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HEALTH FORUM**
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THE EARLY IMPACT OF COVID-19 ON REPRODUCTIVE AND ADOLESCENT HEALTH; MATERNAL, NEWBORN, CHILD AND HIV HEALTH SERVICES IN THE BUSOGA SUB-REGION, UGANDA

An extract from a report on the impact of COVID-19 containment measures on RMNCAH, HIV service delivery and utilization in Busoga sub region in Uganda.

INTRODUCTION

As cases of COVID-19 continue to rise, health systems face the challenge of ensuring effective management of the pandemic while maintaining the provision of routine health services. After the first report of a case of COVID-19 in Uganda in March 2020, the government put in place several restrictive measures to contain the spread of the disease, which constituted a national lockdown. These measures have not only had negative social and economic consequences, but may also have had negative implications for access to and utilisation of reproductive, maternal, newborn, child and adolescent health (RMNCAH) and HIV services. Currently, there is insufficient information on how the pandemic has affected the health system at the health care level. Thus, there is a critical need for evidence to enable strengthening of the health system's capacity to respond to the pandemic and to inform the current and future mitigation response and preparedness

OBJECTIVES

The overall goal of the study was to understand how access to and utilization of RMNCAH and HIV services may have been affected by the COVID-19 containment measures and to make recommendations for future national response. The specific objectives were:

- To document the response actions for mitigating the impact of COVID-19 on RMNCAH and HIV services in Busoga sub region
- To obtain information on the implications of COVID-19 on the level of access and utilization of routine RMNCAH, HIV and other health services
- To generate recommendations for informing current and future national policy and public health response to health emergencies

METHODOLOGY

A cross-sectional mixed method design with both qualitative and quantitative methods of data collection was adopted for this study of the Busoga sub-region. The qualitative methods involved key informant interviews (KIIs) with members of the District health and COVID-19 task force teams. The quantitative methods were based on a retrospective analysis of data for key RMNCAH and HIV service delivery and utilization indicators from the national Health Management Information Systems (HMIS), the District Health Information Software (DHIS2). The study was conducted across the 11 districts in Busoga Sub-region namely Bugiri, Bugweri, Buyende, Iganga, Jinja, Kaliro, Kamuli, Luuka, Mayuge, Namayingo and Namutumba.

KEY FINDINGS

- There was an overall decline in delivery and utilisation of some key RMNCAH and HIV services during the national lockdown. The most affected services were general outpatient services, antenatal care, post-abortion care, health facility deliveries, immunisation services and initiation of ARVs to HIV-exposed infants.
- The data showed increases in the numbers of newborn babies with low birth weight and neonatal and maternal deaths.
- The data shows that earlier gains in the reduction of teenage pregnancies have now been reversed and beginning to register an increase in number of teenage pregnancies.
- The observed changes may be attributed to a number of factors, including transportation difficulties, suspension of community health services, changes in health-seeking behaviour due to the fear of acquiring COVID-19 at health facilities, challenges by adolescents in seeking FP/SRH services, stockouts of essential medicines and commodities, reduced household income, food insecurity, distress, anxiety, and disruption of social and protective networks during the national lockdown.

- The major response actions undertaken by the districts to ensure continuity of essential health services were: provision of transportation to facilitate referral to health facilities for pregnant women from hard-to-reach communities; transportation of health workers; reorganisation of health services; community sensitisation on seeking health services; community distribution of ARVs and multi-month prescriptions; inclusion of MCH and HIV focal persons on the COVID-19 DTF teams; and implementation of the COVID-19 SOPs and guidelines during provision of health services.

RECOMMENDATIONS

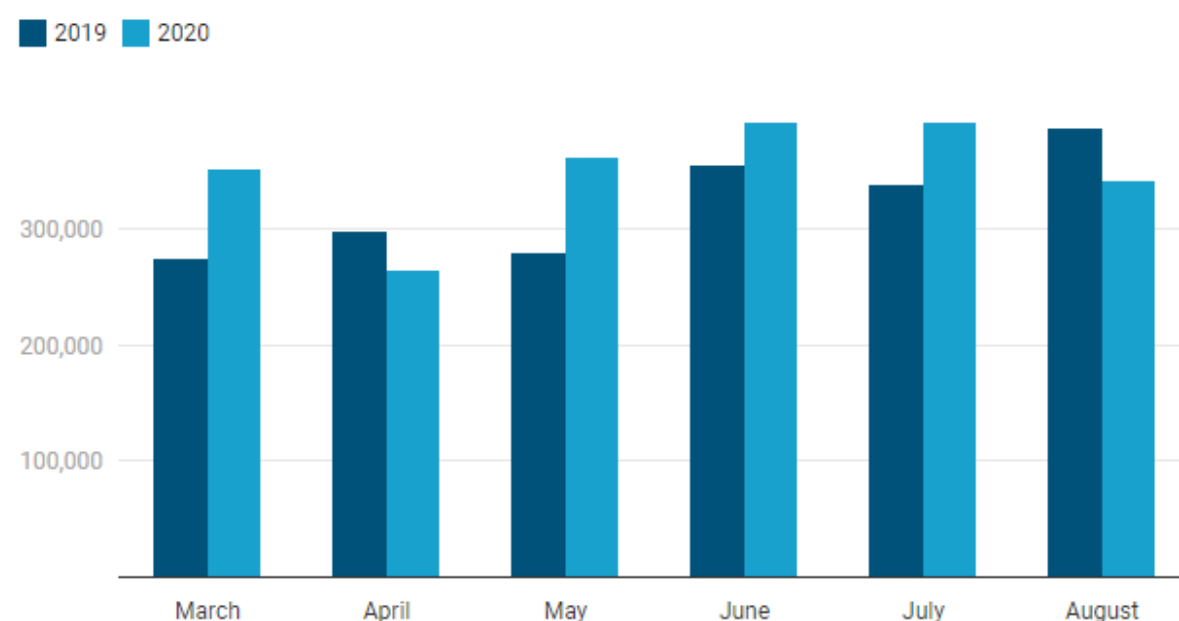
- Ministry of Health should develop guidelines on ensuring continuity of essential services during emergencies. This will ensure that in future these issues are considered before emergency-response directives are implemented.
- There is need to focus more resources on addressing the capacity gaps at district and health facility levels. This should include empowering the technical taskforce teams through the provision of training, national guidelines, adequate personal protective equipment, and vehicles for underserved districts. The need to equip health facilities with adequate essential medicines and commodities is critical. This will require greater advocacy for resource mobilisation and increased funding for the health sector.
- There is need to develop a national communication strategy for COVID-19. This should include a review of the current print materials and the development of new ones, with the aim of reaching all ethnic groups and tribes in the country. This should also apply to the radio and television messaging.
- There is a critical need for awareness-raising campaigns aimed at sensitising the population about stigma and discrimination, and to dispel inaccurate beliefs, myths and misconceptions about COVID-19. This will require close collaboration between the district technical and political leaders, religious and cultural leaders, civil society organisations, community-based organisations and the media.
- Fostering leadership and participation of RMNCAH and HIV focal persons in taskforces in all sectors that form part of the risk-reduction and response plans is needed to ensure that decision-making is more inclusive, particularly in matters related to RMNCAH and HIV services. This will help to ensure continuity of essential health services.
- Community outreach health services need to be strengthened through the provision of clear COVID-19 SOPs and guidelines and basic infection control measures. Health facility and community health workers also need to be supported through the provision of transport, personal protective equipment and financial incentives. This will be an important practical approach to increasing access to and utilisation of essential RMNCAH and HIV services, particularly among the rural, hard-to-reach and economically challenged population. Government should develop guidelines for community provision of services
- Ministry of Health and its partners should adopt a regional evidence-driven approach to planning and implementation health services involving DHOs and other health actors given Busoga region's poor health seeking behaviors amongst communities and other health performance challenges.
- Ministry of Health should develop a multi-sectoral Busoga adolescent health program involving families, communities and other relevant institutions. This will help in reducing the increasing numbers of teenage pregnancy in the region which became worse with the school closures following the national lockdown.

