

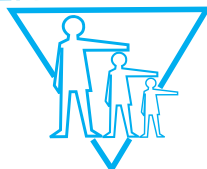
Zimbabwe National Family Planning Council

RAPID ASSESSMENT:

Access to SRH services by young people in ZNFPC youth centers, static clinics and CBDs during the Covid 19 pandemic era.



ZIMBABWE NATIONAL
FAMILY PLANNING COUNCIL



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Abstract

Background: The advent of COVID-19 pandemic brought a drastic change in most people's lives, and young people were not spared. Imposed restriction measures by the government brought its own effects and challenges to young people although this was meant to coordinate the response to the growing COVID-19 pandemic. The need to assess the impact caused by the pandemic during the year of programming was of great importance to identify the needs and address the gaps faced by youth in accessing SRH services in order to evaluate and strengthen essential service continuity, as the pandemic is still on.

Objectives: The goal of the rapid assessment was to determine and get a broad picture of COVID-19 pandemic effects on the access to Sexual and Reproductive Health services by young people through ZNFPC youth centers, static clinics and through CBDs in Manicaland and Harare.

Methods: A cross sectional study design involving both quantitative and qualitative methods was used. Key informant interviews were conducted with 17 staff members (including CBDs and Peer Educators) at service delivery points (clinics and youth centers) in the selected provinces. Three focus group discussions (26 participants) were conducted with young people of both sexes who visited the youth centres at Mutare, Nyanyadzi and Fife Avenue. Open Data Kit Software was used to analyse the key informant quantitative data while content analysis was used for the qualitative analysis from key informants and focus group discussion

Results: The key findings from the study revealed that access to SRH services was very difficult as there was generally a sharp decline in the number of young people accessing the services. The wellbeing of young people has deteriorated significantly after the onset of the imposed lockdown restrictions as every life aspect has been disrupted by the COVID-19 pandemic either socially or economically. The main factor highlighted by the respondents pertaining to reduced access to SRH services was the movement restrictions imposed by government. All the key respondents shared that their major concern during the COVID19 period was reduced access to FP, HTS, STI screening and Pregnancy testing. Anecdotally, increased teenage pregnancies, child marriages and school dropouts were cited by young people as some of the impacts of COVID-19 imposed restrictions by the government as youth had fear and no hope of their future due to low risk perception of the pandemic. Seventy one (71%) of the key informants highlighted that access to young people in communities (outreaches) was disturbed and is still a challenge. Outreach programmes were suspended and

supply chain disruptions were encountered, resulting in limitations in SRH offered to young people.

Recommendations: From the findings of this assessment, it is recommended that sensitization to all SRH stakeholders and the security enforcers should be done to assist the latter to understand and appreciate the needs and expectations of young people under such emergencies. Sexual reproductive health and family planning are an essential service and should be considered as such as some service providers as well as law enforcers may not be aware of the package of essential services in the COVID-19 guidelines. As an emergency the Government should take up the responsibility of providing all COVID-19 related services for free.

Conclusion: Although the lockdown restrictions have been eased and enabled operations of businesses including opening of schools, it is likely that some of the restriction measures will remain in place. Therefore there is need to continue monitoring and raising awareness of young people on the effects of COVID-19 pandemic and solutions in place and also there is need to find innovative ways to solve the effects caused on young people by the pandemic as the impact will continue for some time to come.

Acronyms

ASRH	Adolescents Sexual Reproductive Health
CBD	Community Based Distributors
COVID-19	Coronavirus Disease 2019
FGD	Focus Group Discussion
FP	Family Planning
HSP	Health Service Provider
HTS	HIV Testing Services
IEC	Information, Education and Communication
IPPF	International Planned Parenthood Federation
KII	Key Informant Interviews
ODK	Open Kata Kit
PPP	Public Private Partnership
REA	Rapid Evidence Assessment
RNA	Rapid Needs Assessment
SGBV	Sexual and Gender Based Violence
SIC	Sister-in-Charge
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
YHA	Youth Health Advisor
ZNFPC	Zimbabwe National Family Planning Council
ZUPCO	Zimbabwe United Passenger Company

1. Introduction/Background

Rapid Evidence Assessment (REA) or Rapid Needs Assessment (RNA) is a process that is faster and less rigorous than a full systematic review but more rigorous than ad hoc searching, it uses a combination of key informant interviews and targeted literature searches to produce a report in a few days or a few weeks. COVID-19 is a viral disease which originated in the city of Wuhan in China at the end of 2019. The disease spread globally affecting all nations socially, economically and the wellbeing of people and WHO declared it a pandemic. Young people were not spared from the effects of the pandemic. Governments imposed lockdown restrictions in a way to curb the spread of the disease. However these restrictions brought also other challenges impacting the lives of young people. Owing to lockdown measures, young people have limited access to positive coping mechanisms they may turn to in times of crises (i.e. social initiatives, community service, formal or non-formal education, sports or other types of physical activity, etc.) ('COVID-19 : with and for young people COVID-19 : with and for young people', 2020). The Government of Zimbabwe declared 30 March 2020 as the onset of the lockdown restrictions (shutdown) where movement and all other sectors of employment were closed except essential services. The introduction of these measures resulted in a shift in programming hence the need to assess the extent to which young people have been affected especially in accessing SRH services. Although rapid, the needs assessment conducted during the emergency phase requires nonetheless a systematic approach to the collection and study of data, findings and contextual information to understand the issue being addressed. ZNFPC dedicated this time to conduct a needs assessment as it was important to obtain information about how young people and communities perceive the COVID-19 pandemic, what they know and do about it, what barriers and facilitators exist to the adoption of protective behaviours, and how cultural and social dynamics have been influenced. Equipped with this knowledge, policy makers, program managers and implementers can develop targeted interventions to support the success of all response efforts.

