PITCH

Accelerating community-led HIV responses: adapting positive practice beyond the COVID-19 crisis

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FRONTLINE AIDS

Ministry of Foreign Affairs

idpc International Drug Policy Consortium

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5. Adolescent girls and young women

Challenges faced by adolescent girls and young women during COVID-19

Humanitarian crises exacerbate gender inequality, and disproportionately impact women and girls in multiple ways, including an increase in sexual and gender-based violence (SGBV), and in unwanted pregnancies; disruptions in sexual and reproductive health and rights (SRHR) services; an increased burden of care for dependents; and greater economic vulnerability in general.[1] The COVID-19 pandemic is no exception. However, organisations led by and working with adolescent girls and young women have stepped up and are showing ingenuity, agility and creativity in ensuring that they are not left behind during the pandemic response.

"Women's work"

Women have been disproportionately affected by the economic fallout that has occurred as a result of the COVID-19 pandemic. Even before the pandemic, working women were more likely than men to be living in extreme poverty[2]. Some of the labour sectors hardest hit by the pandemic have been those in which women predominate, and which are characterised by low pay and poor working conditions, including lack of basic labour protections like paid sick and family leave. These include the hospitality and food service sectors, domestic workers, and the personal care sectors. Women are also more likely to be on the frontline when it comes to providing essential health and social services, placing them at increased risk of becoming infected with COVID-19.

Moreover, pervasive gender norms dictate that housework and childcare are the responsibility of women and girls, and with families being locked down at home, girls and women have also been disproportionately burdened with (unpaid) domestic work and childcare. During lockdowns, mothers of young children have faced impossible trade-offs between continuing to earn a living, and looking after children affected by school closures. UN Women, in its #HeForSheAtHome campaign highlighted that women make up 70% of workers in the health and social sector and do three times as much unpaid care work at home as men. The campaign called on men to take on their equal share of domestic and care work[3].

Under these circumstances, school-going girls have struggled to continue their education, especially where girls' education is not valued or is undermined. While online schooling can help ensure continuous education, this is not an option for many girls and women who carry the burden of domestic work and/or lack the necessary resources and devices to access the internet.

Interruptions in SRHR services, and increase in unintended pregnanciess

One of the major impacts of the COVID-19 pandemic's containment measures has been the interruption in SRHR services, including testing and treatment for HIV and sexually-transmitted infections (STIs), condom programmes, family planning, termination of pregnancy services and maternal health care. Health facilities had to reorientate to deal with surges in COVID-19 cases, and halted all but emergency services. In April 2020, a survey by the International Planned Parenthood Federation (IPPF) showed that 5,633 static and mobile clinics and community-based care SRHR outlets across 64 countries had been closed because of the outbreak[4]. According to research in five African countries, the most disrupted HIV-related services have been those meant to prevent new infections, especially among marginalised groups[5].

With schools being closed, comprehensive sexuality education (CSE) has also been impacted.

In addition, the broader protections which being in school provides for girls, with regard to prevention of unintended pregnancies and SGBV[6], have been lost. Experience from the Ebola epidemic in West Africa showed that less interaction with school-based SRH programmes and more time out of school led to an increase in unplanned pregnancies[7]. UNFPA has reported that more than 47 million women could lose access to contraception during the COVID-19 pandemic, leading to seven million additional unintended pregnancies. Previous health emergencies have shown that, not only do unintended pregnancies increase, but interruptions in reproductive health care can have deadly consequences: the Ebola outbreak in West Africa from 2013-2015 led to as many, if not more, pregnancy-related deaths than deaths from Ebola itself[8]. In addition, several countries, such as Togo, Equatorial Guinea and Tanzania, expel pregnant girls from school and ban them from returning, effectively destroying their education and employment prospects.

Increase in child marriages

Many of the complex factors that drive child marriage are exacerbated during emergencies, as family and community structures, as well as education, are disrupted, household income is threatened, and the risk of household violence is elevated.[9] Save the Children has warned that 500,000 more girls were at risk of being forced into child marriage in 2020 alone[10].

Marriage is often seen by other family members as a preventative option to protect girls from rape or sexual assault, and from the social stigma that can follow[11]. Before the pandemic, India, which accounts for one in three child marriages globally, had become a world leader in working to reduce child marriage, through education and awareness. But a harsh, long lockdown has pushed millions of Indian families into poverty and forced them to consider child marriage to alleviate poverty[12].

Escalating sexual and gender-based violence

There has been a surge in SGBV globally during the COVID-19 pandemic, and a disturbing increase in cases of women being murdered by their intimate partners[13]. History shows that SGBV increases in times of crisis, fuelled by harmful gender norms and inequalities, and economic and social stress. In the context of the COVID-19 pandemic, these factors are intensified by restricted movement and social isolation measures. Many adolescent girls and young women have been in lockdown at home with abusive partners or family members, often in overcrowded conditions, cut off from normal support services. In some countries, resources have been diverted away from SGBV response services, to address the COVID-19 emergency. In April 2020, UNFPA predicted an additional 31 million SGBV cases in a six-month global quarantine situation. This would rise to an additional 45 million in a nine-month quarantine.[14] Besides being a violation in and of itself, SGBV is also linked to an increase in vulnerability to HIV, poor mental health and poor educational outcomes, amongst others.