KEY STUDY FINDINGS

OUTPATIENT DEPARTMENT

General Outpatient Visits

Outpatient Attendance

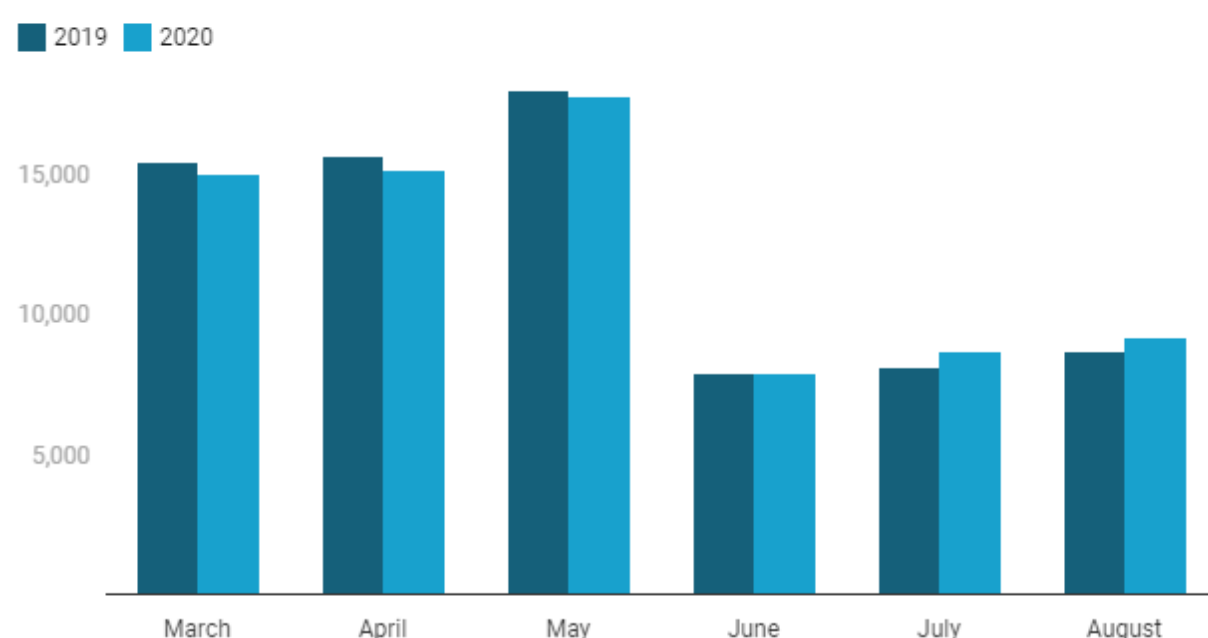


Overall, the number of general outpatient visits across the 11 districts was 11% lower in April 2020 than in April 2019. Utilisation levels for outpatient services returned to normal from May 2020 onwards even surpassing 2019 levels. Analysis shows considerable variations across districts during the lockdown with Jinja (-33%); Namutumba (-27%), Bugweri (-20%) and Bugiri (-17%) experienced the highest drops in utilization of outpatient services.

MATERNAL & CHILD HEALTH

Antenatal Care Services

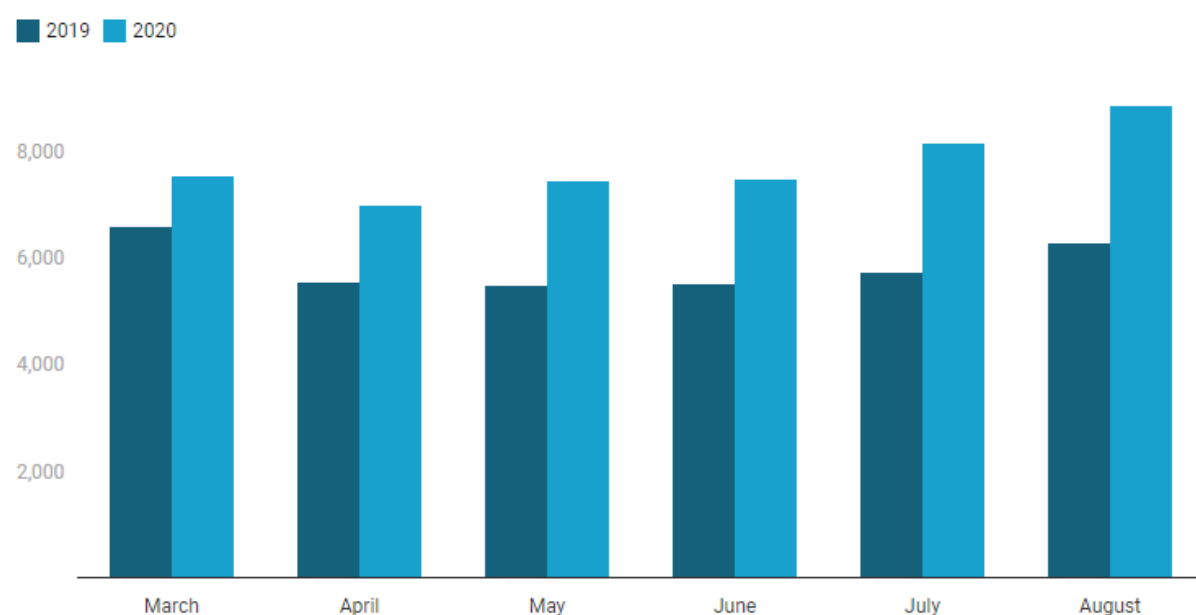
Antenatal Care Attendance



Across the districts, the number of pregnant attending at least one ANC visit significantly reduced in June, July, and August in both 2020 & 2019. Analysis by district shows significant variation in ANC attendance in April 2020 across the districts with the highest drops in Iganga (-21%), Jinja (-15%) and Bugiri (-14%)

Postnatal Care Services

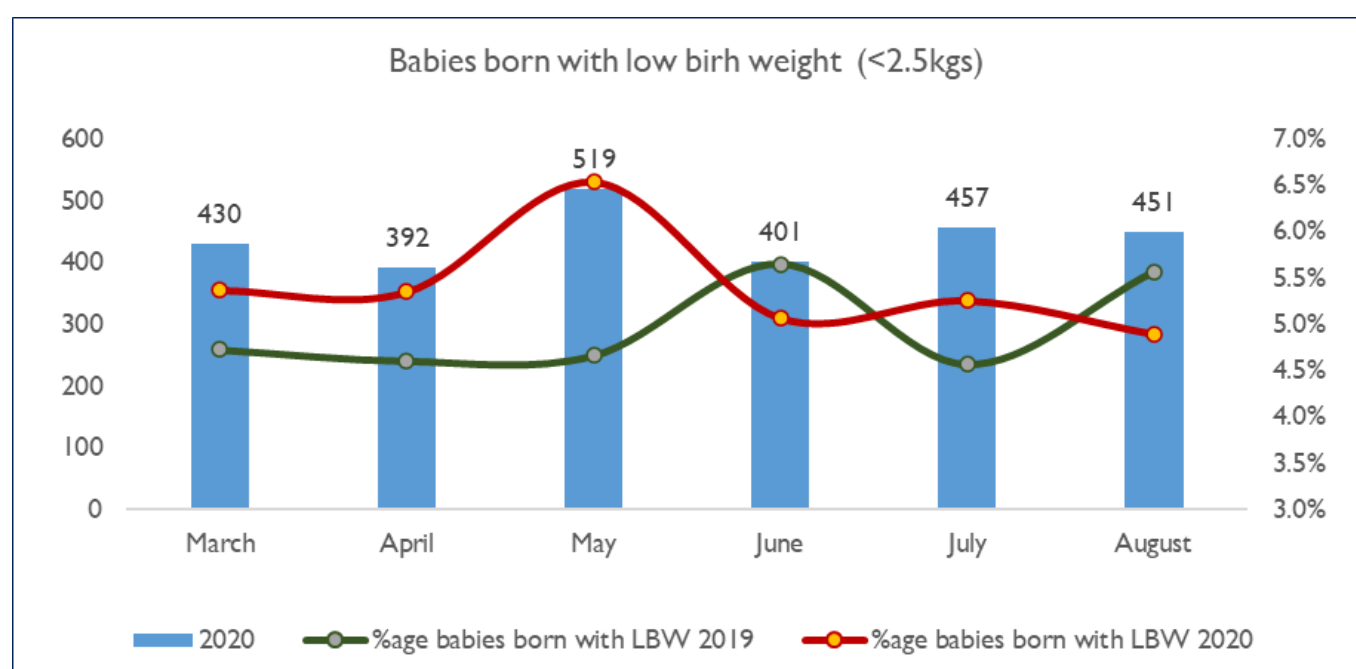
Mothers Receiving Postnatal Care



Overall, the data shows that the number of mothers receiving postnatal care (PNC) services within 2 days of delivery increased throughout the review period, compared to the same period in 2019