1.1 Justification

The COVID-19 pandemic represents one of the biggest challenges facing young people in accessing SRH services. The onset of COVID-19 pandemic resulted in shift in program implementation as well as affecting access to SRH services especially to young people. The FP program has been negatively affected for young people in static clinics, youth centers and through the CBD program. The number of clients (youth) offered SRH services in youth centers declined sharply during the second quarter of 2020 compared to first quarter 2020. This was/

attributed to the imposed lockdown restrictions due to COVID-19 pandemic. However there was need to further explore the impact of COVID-19 pandemic on access to SRH services by young people through youth centers, static clinics, peer educators and CBDs. Without a rapid assessment, significant gaps or lack of assistance in accessing SRH services to young occurred, which not only wasted precious resources at a time of great need, but also caused further burden to the affected population (young people). The purpose of this assessment was not to conduct a detailed survey, but to perform a broad assessment of the COVID-19 pandemic and basic needs of young people in order to identify priorities for assistance. Following the onset of the COVID-19 pandemic, the SRH needs of young people were assessed as part of a comprehensive approach to generate evidence that policy makers can utilise as they implement the national response to Covid-19.

1.2 Assessment goal and objectives

The goal of the rapid assessment was to determine and get a broad picture of COVID-19 pandemic effects on accessing SRH services by young people through ZNFPC youth centers, static clinics and through CBDs in Manicaland and Harare.

Specific Objectives

- To assess the needs of the young people in accessing SRH services during the COVID-19 period in Manicaland and Harare.
- To identify the factors impacting access to SRH services and the effects on the general wellbeing of young people during COVID-19
- Identifying the needs/gaps that require external intervention or resources
- Make necessary recommendations to mitigate urgent time-sensitive challenges and provide solutions to the impact of COVID-19 pandemic on access to SRH services by young people

2. Methodology

2.1 Assessment Design and Study Sites

A descriptive cross sectional mixed methods approach was employed to collect the data. The study was mainly qualitative in nature. Two provinces, Harare and Manicaland were purposively selected for the assessment. Harare as the epicentre of COVID-19 pandemic in Zimbabwe and Manicaland as one of the rural provinces with more youth centers and offering

SRH services to more young people, the centers were temporarily closed for more than two months hence there was need to assess the extent to which young people had been affected in accessing SRH services. The second quarter statistical report also showed a significant decrease in the number of youth reached in all provinces but with Manicaland affected most. Hence the need to explore the extent on the effects of COVID-19 among young people on accessing SRH services.

2.2 Data Collection Methods

Key informant interviews were conducted with staff at service delivery centres, static clinics CBDs, peer educators and youth health advisors in the selected provinces. The interviews were recorded to capture all the information as note taking missed some of the critical points. The key informants were purposively selected. One focus group discussion was conducted at each youth center visited with youth of both sexes. Desk reviews were also conducted using the FP registers, ASRH clinical tools and CBD tools.

2.3 Target Population

Young people aged between 10 and 24 years

Province	Site	Key Informant Interviews	Focus Group Discussion	Dates
Manicaland	Static Clinic	1 SIC		22-23 Sep
	Nyanyadzi Youth Center	1 YHA, 2 Peer Educators, 2 CBDs	1	19-21 Sep
	Mutare Youth Center	1 YHA, 2 Peer Educators	1	22-23 Sep
Harare	Fife Avenue Clinic	1 SIC		26-27 Sep
	Spilhaus Clinic	1 SIC		28 Sep
	Fife Avenue YC	1 YHA, 2 Peer Educators	1	26-27 Sep

2.4 Collection and Analysis

The Open Data Kit (ODK) application was used to capture both quantitative and qualitative data for key informants while FGD data was captured on written form. Following data collection, the raw survey results were downloaded from ODK into an Excel file for quantitative analysis, looking at variables according to gender, age and professional category for key informants' data. Qualitative data (FGD and KII) were recorded and summarized in written form to identify common themes and codes that help to contextualize and provide more nuance to the findings from the survey.

3. Findings from the Assessment

Data collected from key informant interviews among service providers in static clinics, youth centers, peer educators and CBDs and focus group discussions conducted among young people in the selected youth centers was analysed.

3.1 Demographic Analysis

Key Informants

Key informants interviewed had a median age 36 years and ranging from 16-46 years. The youngest were peer educators.

Table 1: Demographic Characteristics of Key Informants

Category	Males	Females
Province		
Harare	2	3
Manicaland	4	8
Designation		
CBD	1	3
Clinic Nurse	0	1
Peer Educator	4	2
Sister in Charge Clinic	0	2
Youth Facilitator	0	2
Youth Health Advisor	1	1
Years of Experience in the Field		
1-5 years	5	5
6-10 years	0	1
11-15 years	0	3
16-20 years	1	2

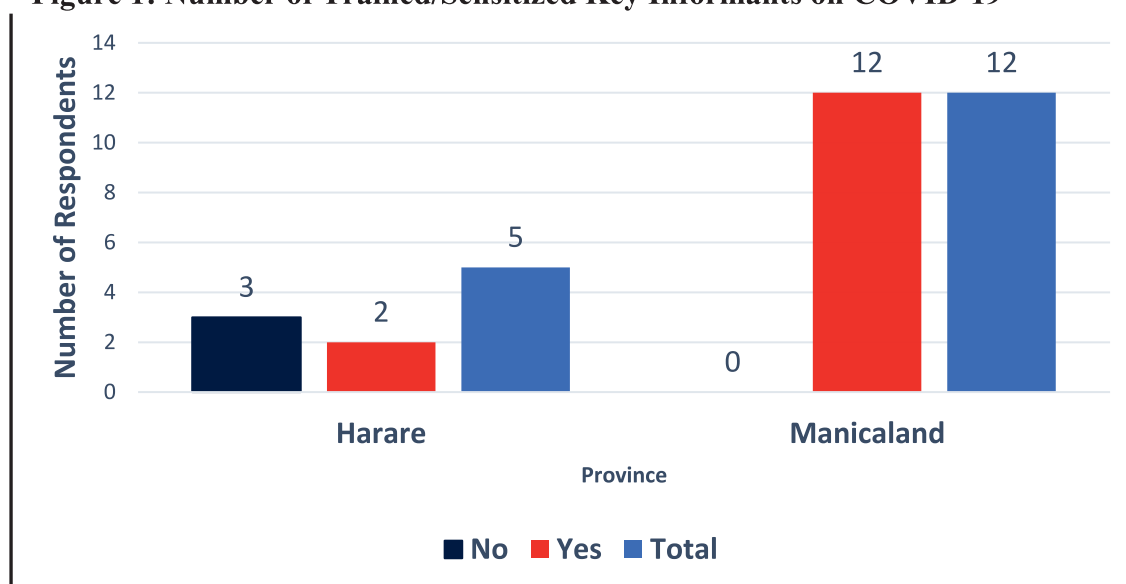
Manicaland province had the highest number of respondent interviewed as two youth centers were selected for the assessment while only one youth center in Harare was included in the assessment. Females constituted 11(65%) of the total key informants interviewed. The majority of our key informants were peer educators (6) followed by 4 CBDs. The majority of the respondents (10) had 5 or less years of experience in the field of expertise. However 14 of the respondents are 5 or less years at the current institution.

