Effects of COVID-19 on Essential Reproductive, Maternal, Newborn, Child and Adolescent Health Services: Perspectives from Four Kenya Counties in April 2020
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Background
Kenya reported the first case of COVID-19 on March 13, 2020, which was followed by a raft of measures instituted by the government to mitigate and slow the spread of the virus. This report provides the baseline situation on how the reproductive, maternal, newborn, child, and adolescent health (RMNCAH) and sexual and gender-based violence (SGBV) services were affected with the COVID-19 pandemic. The findings presented in this report reflect the qualitative and quantitative approaches that were used to monitor trends and gather insights on service uptake and utilization from discussions with health care workers (HCWs), community health volunteers (HCVc) and community members from April 20–24, 2020.
Methodology
In-depth interviews using a structured interview guide were conducted with:

- 116 health care workers
- 57 community health volunteers
- 68 adolescents
- 103 community members

Select RMNCAH indicators were tracked weekly in 77 sampled high-volume health facilities in the four counties.
Results
Experience of health care workers and community health volunteers on provision of RMNCAH services during the COVID-19 pandemic

1.1 Service utilization changes and disruptions

Some level 4 hospitals stopped providing maternal and child health services, only providing maternity and emergency services. These facilities were mostly the ones selected as isolation and treatment centers.

Home deliveries managed by traditional birth attendants increased. Pregnant women were not able to access services at health facilities due to the restriction of movement, increased cost of transport, and fear of contracting COVID-19 when visiting health facilities. This was especially common when labor occurred at night.

1.2 Barriers encountered by CHVs on service provision

CHVs reported being unable to effectively provide services during this period. CHVs and community members mentioned that defaulter tracing was majorly affected due to fear of interaction. Resistance from the community on CHVs interaction at household level without personal protective equipment affected their work. The CHVs expressed concern over lack of personal protective equipment since the government was not providing them with masks and hand sanitizer.

The stay-at-home government directive also impacted the role of the CHVs in providing health services. Some CHVs reported that they were unable to move freely to continue conducting household visits. This also affected referrals, as people were scared of leaving their homes, even after the CHVs made phone calls to the facility.
1.3 Inadequate information on COVID-19

Several myths and misconceptions on COVID-19 exist at community level. Community members raised a lot of questions about COVID-19, but CHVs did not have the information to dispel some myths.

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1.4 Provision of high-quality care

Provision of high-quality and respectful care was affected due to fear of COVID-19. Health care workers expressed fear handling mothers in the maternity because there was no social distancing. High-quality antenatal care service delivery was affected in most facilities. For instance HCWs were not palpating pregnant women to avoid close contact with them. Services were also being provided hurriedly to avoid a prolonged period of contact with clients, hence little counseling is done.

1.5 Interruption of supply chain

Lack of essential commodities affected the quality of service provision. Stock-outs of family planning (FP) commodities, such as Implanon NXT and intramuscular depot medroxyprogesterone acetate oxytocin, antibiotics, antimalarials, and Vitamin K, were further exacerbated by the pandemic, since counties had to shift resources for COVID-19 response. As a result, many clients seeking services were unable to receive these commodities.
2. Perspectives of community members on barriers and facilitators on care-seeking behavior during the COVID-19 pandemic

2.1 Lack of access to face masks
Community members have reported the lack of access to face masks, which is a requirement when visiting health facilities. This prevents them from seeking services at health facilities. Sick children are not able to access facilities because there are no child-sized masks in the market.

2.2 Fear of contracting COVID-19
There is widespread fear in the community of contracting COVID-19 at health facilities due to interaction with other sick patients. Community members also expressed the desire to limit interaction with health care workers due to HCWs frontline role in managing sick patients. Some community members indicated that they were avoiding seeking health services that were deemed not urgent, like family planning and immunizations, just to minimize the visits to health facilities.

Pregnant adolescents particularly feared going to the facility for services due to the misconception that they are more at risk of contracting COVID-19. Some expressed fear of going to the facility, as HCWs can infect them.

2.3 Stigma
Some community members with fevers or other symptoms associated with COVID-19 did not seek care due to the fear that they would be diagnosed with COVID-19. Some community members further expressed concern that presence of fever or headache was assumed to be COVID-19 in the health facility. This fear of wrong diagnosis, which may lead to quarantine, prevented community members, especially adolescents, from seeking care.

“As a pregnant lady, I fear going to the hospital because I can contract the virus.”

Pregnant adolescent, Migori County
2.4 Restriction of Movement

The restriction of movement, including curfew enforced by the government, prevented community members from accessing health services at night. There are no taxis during curfew time. A number of clients were unwilling to visit the hospital when referred for fear of being caught in violation of the start of the curfew before they get back home. Sick community members feared police brutality and preferred to wait till morning. Boda boda riders, who are the main source of transport, were not willing to take up clients late in the afternoon for fear of working past the curfew hours.

Curfew presented a challenge to adolescents and youth who preferred to seek sexual and reproductive health services, including contraception, late in the evenings, when there are few people at the facility.

2.5 Experience of care

Community members felt that it took a long time to screen clients. There was also no time for the HCWs to conduct health education at health facilities. Services were slow due to social distancing, as people took more time to move from one area to another.

“I was beaten up by police on my way back home after dropping a patient to the health facility—this was during the curfew hours.”

Boda boda rider, Kakamega County

“Health care workers have become irritable; they shout at patients, and this scares adolescents from going to the hospital.”

Adolescent in Kakamega
Occurrence of SGBV cases at community level during the COVID-19 pandemic

Some community members noted that health care workers have become unfriendly during the pandemic. Community members noted an increase of SGBV cases in communities. Many community respondents indicated cases of women undergoing physical violence, such as battering by their spouses. In addition, it was reported that sexual violence including rape and defilement cases were on the rise. This increase can be attributed to inadequate resources and destabilization of gender and social norms. For example, men are expected to be providers, but due to COVID-19, access to resources has been a challenge. Some noted men get irritable when asked to provide for their families, which predisposes them to perpetrate SGBV. Due to restrictions imposed, families are spending more time together compared to the pre-COVID-19 period, so women and children in violent families are more frequent recipients of SGBV.

“Women are being beaten by their husbands as they ask money to buy food and men do not have because they are not working; they are just at home.”

Woman, Kakamega County
Weekly service statistics from 77 health facilities indicated a gradual decline in utilization of FP/RMNCAH and SGBV services at the onset of the pandemic in March. The graphs below present weekly data from February (pre-COVID-19 period) through May 9.

The maternal and newborn health and immunization indicators show a slight upsurge in the week of May 3–9 which could be attributed to the sensitizations of HCWs on the RMNCAH guidelines and sensitizations/messages at community level on continuity of essential health services, among other ongoing measures. FP uptake is likely to still remain stagnant due to the commodity stock-out issues, aside from the COVID-19-related aspects. What are the reasons for the spike from April 12–18? Is there an outlier in the data?

The number of SGBV survivor cases is lower during the COVID-19 period. A key reason that has come up is that most of the victims fear going to the health facilities to access GBV services. This is something that needs to be interrogated further in the next round of qualitative inquiry.
Number of pregnant women completing ANC 1
Number of pregnant women completing ANC 4
Number of pregnant receiving skilled birth

Trend in family planning uptake

Trend in uptake of reproductive and maternal health indicators

Trend in Penta 3 uptake

Number of under 1 children receiving Penta 3

Number of GBV Cases  presenting within 72 hours

Number of GBV Cases presenting at health facilities within 72 hours