Low Birth Weight

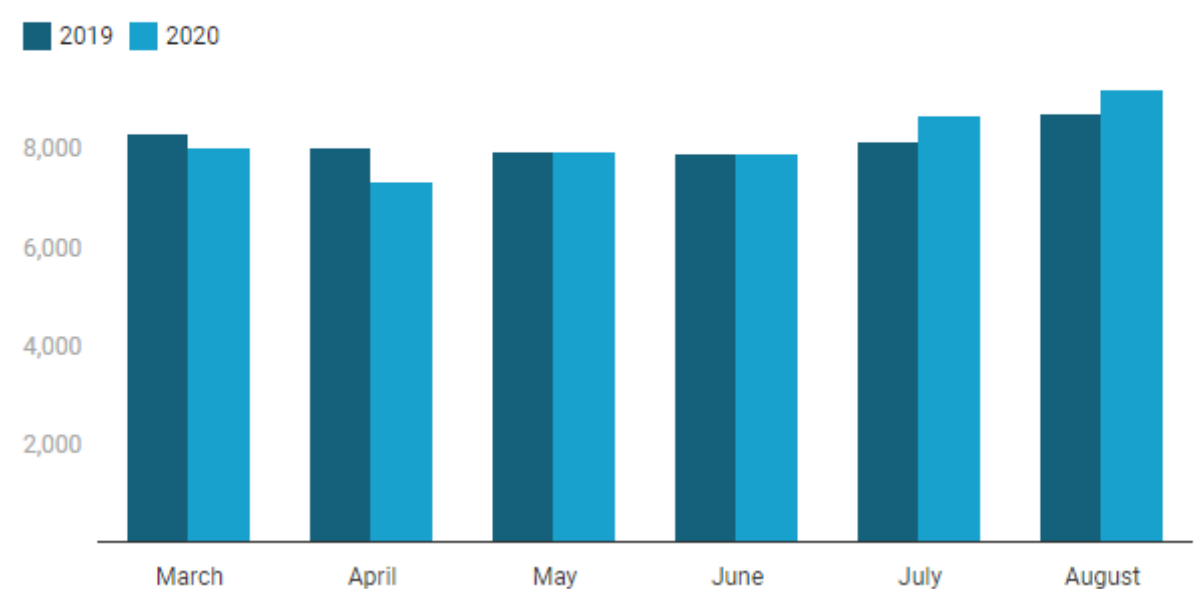
Across the districts, the number of children born with low birth weight (<2.5kgs) slightly increased in April 2020 (6% compared with April 2019) but significantly increased by 40% in May 2020



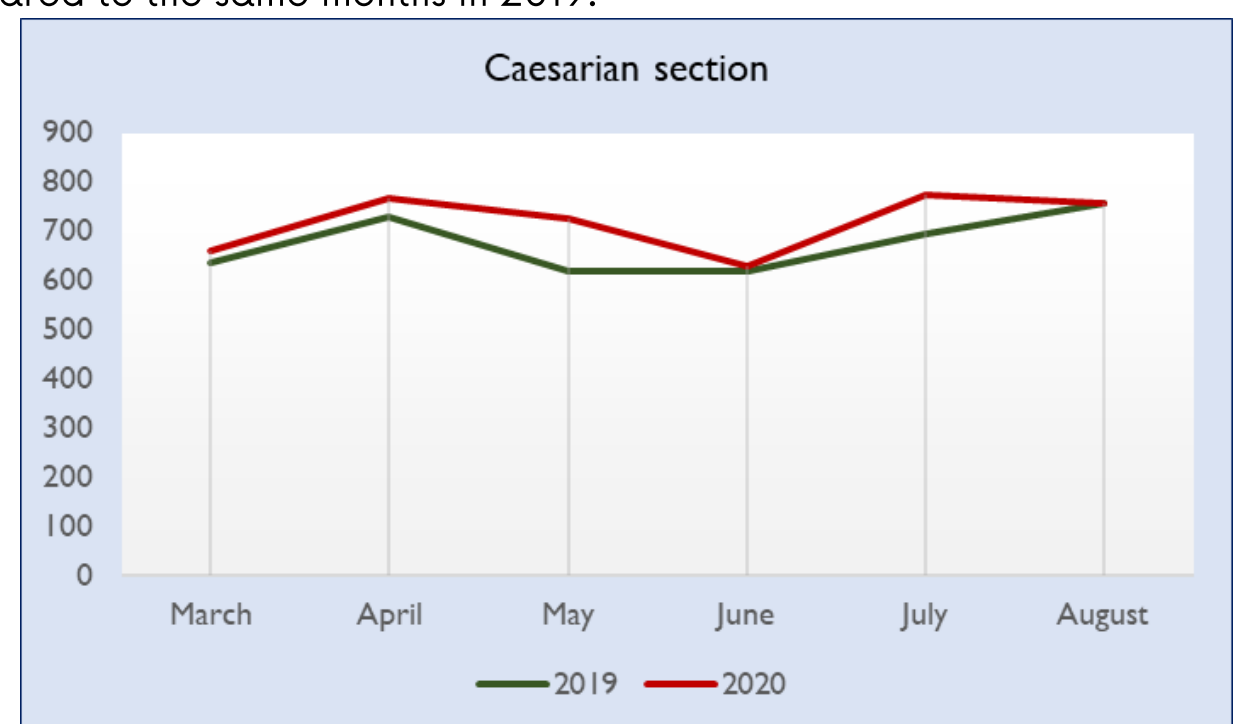
Health Facility Deliveries

Overall, normal health facility deliveries declined by 9% in April 2020, compared to April 2019. Overall, number normal deliveries returned to normal in the subsequent months