Most of the participants for the focus group discussions were in school students with males dominating in all youth centers.

Table 2: Demographic Characteristics for FGD Participants

Facility Name	School Status		Gender	
	In school	Out of school	Female	Male
Five Avenue	5	5	6	4
Mutare	10	0	2	8
Nyanyadzi	6	1	3	4
Total	21	6	11	16

Figure 1: Number of Trained/Sensitized Key Informants on COVID-19



Key informants interviewed are responsible for working with young people in providing SRH services as well as information dissemination hence they were expected to have been sensitized on COVID-19 prior to the assessment. However out of the 17 respondents interviewed 14 were sensitised on COVID-19 while the three unsensitised were from Harare province (Fife Avenue Clinic). For those who were sensitised on COVID-19, the mean number of trainings they received was found to be 2.14 times.

3.2 Impact Assessment on Access to SRH Services by young People

The wellbeing of youth has generally deteriorated during the COVID-19 period as highlighted by the key informants interviewed.

Figure 2: How the Wellbeing of Young People Has Changed

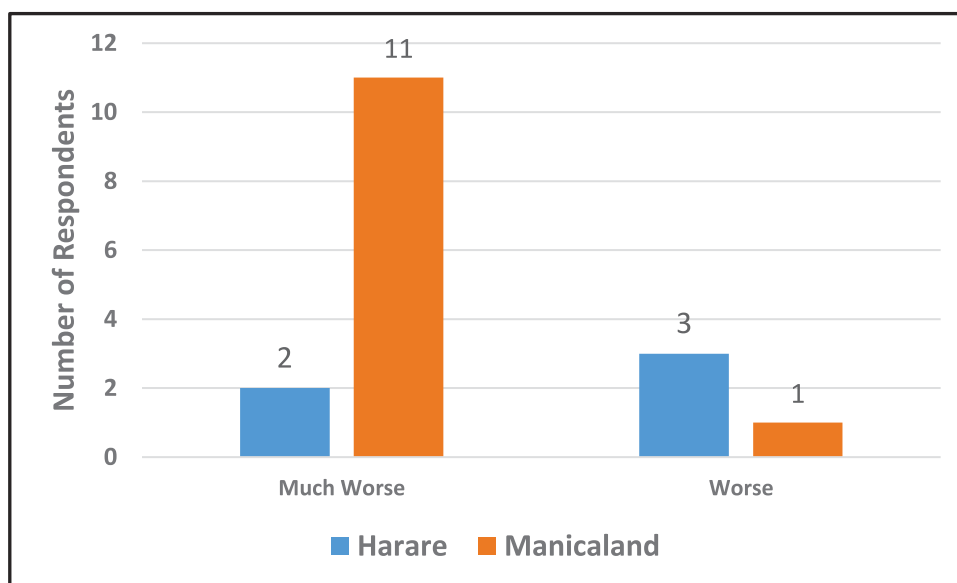
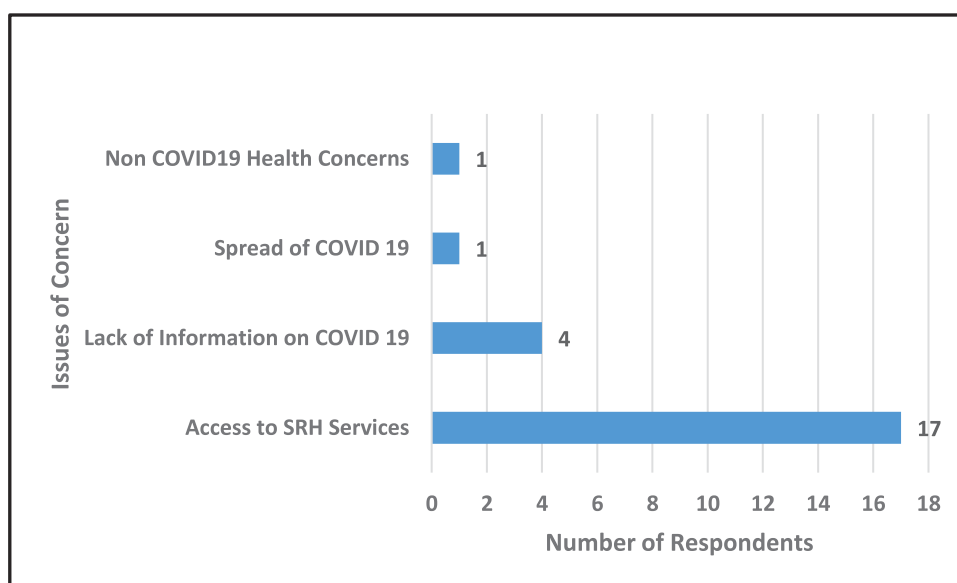


Figure 3: Issues of Concern on Young People during COVID-19



All key Informants were concerned about access to SRH services by young people during COVID-19. Lack of information on COVID-19 was also an issue of concern raised by the key respondents. Some youth centers and clinics were closed due to lockdown restrictions. Young people were also unable to access the services. Key informants were also asked if access to SRH services by young people had been reduced during the COVID-19 period. The respondents universally agreed that access to SRH services had been reduced.

All respondents reported a reduction in FP services followed by 15 and 12 who reported a reduction in HTS and STI screening respectively while cancer screening and pregnancy testing were reported as having experienced a reduction in uptake by 10 respondents each (*Figure 4*).

