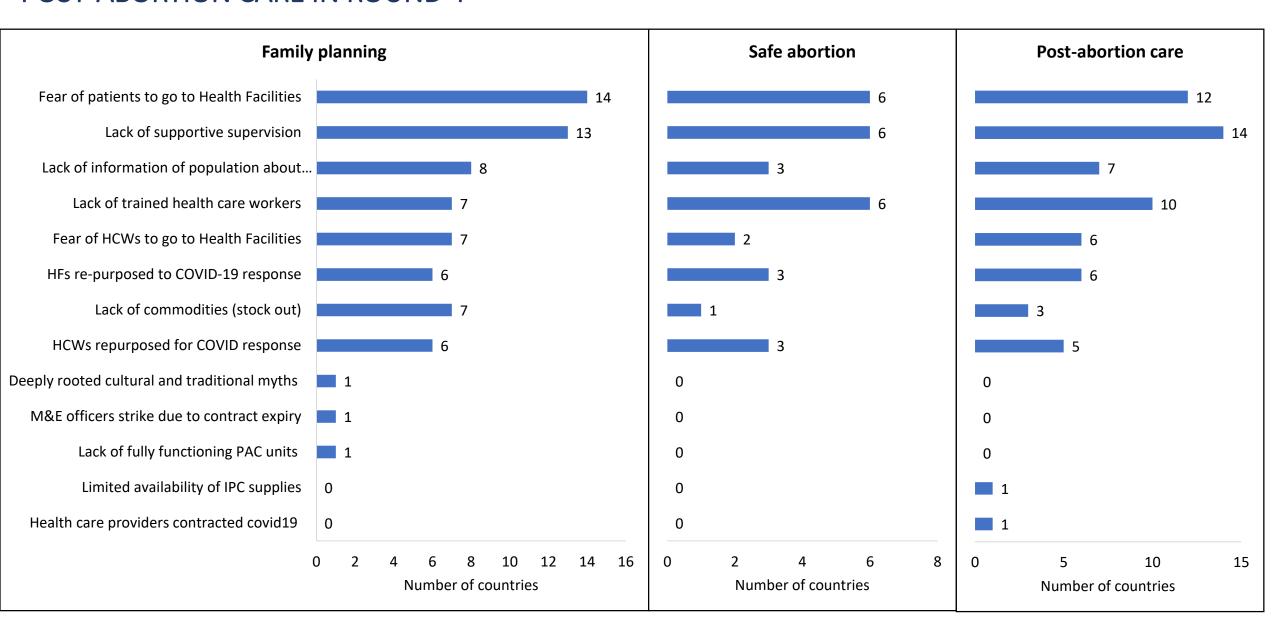
AVAILABILITY OF MEDICAL ABORTION DRUGS IN HEALTH FACILITIES (R4)

Medical abortion drugs	Countries where available	Countries where not available and reasons for limited or unavailability in Health Facilities
Misoprostol	Angola, Burundi, Cameroon, Central African Republic, Democratic Republic of Congo, Eritrea, Ghana, Kenya, Madagascar, Namibia, Rwanda, Senegal, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zimbabwe	 Stockout of drug in Benin, Ethiopia, and Sierra Leone Drug is not in health facilities but available in the pharmacies in Guinea
Mifepristone	Liberia, Rwanda, South Africa	 Drug is not registered in essential medicines list in Angola, Benin, Burundi, Cameroon, CAR, DRC, Eritrea, Guinea, Madagascar, Namibia, Senegal, South Sudan, Uganda, United Republic of Tanzania, and Zimbabwe Drug is only available in pharmacies in Benin, Cameroon, DRC, Guinea, Kenya, Nigeria, Togo, and United Republic of Tanzania Stock out of drug in Sierra Leone
Miso/Mife combipack	Cameroon, Ethiopia, Ghana, Kenya, Liberia, Rwanda	 Drug is not registered in essential medicines list in Angola, Burundi, CAR, Eritrea, Guinea, Madagascar, Namibia, Senegal, South Africa, Uganda, United Republic of Tanzania, and Zimbabwe Drug is not in health facilities but available in the pharmacies in Benin, DRC, Guinea, Nigeria, Togo, Uganda, United Republic of Tanzania Stock out of drug in Sierra Leone