Health Facility Deliveries - Normal

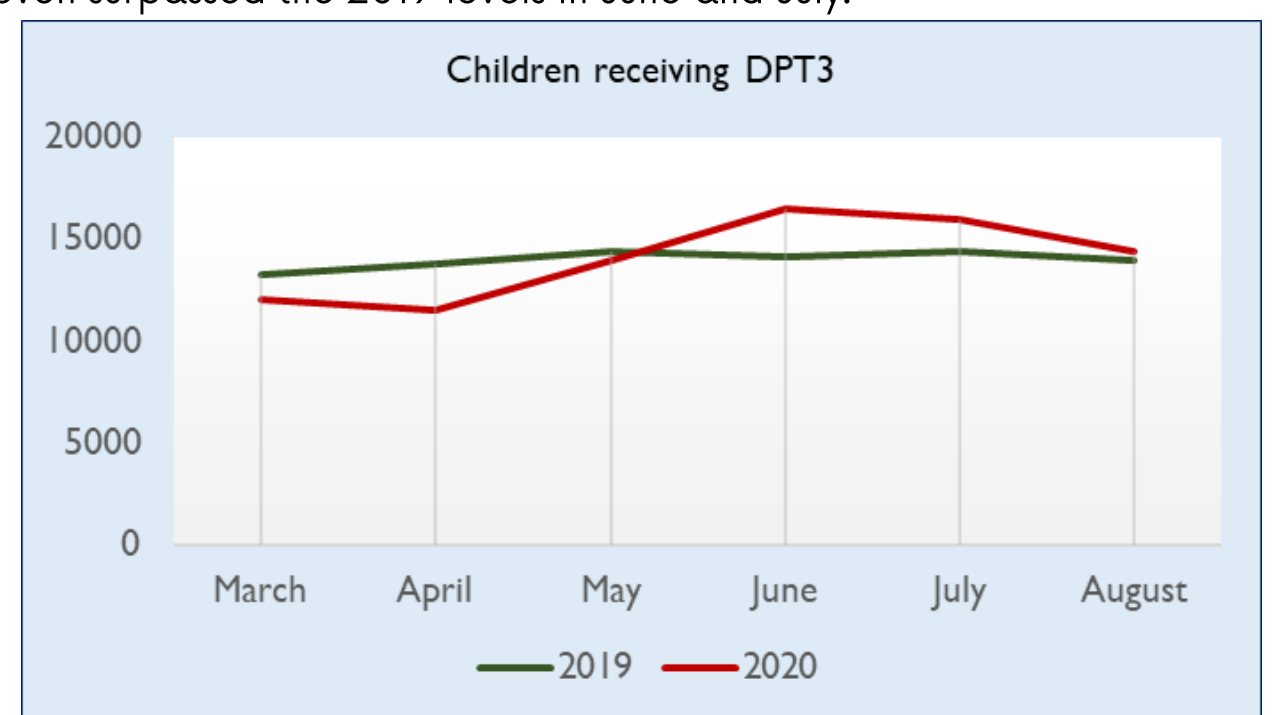


In contrast, the number of caesarian sections performed were higher over the study period, particularly in April (5%), May (17%) and July 2020 (11%) compared to the same months in 2019.



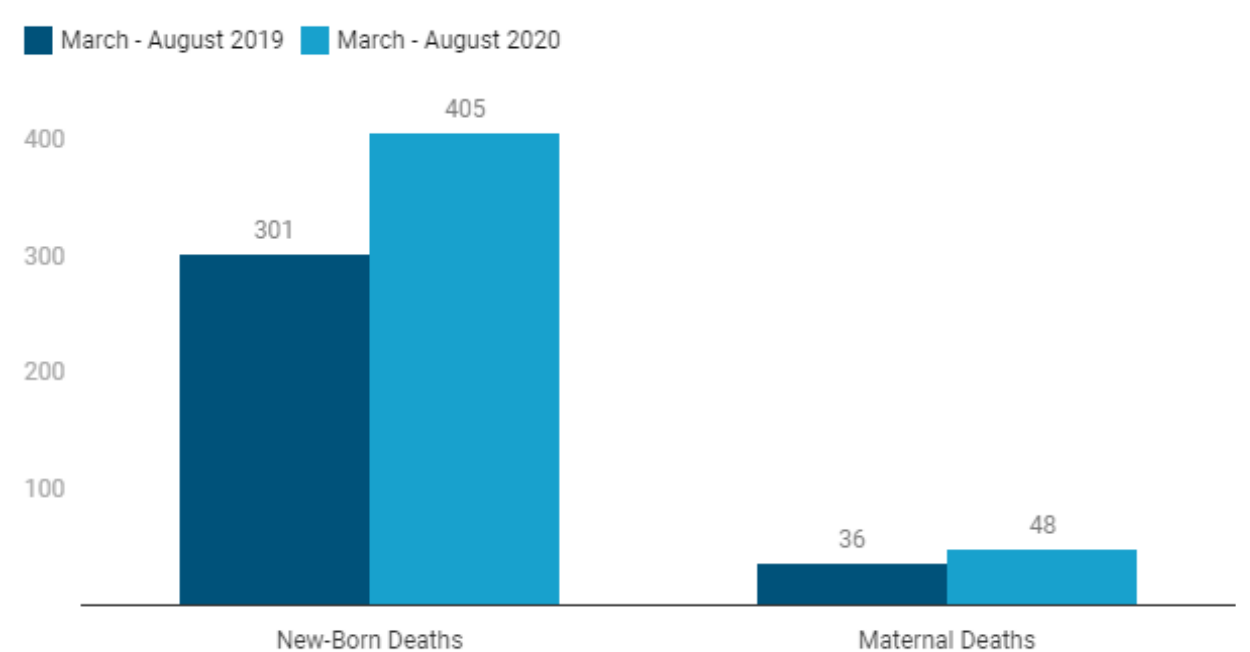
Child Immunisation

Across the districts, the number of children aged under one year receiving their third dose of DPT3 declined by 16% in April 2020, compared to April 2019. However, uptake of DPT3 returned to normal levels in the subsequent months and even surpassed the 2019 levels in June and July.



Neonatal & Maternal Mortality

Mortality - Neonatal & Maternal



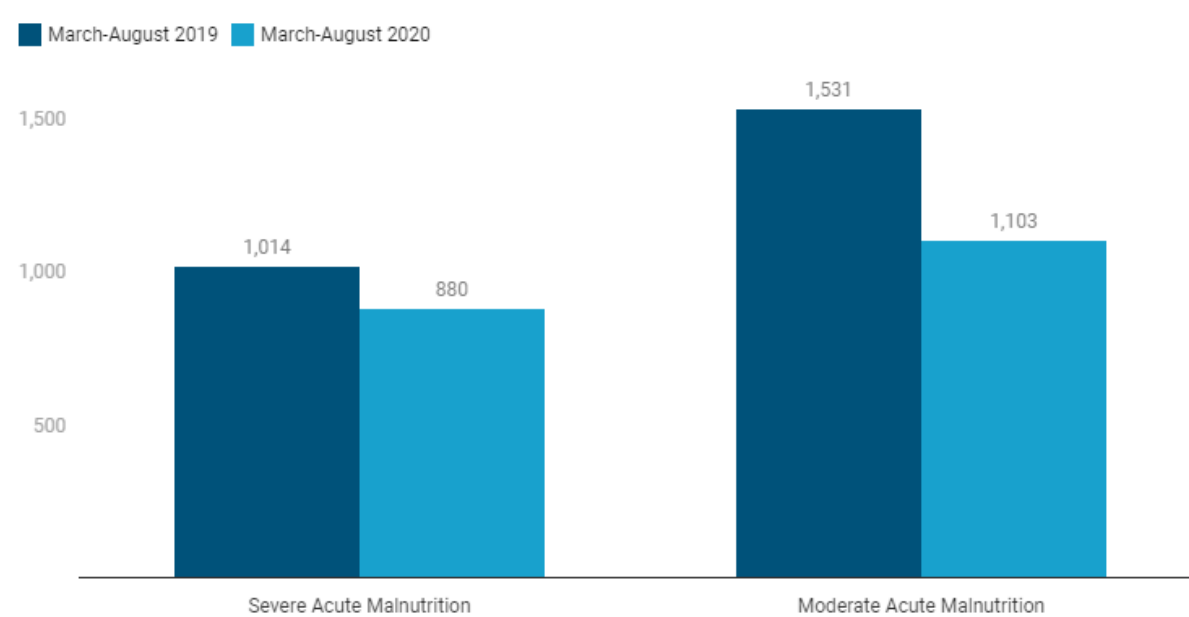
Between March & August 2020, total number of neonatal and maternal deaths increased by 35% and 25% respectively, compared to the same period in 2019. The highest increases in number of newborn deaths were registered in Jinja, Bugiri, Buyende, Kamulu & Mayuge districts, while highest maternal deaths were reported in Jinja, Kamuli & Mayuge.