Figure 4: Service Uptake Reduced During COVID-19

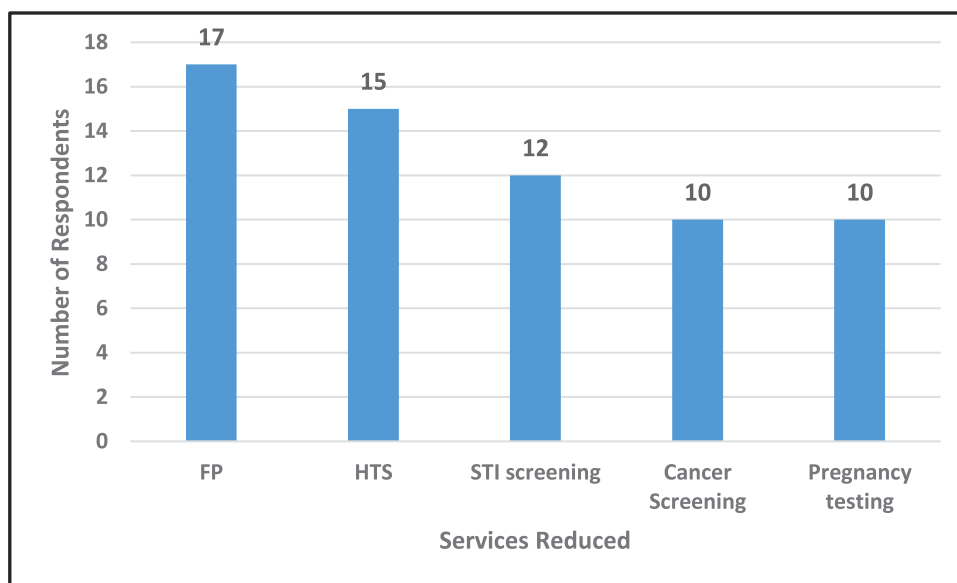
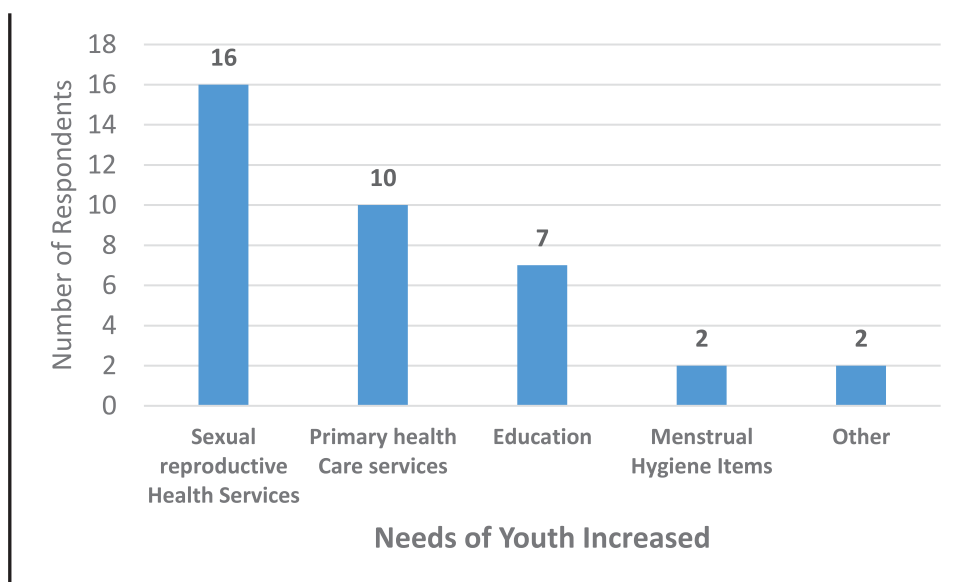
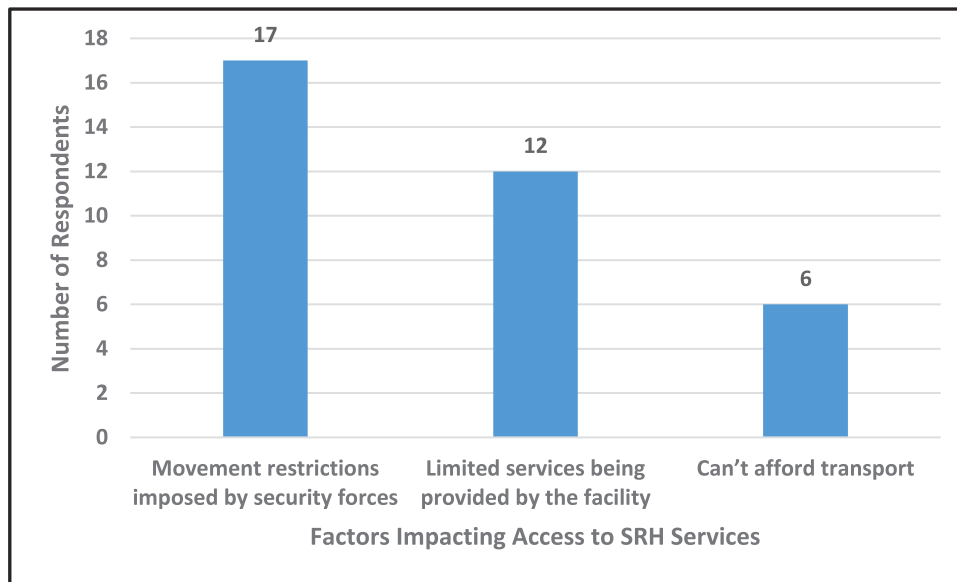


Figure 5: Needs of Young People Increased During COVID-19



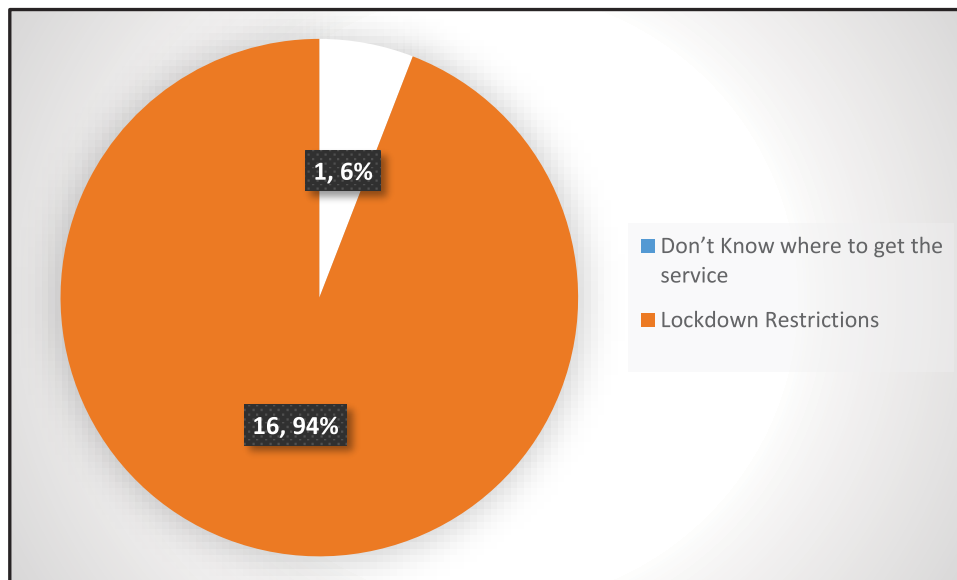
Demand for Sexual and Reproductive health services, primary health care, education and menstrual hygiene increased during COVID-19 period as reported by 16, 10, 7 and 2 key informants respectively. Other services mentioned were pregnancy testing and entertainment at youth centers.