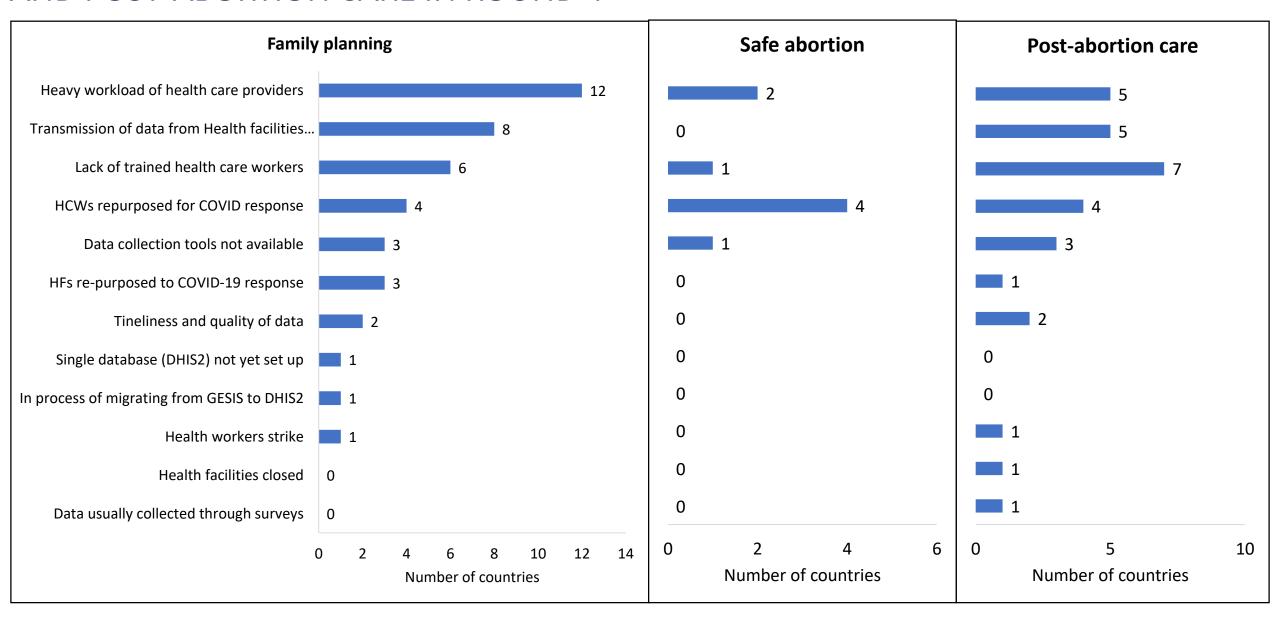
ONGOING AWARENESS RAISING CAMPAIGNS ABOUT FP OR CAC OR PAC DURING THE COVID-19 PANDEMIC



KEY CHALLENGES TO FAMILY PLANNING, SAFE ABORTION CARE, AND POST-ABORTION CARE IN ROUND 4



KEY DATA CHALLENGES TO FAMILY PLANNING, SAFE ABORTION CARE, AND POST-ABORTION CARE IN ROUND 4



COUNTRIES THAT HAVE CHALLENGES FUNDING FP, SAFE ABORTION, AND POST-ABORTION CARE SERVICES

Elements	Countries
Family planning	Burundi, CAR, DRC, Ethiopia, Kenya, Liberia, Madagascar, Namibia, Nigeria South Sudan, Zimbabwe
Safe abortion	Angola, DRC, Ethiopia, Zimbabwe
Post-abortion care	Angola, Burundi, CAR, DRC, Ethiopia, Kenya, Liberia, Namibia, South Sudan, Uganda, Zimbabwe

Summary of the 4 rounds 1/2

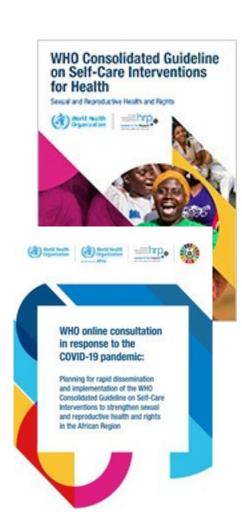
- There have been disruptions to essential SRH services in most of the participating countries
- With exception to South Sudan that did not integrate the SRH package (CAC, PAC & FP) into the national COVID-19 response continuity plan for essential health services (CES), Family Planning has been integrated in all the CES plan of all the participating countries. However, 12 of the participating countries didn't integrated CAC into their plan and one country (Madagascar) had only integrated FP
- FP commodities with a reduced uptake in most countries in round 4 are implants, pills, and IUDs
- Stockout of FP commodities in most countries in round 4 of injectables, pills, and implants
- Four (21%) countries in round 4 reported an increase in safe abortion care services, one (5%) reported a decrease, and one (5%) reported no change

Summary of the 4th round 2/2

- Nine (53%) countries in round 4, reported an increase in post-abortion care services, 1 (5%) reported a decrease, and 3 (16%) reported no change
- Fear of patients/clients to go to health facilities and lack of supportive supervision are some of the major challenges to FP/CAC services in countries
- Heavy workload, lack of data collection tools, and lack of trained health workers are the major data challenges for FP, SAC, and PAC respectively
- The most common self-care intervention for SRHR is self-provision of pills in 18 countries, and this is followed by DMPA sub-cutaneous self-administered in 12 countries

Support provided by WHO/AFRO to support countries to maintain SRH services

- Promotion of self-care interventions for SRH through regional webinars and social media
- Supporting South-South learning between countries on introduction of self-care
- Supported 5 countries to incorporate SRHR into the national guidelines on continuity of essential health services (CES)
- Provided recommendations on task-sharing in FP during regional FIGO congress 2020
- Disseminated latest SRH guidelines and guidelines for CES
- Financial & technical support to countries
- Monitoring of focus countries and regular assessments on CES



SUGGESTIONS TO IMPROVE CONTINUITY OF SERVICES

- Strengthen in-service training and supervision of HCWs on FP/SAC/PAC services (virtual or face to face)
- Strengthen evidence-based advocacy for funding and intersectoral collaboration
- Engage policy makers for policy improvement to move the SRHR agenda forward
- Use alternative approaches for service delivery (including using digital consultations, virtual platforms)
- Promote self-care interventions
- Improve availability of FP products
- Provide adequate protection for HCW (PPE, water points) and strengthen IPC
- Share country experiences (south to south learning)
- Sustain awareness creation on essential SRH services and IPC measures
- Support the use of findings for decision making at health facility and higher level programming levels