KEY STUDY FINDINGS

NUTRITION

Child Malnutrition

Children with Moderate & Severe Acute Malnutrition

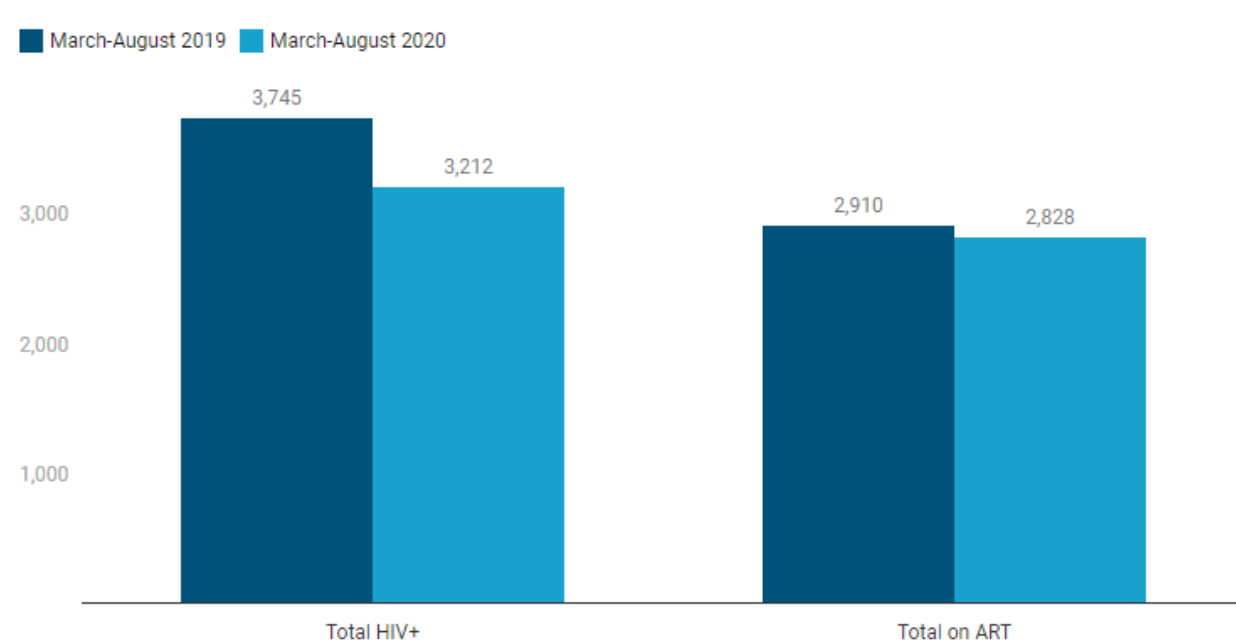


Across the 11 districts, the number of children aged 0-59 months diagnosed with moderate acute malnutrition (MAM) reduced by 28% in the period March-August 2020 compared to the same period in 2019. Similarly, the number of children aged 0-59 months diagnosed with severe acute malnutrition (SAM) decreased by 13% during the same period (Figure 14). Only Iganga and Luuka districts registered the highest increase in cases of MAM and SAM in 2020, compared to the same period in 2019

PREVENTION OF MOTHER TO CHILD TRANSMISSION

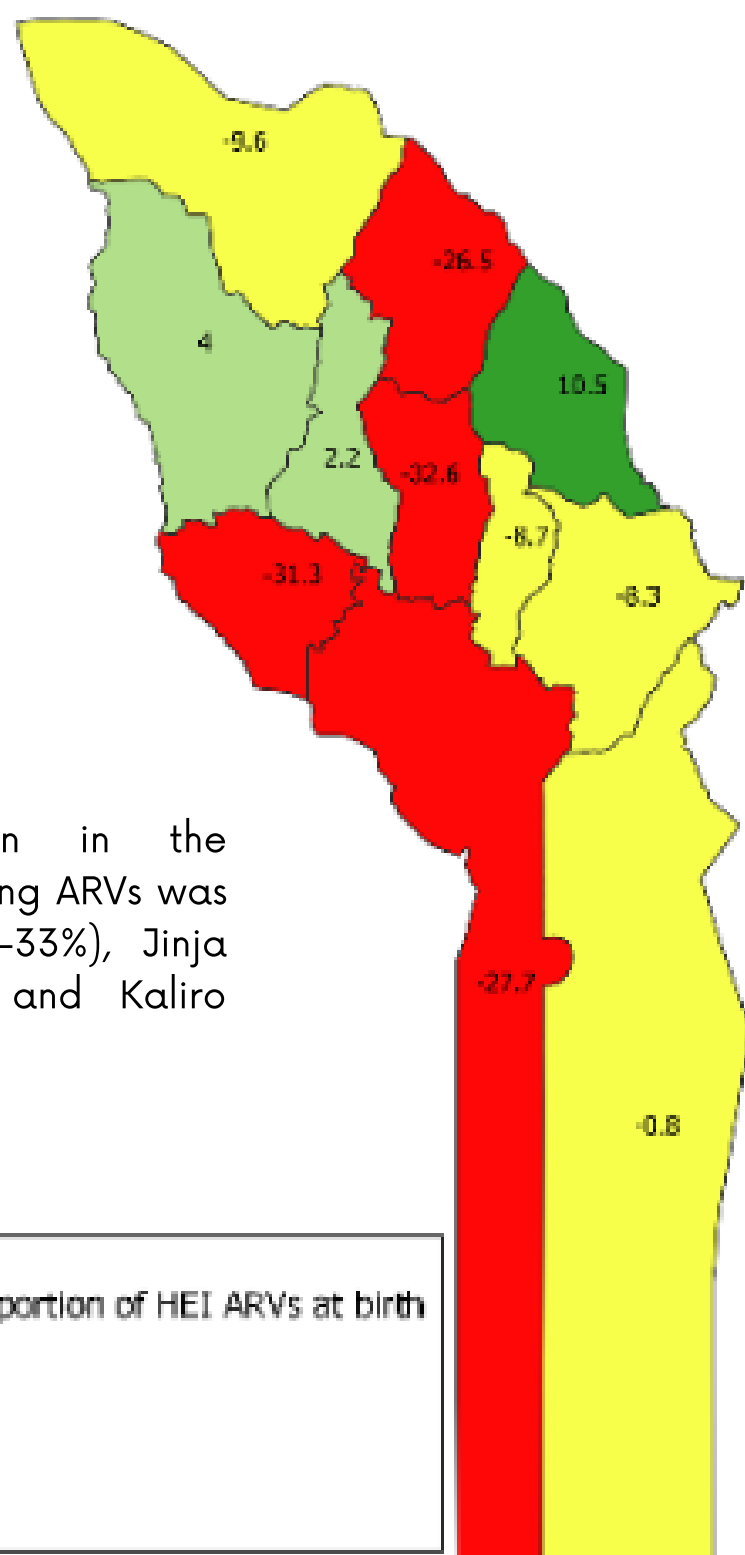
ART Initiation amongst HIV+ Women

ART Initiation among HIV+ Pregnant & Lactating Women

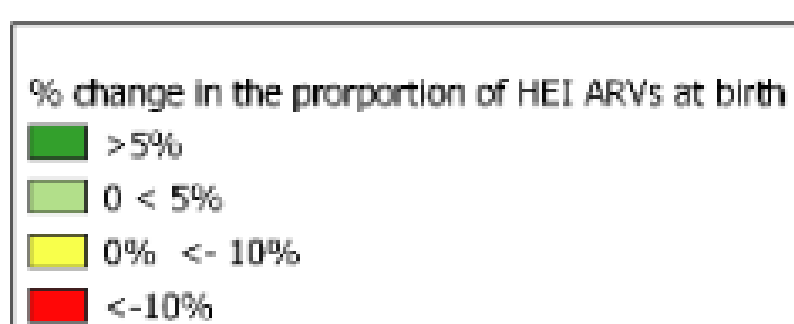


Overall, the total number of pregnant and lactating women testing HIV positive declined by 14%. However, there was a 10% increase in the proportion of HIV positive pregnant and lactating women who were initiated on ART during the March-August 2020 period, compared to the same period in 2019

HIV Exposed Infants on ART



The highest reduction in the proportion of HEI receiving ARVs was registered in Iganga (-33%), Jinja (31%), Mayuge (-28%) and Kalir (-27%) districts