Figure 6: Factors impacting access to SRH Services by young people



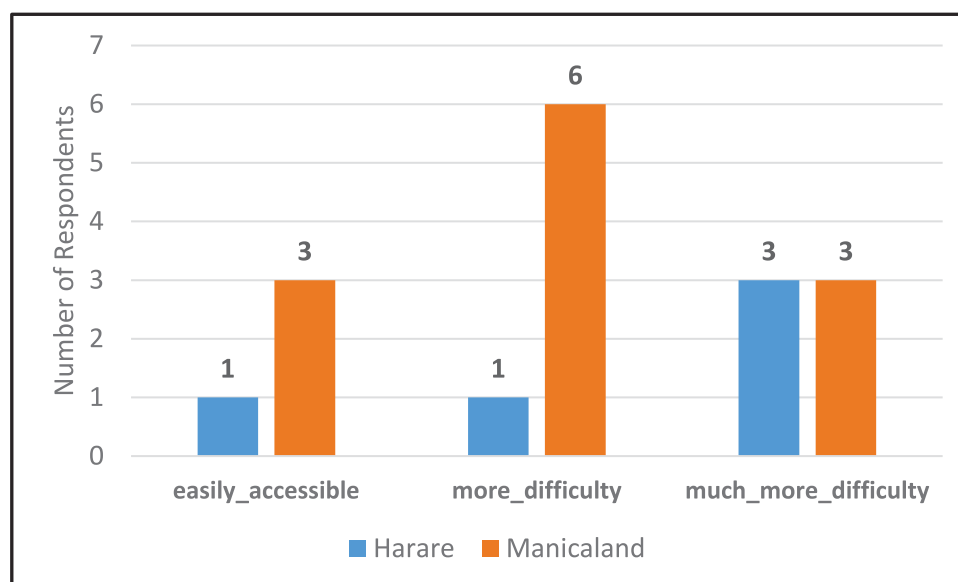
Key informants identified three factors affecting access to SRH services by young people. All respondents mentioned that movement restrictions was a major factor which hindered access to SRH services by young people. Limited services and transport affordability were identified as other factors by 12 and 6 respondents respectively.

Figure 7: The major Factor Hindering Access to SRH by Young People



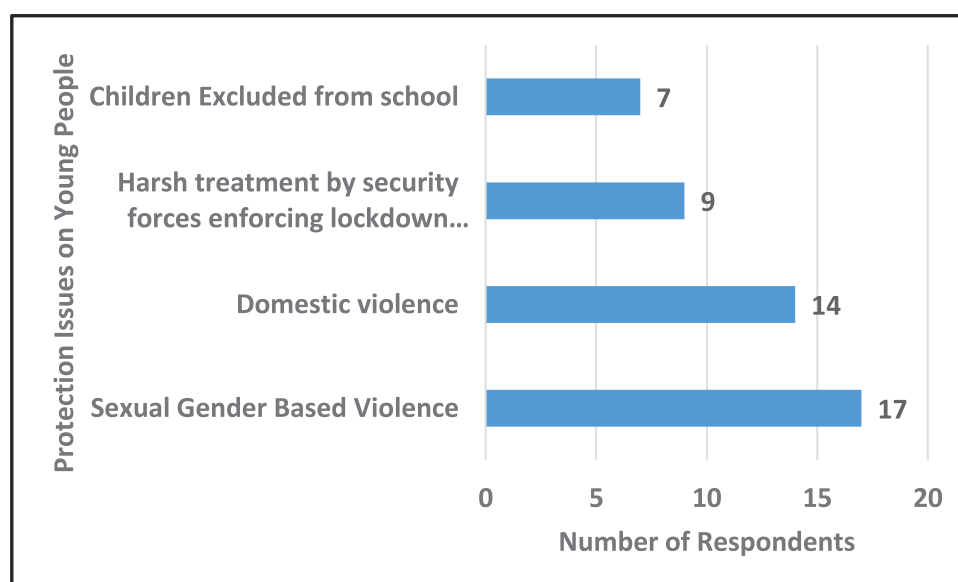
Key informants considered lockdown restrictions as the main factor impacting access to SRH services by young people during COVID-19. One respondent from Manicaland highlighted that young people did not know where to get the services during the lockdown period.

Figure 8: How easily Accessible was young people able to get medical care on COVID-19.



It was generally difficult for youth to access medical care during COVID-19 period.

Figure 9: Protection Issues on Young People



Key Informants highlighted four issues concerning protection of young people during COVID-19. These were SGBV, harsh treatment by security forces, domestic violence and children

excluded from school. All respondents agreed that sexual gender based violence was the most prominent protection issue that they were concerned with.

Table 3: Impact of COVID-19 on Programs

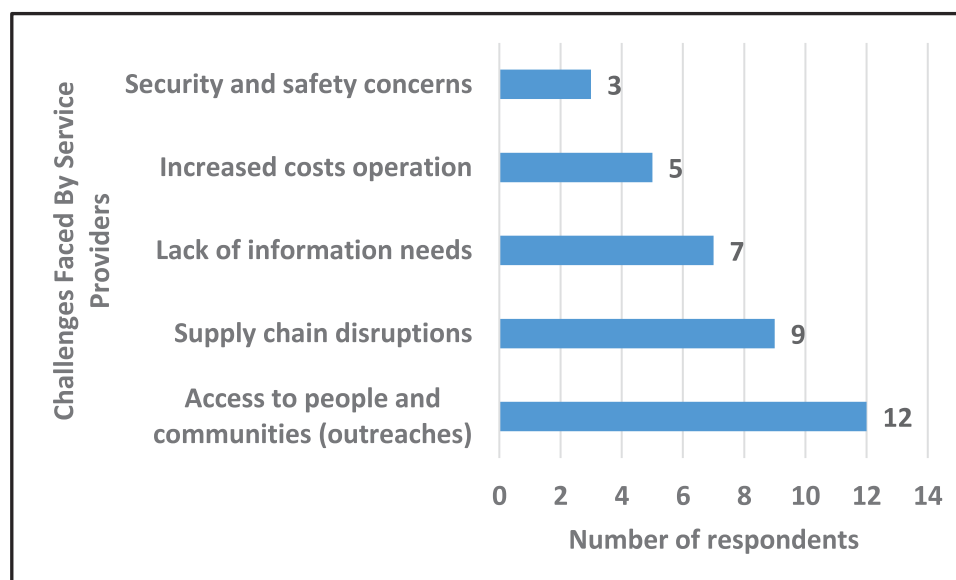
Province	between 10-33%	Around 50%	More than 50%
Harare	0	1	4
Manicaland	1	3	8

Table 4: Impact of COVID-19 on number of young people accessing SRH services

Facility Name	Between 10-50%	Between 50-75%	Above 75%
Fife avenue clinic	0	1	0
Fife avenue youth center	0	3	0
Mutare youth center	2	4	0
Nyanyadzi youth center	2	1	2
Spilhaus clinic	0	1	0
ZNFPC Mutare clinic	0	0	1
Grand Total	4	10	3

The majority of the respondents (10) reported a reduction of between 50 to 75% in the number of young people who accessed SRH services in youth centers and static clinics which were interviewed during COVID-19 period as compared to the period before the onset of lockdown.

Figure 10: Challenges Faced by Service Providers during COVID-19



In terms of current service provision, most respondents (12) highlighted that access to the general population and communities (outreaches) is a challenge.

Issues of supply chain disruptions, lack of information, increased operation costs, security and safety concerns were also mentioned as some challenges being currently experienced by service provider

3.3 Qualitative Analysis on the Effects of COVID-19

Qualitative aspect was conducted among key informants through an in depth interview guide and young people through focus group discussions.

a) Knowledge about COVID-19

The rapid assessment was conducted to explore the level of knowledge on COVID-19 among service providers and young people. All the key informants and focus group participants were aware that COVID-19 is a viral disease. Among the key informants, 5 did not know the name of the virus that causes COVID-19 while some young people from the FGDs also correctly mentioned that Corona virus causes COVID-19. Eight of the key informants interviewed correctly mentioned that COVID-19 originated in China in 2019 with some participants from the FGDs also were aware that the disease originated in Wuhan City in China. The modes of transmission were mentioned as airborne and contagious by most participants interviewed. On prevention measures for COVID-19, respondents highlighted social distancing, wearing of face masks, sanitizing and washing of hands with soapy water. Young people highlighted that their main sources of knowledge about COVID-19 were social media, television, radio, newspapers, billboards, schools and church.

There were myths and misconceptions on the history of COVID-19 from young people who participated in FGDs. Some highlighted that:

“The virus was developed from China as a biological weapon to wipe out the American societies”. (FGD Fife Avenue)

“The virus is a developed chemical weapon by the Americans to destroy China”. (FGD Fife Avenue)

Majority of the participants mentioned that IEC materials on Covid19 were available at the facilities. Those with IEC materials available were provided from ZNFPC, MOHCC and other stakeholders e.g. World Vision. Improvised IEC materials were also available in some facilities with messages such as:

“No mask no entry” and “Gezai Maoko pano”.

Service providers within clinics and youth centers (nurses, youth facilitators, peer educators) were asked whether staff at the facility had been sensitized on COVID-19. Out of the 13 key informants interviewed, 10 indicated that all staff members were sensitized

Young people were asked on their knowledge about the lockdown regulations imposed by government. There were mixed reactions were others highlighted about the 5 lockdown levels, limited travelling except when seeking or providing essential services. Travelling documents were required and only ZUPCO buses were allowed to transport people. Gatherings were banned, schools, other public places and International borders were closed.

b) Experiences during COVID-19 Era

i. The flow of Young people and Access to services

All respondents reported that there was high inflow of young people to service delivery points before COVID-19 as compared to the period during the lockdown restrictions. The number of young people reduced as some service delivery points were totally closed for two (2) months. Key informants stated that young people had complaints on failure to access SRH services due to closure of facilities, commodity stock outs, lockdown restrictions and limited facility operational times. Youth highlighted that there was violation of their right to privacy by law enforcers (police and army) who at times requested them to produce their medical documents at roadblocks to access entry. Police solicited for bribes from those intending to travel without exemption letters which were difficult to obtain also. Young women and girls at Nyanyadzi youth center failed to access sanitary wear which they were normally provided at the youth centre for free as the youth centre was closed and no services were being provided. One focus group participant reported that his uncle who had tested COVID-19 positive but later recovered had difficulties to access medication. Another participant highlighted that he had a relative who died after he failed to access services after testing COVID-19 positive. Three participants (Fife Avenue) reported that their relatives developed flue like symptoms, one passed on and no post-mortem was done.

Young people failed to access FP and condoms due to lockdown restrictions. One youth (Nyanyadzi youth center) was forced to pay ZWL\$200 by police for travelling during lockdown because she was going to the youth centre to collect sanitary wear.

ii. COVID-19 Sensitisations

Key informants reported that COVID-19 guidelines were being enforced within their facilities. These include enforcing social distancing, wearing of face masks, washing or sanitizing of

hands or screening by temperature checking at the facility entrance. Key informants also reported that COVID-19 guidelines are good although youth do not observe the guidelines sometimes. Young people have low risk perception on COVID-19 as they denied existence of the pandemic.