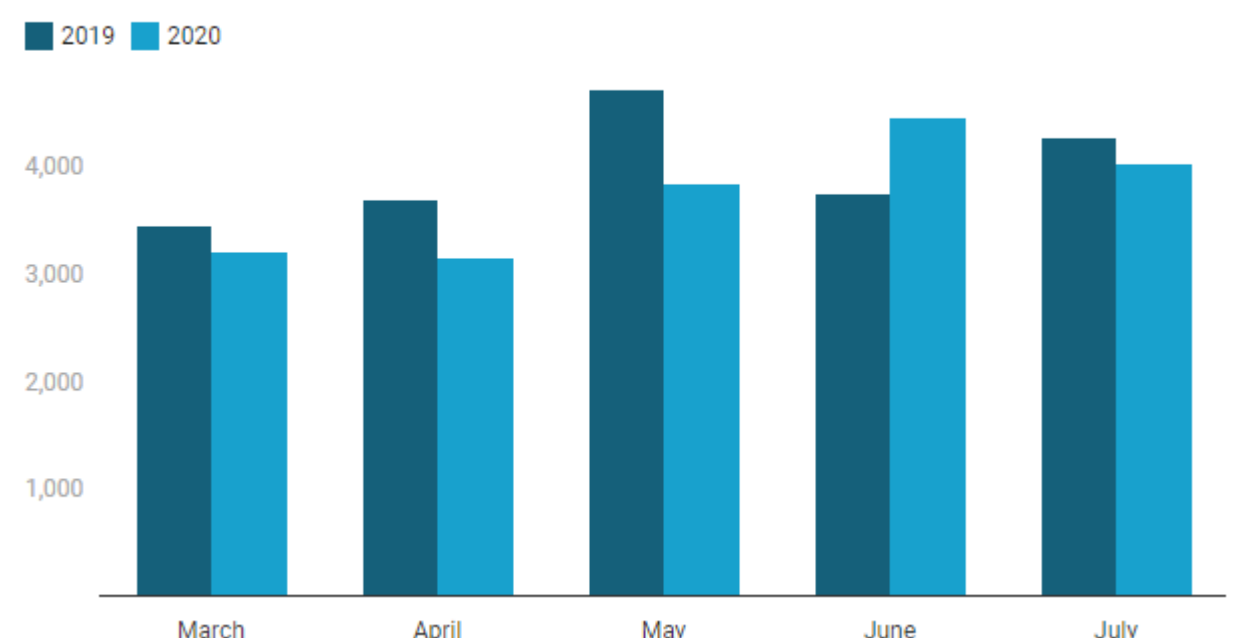


SEXUAL & REPRODUCTIVE HEALTH

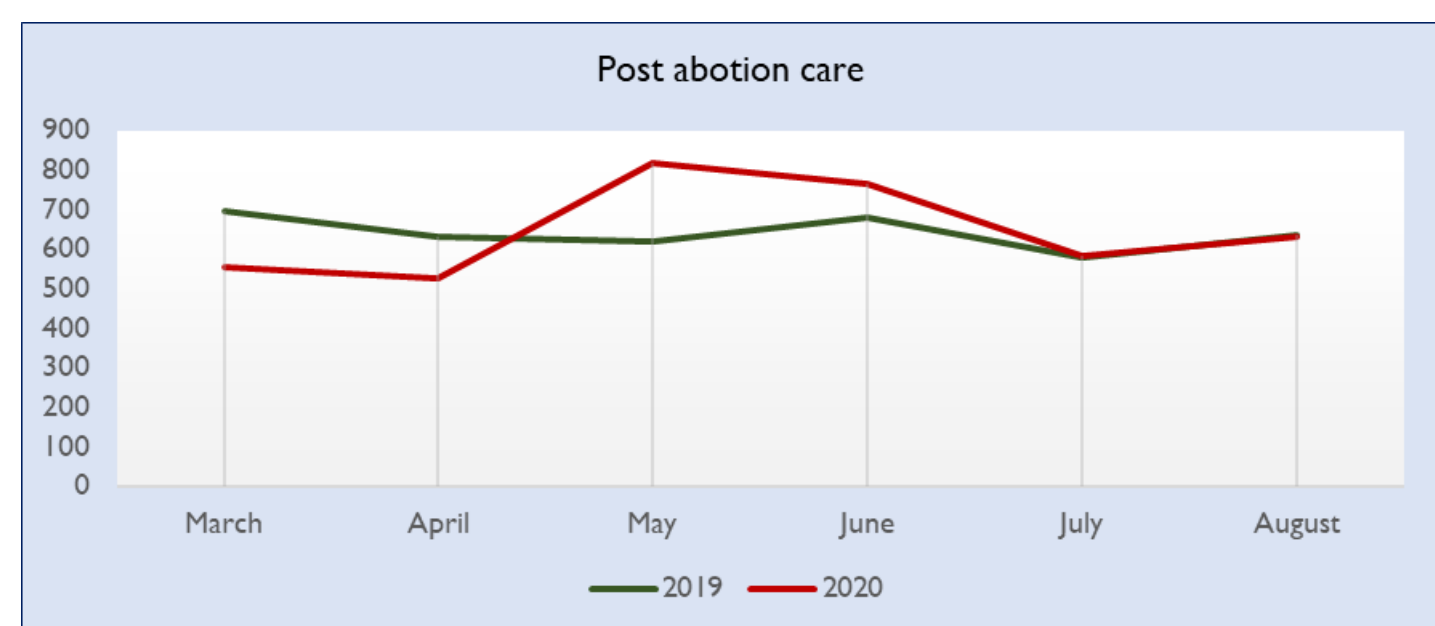
Teenage Pregnancies

Overall, the data show that there was a decrease in the number of teenage pregnancies during the months of March, April and May 2020, compared with the same months in 2019. However, the number of pregnancies during June was 19% higher in 2020 than in 2019

Teenage Pregnancies



Post-Abortion Care



The number of women receiving post-abortion care services in April 2020 was 16% lower than in April 2019. The overall number then increased in May and June 2020 to above the 2019 levels, and then declined in July 2020

Family Planning

Overall, the data shows that family planning utilisation dipped at the beginning of the national lockdown with only condoms and injectibles having positive percentage changes in April 2020 as compared to 2019. Only female sterilisation and injectibles continue to have sustained increases in utilisation for the corresponding months under the review period while the decrease in utilisation of IUDs and oral contraceptives continues month on month as compared to 2019. Sustained increases in utilisation of condoms, injectibles, female sterilisation and implants (from June onwards) can be attributed to family planning campaigns and outreaches in the region.

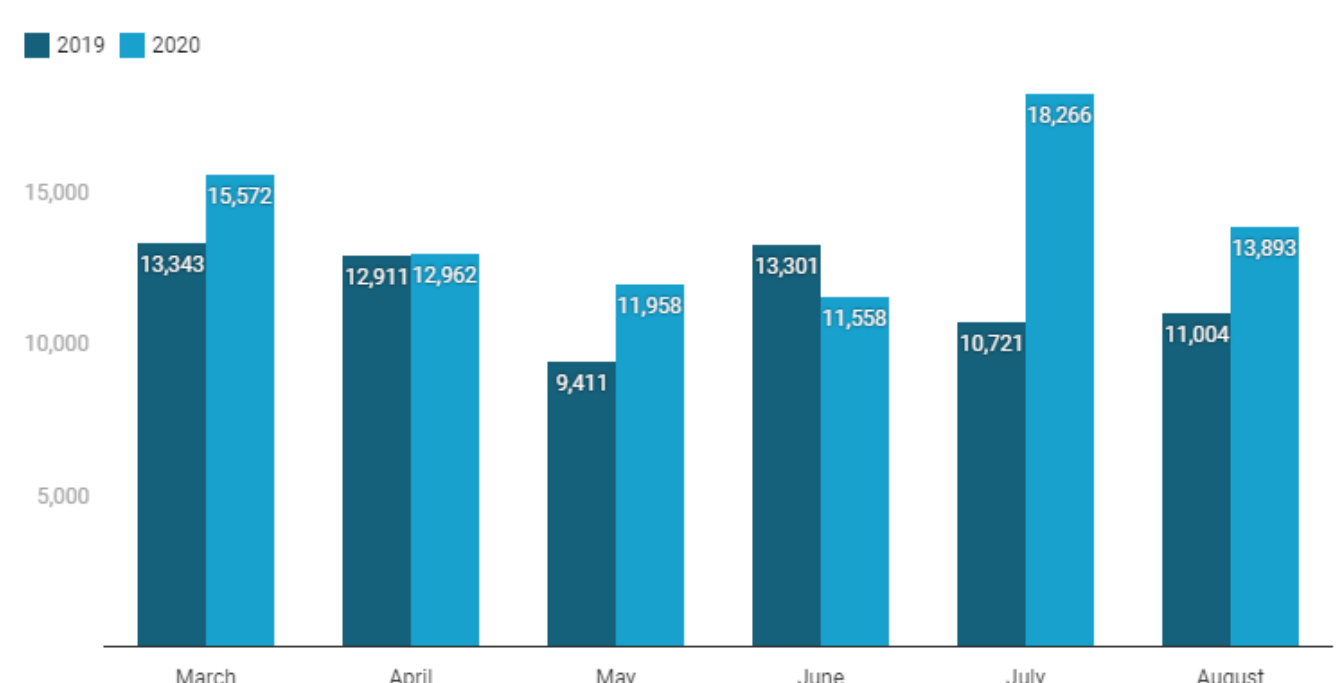
Family Planning Uptake (% Change)

	March	April	May	June	July	August
Condoms	17	0	27	-13	70	26
Oral Contraceptives	-48	-46	-38	-35	-33	-16
IUDs	5	-51	-49	-13	-33	-58
Injectables	7	38	49	32	-11	9
Implants	-1	-14	-2	25	38	47
Female sterilisation	-69	-43	181	47	147	17
Male sterilisation	100	-77	167	-36	-33	50

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Condom utilisation declined at the beginning of the lockdown with a 0.4% difference in April 2020 as compared to April 2019. An uptake was thereafter observed within the period under review as compared to 2019.

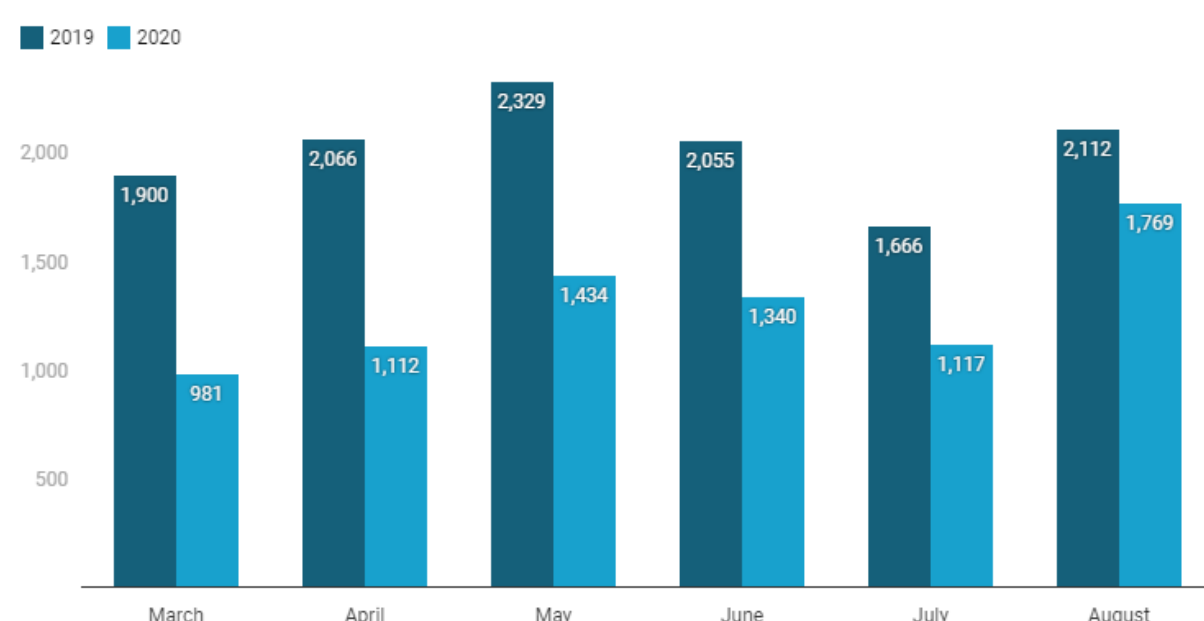
Condoms



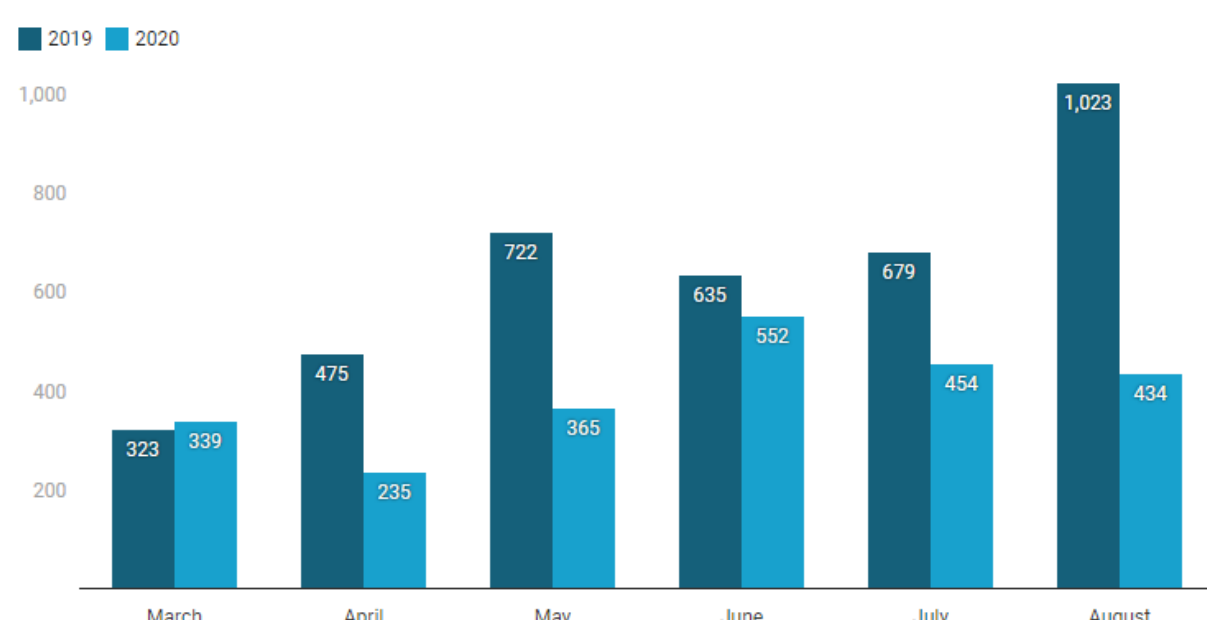
KEY STUDY FINDINGS

Utilisation of oral contraceptives and IUDs significantly dropped in comparison to 2019. However, increments are observed for other FP services such as sterilisation, injectables and use of implants during the same review period. Results show that more women are utilising sterilisation as compared to men.