Young people are being sensitised on Covid19 issues within the facilities. The sensitisation is mainly on transmission and prevention. One key informant (from Fife avenue clinic) said that there were no sensitisation sessions being conducted on COVID-19 as service providers just focus on the service the client requests. Youth from all the youth centers interviewed highlighted that it was very difficult for young people to access ASRH services in health facilities during lockdown period while some mentioned that they never accessed SRH services during the COVID-19 era. Movement restrictions that were put in place were making it difficult for the youth to visit health facilities to access the services. Access to services was also limited since some service delivery points including youth centres were closed.

iii. Personal Recommendations

Participants from focus group discussions were asked on what advice they would give to other young people on COVID-19. They highlighted that young people should be very cautious about the COVID-19 so that they will prevent infections at all costs, i.e. correct and consistent wearing of face masks, social distancing, good hygiene and use of traditional remedies for preventing infections e.g. garlic, ginger, lemon juice and *lippia javanica* (Zumbani) leaves.

Participants were concerned about harsh treatment of youth by security forces enforcing lockdown measures during COVID-19 period. They recommended that a common understanding should be reached between all SRH stakeholders and the security enforcers to assist the latter (who should be youth friendly) to understand and appreciate the needs and expectations of young people under such emergencies. Key informants were of the opinion that security forces should be engaged actively and meaningfully in ASRH programming especially during emergencies such as COVID-19 and Cyclone Idai. Young people also highlighted that security forces should lead by example in observing COVID-19 regulations as some were reported to breach national COVID-19 guidelines such as social distancing and correct wearing of face masks on roadblocks.

Table 5: Recommendation from Key Informants and Young people's Focus Group Discussions

Key Informants	Focus Group Discussions
Engage all stakeholders in RH during pandemics for strategic planning	Government is encouraged to pay teachers their demands in order for them to return to schools and teach as this will serve a lot of students from STIs (HIV), teenage pregnancies and child marriages.
Increase youth centres and number of peer educators.	Abolishing of user fees for the young people
Increase stock supply and IEC materials to CBDs to improve service delivery and information dissemination to young people.	Brand common, popular and basic commodities with Covid19 messages especially those that are wanted by the young people e.g. zap naks.
Provide a toll free line for youth to ask questions	As an emergency the Government should take up the responsibility of providing all Covid19 related services for free
Provide a resource room (Computers, WIFI, television, DSTV, indoor games) and outdoor games for all youth centres especially Fife Avenue Clinic.	HSP should be youth friendly and receptive and should be consistently trained in youth friendly services. Health talk sessions should be conducted before receiving any services at Youth Centres.
Budget and avail an annual peer education allocation on ASRH program.	Intensive use of social media, road shows and awareness campaigns
Incentivise and entice the youth to utilise the youth centres	There should be an offline application with Covid19 information. Information should reach to all people including those with disability e.g. the use of braille for the blind.
Conscientise law enforcement agents on sexual reproductive rights as an essential service	
Initiate and provide ART services at youth centres	

4. Discussion

Young people are a key population group and have been exposed to greater societal shifts as a result of the COVID-19 pandemic. These shifts include accessing health services by producing an exemption letter to pass through road blocks, change in the learning environment as schools were closed by learning online or use of digital media (radio) for those who can afford during the imposed lockdown restrictions. While some young people were safe and secure in their home environments, others were experiencing a darker reality as confined at home puts them at higher risk of domestic violence and other forms of abuse including Sexual gender based violence. The rapid assessment unearthed the deterioration of young people's wellbeing, reduced access to SRH services, movement restrictions imposed by government as the major

factor impacting on access to SRH services as well as increased needs on SRH services and education among others.

a) Wellbeing Of Young People During COVID-19 ERA

The results of the research indicate that the wellbeing of the youths in Zimbabwe in the areas sampled had deteriorated. Wellbeing of young people had been affected mostly from bad to worse compare to the period before the onset of the imposed lockdown restrictions. Every life aspect has been disrupted by the COVID-19 pandemic either social, economic as well as mental wellbeing. Young people were not spared on these aspects. Young people by being confined in their homes experienced social isolation, exposed risk to domestic violence and disruption in education as well as uncertainty about their future. The results also concurred with those from the global survey report by United Nations Human Rights in conjunction with European youth forum among others (UNAIDS, 2020) who also found that family stress, social isolation and risk of domestic abuse were some of the channels through which COVID-19 has impacted. The Report indicated that 50% of young people aged 18-25 years were subject to anxiety or depression due to the imposed lockdown restrictions. A report written by Kristine Anderson (Anderson, 2020) also noted that Women, girls, men, and boys in the survey were experiencing more worry and stress due to the pandemic and the measures taken by the government to limit the spread of the virus. The consequences of the lockdown are thus increasing safety risks for already vulnerable children and pushing those on the brink into deeper vulnerability there by making their situation and wellbeing even worse. This is also was supported by Anderson who noted and recommended that a comprehensive package of SRH services (including family planning, sexual health education, and maternal services) that should be considered as essential services and should remain open during times of restriction provided they follow hygiene protocols.

Young people were uncertain about their future during the lockdown period as this has changed their behaviours as they end up engaging in anti-social aspects like drug abuse, masturbation and also indulging in sexual activities hence exposing them to high risk of STIs including HIV and AIDS. Young people also indicated a very low risk perception on COVID-19 and felt that their education has been compromised by the pandemic. The findings of the study were congruent with results from (UNAIDS, 2020) which found that informed that restricted measures affected them in accessing food supplies and other basic commodities. Young people

also highlighted that parents lost their jobs and this resulted in households facing poverty as noted also in the survey by (Recovery, 2020).

b) Access to SRH services by Young People during COVID-19

Access to SRH services by young people was actually expressed as a priority concern by most key informants during the imposed lockdown period. Although the health sector was regarded as an essential service during the lockdown period, exemption letters were required to pass through the security enforcers on lockdown restrictions or even the medical records. Youth were of the opinion that this was a violation of their privacy or rights to access the services hence a reduced access to those services. This was also worsened by closure of some service delivery points including youth centers where youth are comfortable to access SRH services from. The most commonly services in which access was reduced, include FP, HTS, STI screening and pregnancy testing. Similar survey results also were noted by Kristine Anderson who highlighted that girls reported having less information on how they can access SRH services during the lockdown than prior, the survey data also shows that access to family planning counselling was negatively impacted, with an increase of 10-20 percent in the number of women who were not at all able to access family planning. A reduction of between 50 to 75% mentioned by the key informants in the number of young people who accessed SRH services during COVID-19 shows that access to services was not easy. On the same issue, Kristine Anderson noted that ASRH services and products are curtailed, women and girls also risk losing control over their bodies, a reality that is not only very scary for girls and young people. The rights of girls, and young people were profoundly threatened by the pandemic, and there is a need for concerted, assertive action to ensure the protection and empowerment of youths and adolescent.