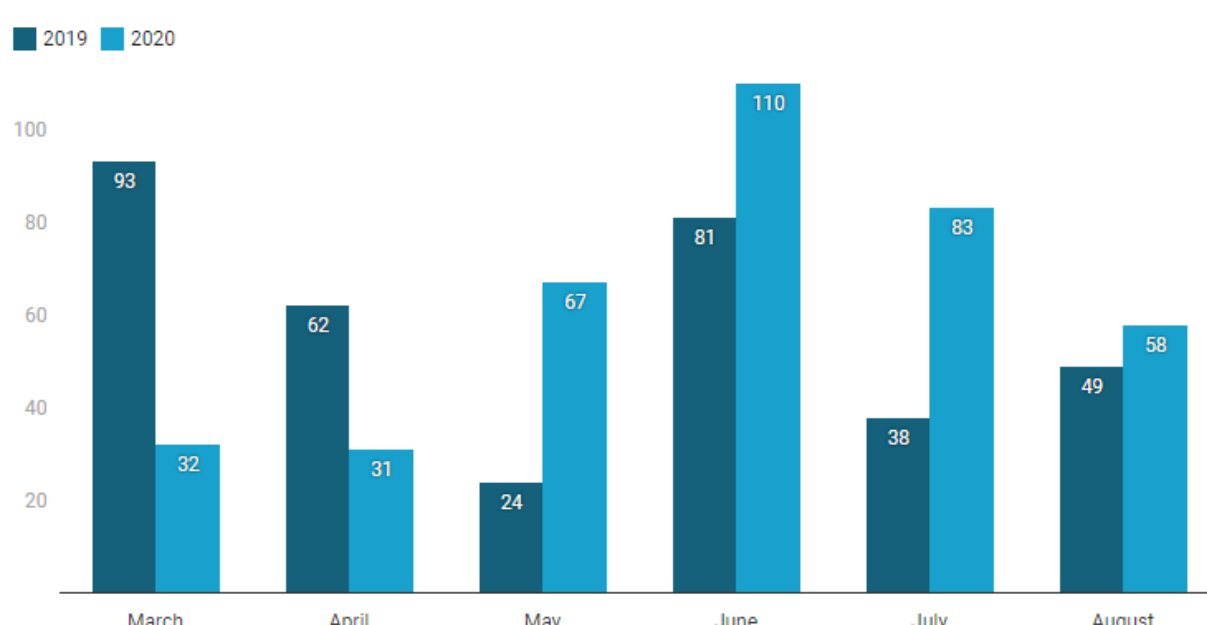
Oral Contraceptives



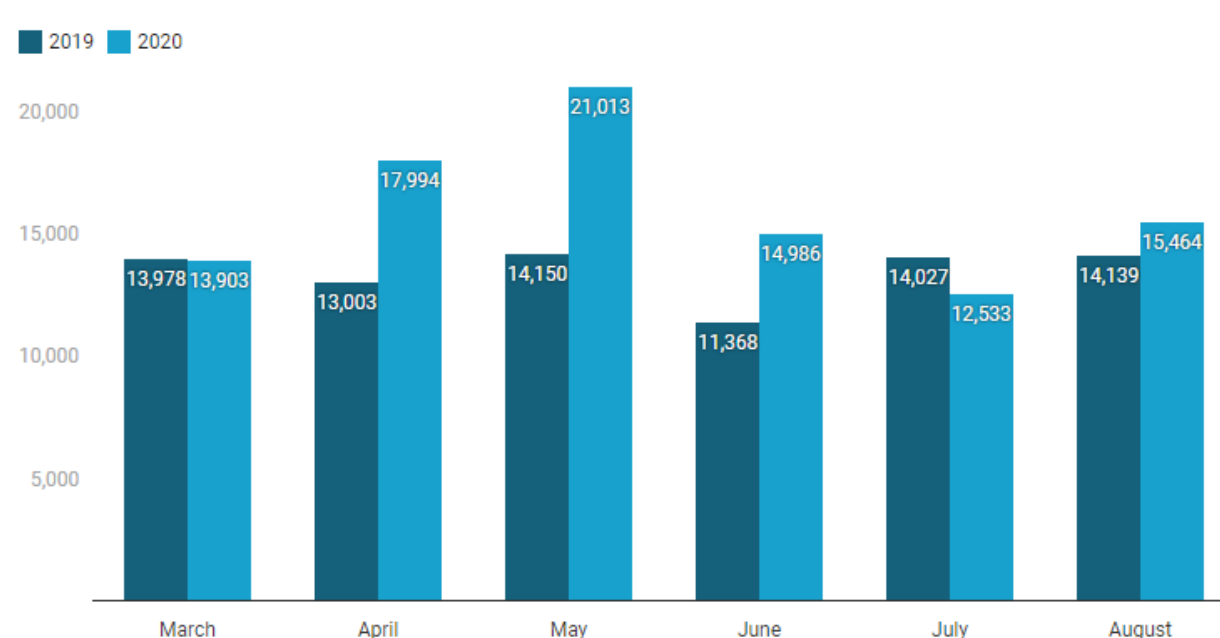
IUDs



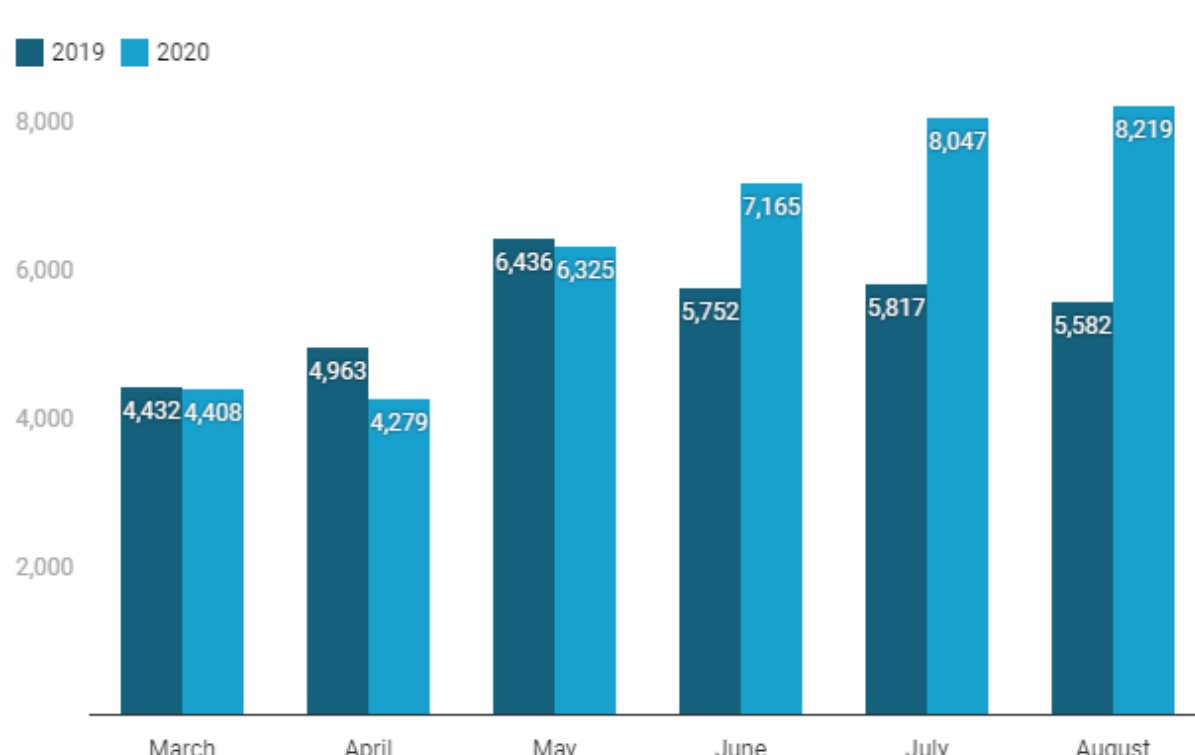
Sterilization



Injectables



Implants



DISCUSSION

This study found that utilization of some key RMNCAH and HIV services reduced during the national lockdown. The services that were most affected include general outpatient services, post-abortion care, antenatal care, health facility deliveries, and immunization services. Conversely, the study found increases in the numbers of newborn babies with low birth weight and neonatal and maternal deaths and in levels of malnutrition. Family Planning, postnatal care and HIV treatment services were not significantly affected.

The key response actions undertaken by the districts to ensure continuity of essential health services include provision of transport means to facilitate referral of pregnant women from hard to reach communities to health facilities; transportation of health workers to health facilities, reorganization of health services; community sensitization on seeking of health services; community distribution of ARVs and multi-month prescriptions, inclusion of MCH and HIV focal person on the COVID-19 DTF teams and implementation of the COVID-19 SOPs and guidelines during provision of health services are the major response actions undertaken by the districts to ensure continuity of essential health services.

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