a) Factors impacting access to SRH Services by young people

The study revealed that movement restrictions imposed by the government were the main factor which hindered access to SRH services by young people, although youth may have wanted to access the services the enforcement of travel restrictions by security officers was too harsh on them. The lockdown restrictions also involved lack of public transport with some young people failing to afford transport which was available to access services. Services on offer during the lockdown period was also another factor impacting access to SRH services. A shift in service provision resulted in most service delivery points focusing on COVID-19 related issues hence

other SRH services were very difficult to get thereby impacting negatively on access to the services. The results were also found in a study conducted by World Vision in Myanmar, where access to rural health centres were reduced by mainly lockdown restrictions and affected primary health care and SRH services.

b) Impact of COVID-19 on young people

Although the evidence is anecdotal, the study revealed that COVID-19 had negatively affected young people. Teenage pregnancies and Child marriages were reported to have increased during the lockdown period as young girls eloped. Schools were closed in March 2020 and reopened end of September 2020 although in phases. Some students failed to return to school due to various reasons including child marriages. People failed to access COVID-19 related medical services leading to death, young people were not spared. Some parents lost their jobs during COVID-19, hence affecting the young people as some girls enter into sexual intergenerational relationships which led to child marriages due to poverty. Loss of income was also reported in a study done by UNAIDS as reported on their website on April 30 2020.

5. Recommendations

- Sensitization to all SRH stakeholders and the security enforcers should be done to assist the latter to understand and appreciate the needs and expectations of young people under such emergencies. Sexual reproductive health and family planning are an essential service and should be considered as such.
- Sexual and reproductive health and family planning are essential services and should be considered as such, as some service providers as well as law enforcers may not be aware of the package of essential services in the COVID-19 guidelines
- Government should take up the responsibility of providing all COVID-19 related services for free.
- Further Collection, collation and dissemination of data on positive actions being taken by young people in Zimbabwe is key to generate evidence for informed decision making in the COVID-19 response.
- Strengthen commodity supply and supply of COVID-19 IEC materials to all facilities and CBDs to improve service delivery and information dissemination to young people and community in general.
- There is need to support youth-led research on the intersectoral impacts of COVID-19 programmes.

- Use of social media as a major programming tool to disseminate information on COVID to young people 19 in addition to road shows and awareness campaigns as this circumvent limitations brought about by lockdown restrictions as physical interactions to disseminate information to young people was not possible during the lockdown period
- Brand common, popular and basic commodities with COVID-19 messages especially those that are wanted by the young people through Public Private Partnerships (PPP).

6. Conclusion

The COVID-19 pandemic has delivered a major blow to young peoples' access to SRH services. The lockdown restrictions have drastically changed the way young people behave with respect to fears and hopes for the future, personal safety and wellbeing during and post the Covid-19 pandemic era. The study presents powerful stories and statements by young people from the selected provinces that include innovative ideas on how to respond to the crisis. At their core are those most at risk, the law enforcement agents, service providers, the young people and acknowledging SRH as an essential service. Although the lockdown restrictions have been eased and enabled operations of businesses including opening of schools, it is likely that some of the restriction measures will remain in place such as wearing of masks and social distancing. Therefore there is need to continue monitoring and sensitising the young people on the effects of COVID-19 pandemic and find ways to solve the effects caused on young people by the pandemic. A further detailed study focusing on all communities is required with a broad literature review as well as secondary analysis of existing literature or information collected during the COVID-19 lockdown restrictions to get a broader picture of how young people have been negatively affected by the pandemic

7. References

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8. Annexes

Demographic Characteristics of Focus Group Discussions Participants

Pseudo Name	Name of Youth Center	Age	Sex	School Status	Highest Level Of Education	Marital Status	Living with	Religion
1.	Nyanyadzi	17	M	In school	Form 3	Never Married	Parent	Christianity
2.	Nyanyadzi	17	F	In school	Form 3	Never Married	Parent	Christianity
3.	Nyanyadzi	22	M	In school	Tertiary	Never Married	Parent	Christianity
4.	Nyanyadzi	23	F	In school	Tertiary	Never Married	Parent	Christianity
5.	Nyanyadzi	23	F	Out of school	Form 4	Never Married	Parent	Christianity
6.	Nyanyadzi	19	M	In school	Tertiary	Never Married	Parent	Christianity
7.	Nyanyadzi	20	M	In school	Tertiary	Never Married	Parent	Christianity
8.	Mutare	18	M	In school	Form 3	Never Married	Siblings	Christianity
9.	Mutare	19	F	In School	Tertiary	Never Married	Alone	Christianity
10.	Mutare	19	M	In School	Form 6	Never Married	Alone	Christianity
11.	Mutare	20	F	In School	Form 5	Never Married	Alone	Christianity
12.	Mutare	20	M	In school	Form 5	Never Married	Alone	Christianity
13.	Mutare	20	M	In school	Form 4	Never Married	Parents	Christian
14.	Mutare	16	M	In school	Form 3	Never Married	Parents	Christian
15.	Mutare	17	M	In school	Form 4	Never Married	Parents	Christian
16.	Mutare	18	M	In school	Form 5	Never Married	Parents	Christian
17.	Mutare	18	M	In school	Form 4	Never Married	Parents	Christian
18.	Five Avenue	24	F	In school	Tertiary	Never Married	Parents	Christian
19.	Five Avenue	24	F	In school	Tertiary	Never Married	Siblings	Christian
20.	Five Avenue	24	M	Out school	Tertiary	Never Married	Alone	Christian
21.	Five Avenue	24	F	Out school	Tertiary	Never Married	Parents	Christian

	Five Avenue	19	M	Out school	Form 4	Never Married	Siblings	Christian
22.	Five Avenue	24	F	In school	Tertiary	Never Married	Parents	Christian
23.	Five Avenue	21	M	In school	Tertiary	Never Married	Parents	Christian
24.	Five Avenue	24	F	Out school	Tertiary	Married	Alone	Christian
25.	Five Avenue	23	F	Out school	Tertiary	Never Married	Alone	Moslem
26.	Five Avenue	23	M	In school	Tertiary	Married	Alone	Christian