Mental health

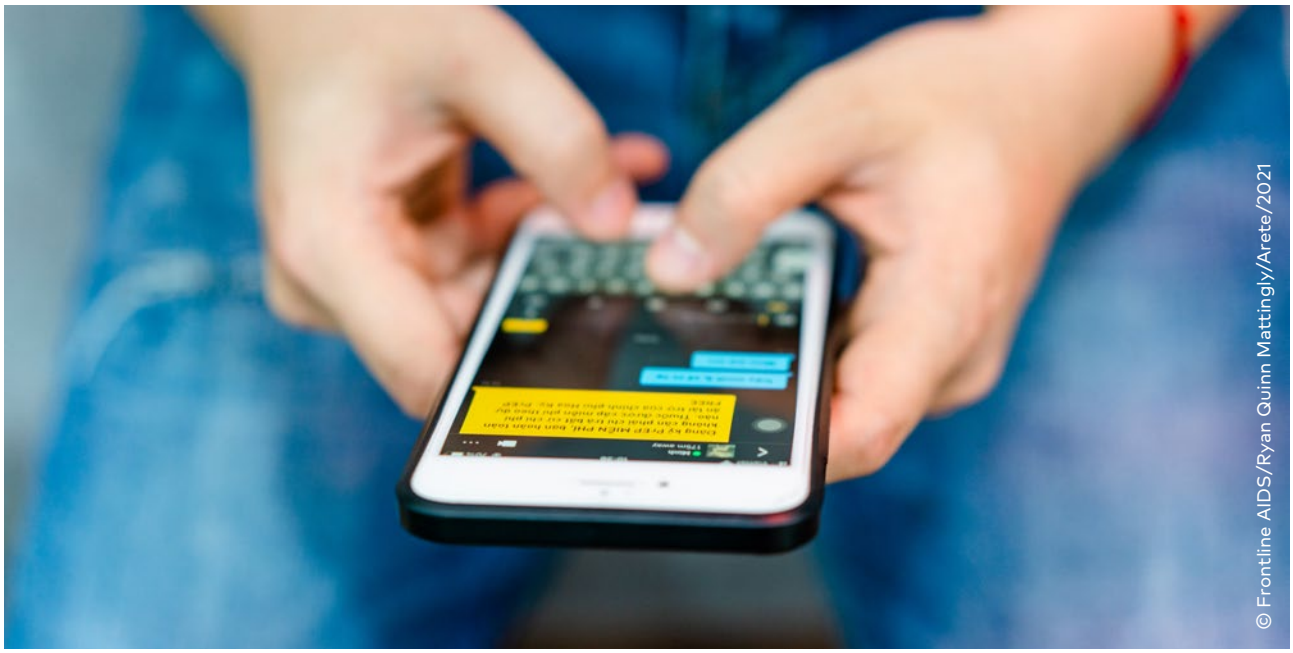
COVID-19 containment measures, particularly quarantines and lockdowns, have had a negative impact on young people's mental health, as studies from a range of countries have shown[15,16] with increases of depression, anxiety and trauma. Many adolescents have been cut off their peer groups, and have experienced loneliness and social isolation. School-going adolescents worry about how the interruptions in their education will affect their future, and are also affected by the economic and social stress their families are going through. Young gay, lesbian, trans and gender diverse people have also faced significant isolation, exacerbating already increased risk of suicide and depression among this group.

Positive approaches adopted during the COVID-19 pandemic

Adolescent girls and young women, and the organisations working with them, have shown themselves to be agile and resourceful in the face of the multiple challenges unleashed by the pandemic.

Virtual community support

Community-based and community-led organisations which mobilise, empower, raise awareness and support adolescent girls and young women quickly found ways to provide these services online. They used messaging services such as WhatsApp, social media apps



Organisations such as Mobile outreach services via dating apps provide health advice and support.

such as Instagram, Facebook and Twitter, and videoconferencing platforms such as Zoom to maintain contact with the adolescent girls and young women, and respond to their needs.

For example, in Africa, adolescent girls and young women used the Athena Network #WhatWomenWant and #WhatGirlsWant platforms to share experiences and advocate for human rights[17]. In Botswana, Malawi, Zambia and Zimbabwe, SRHR Africa Trust (SAT) engaged with young activists via YouthWyz Facebook groups, and did training on blogging and podcasting to help them organise and advocate online. In Kenya, LVCT Health held support groups for adolescents on Zoom. The young people shared their challenges and experiences with counsellors and with each other. Through these support groups LVCT Health became aware of the problems that many adolescents are facing and have been able to offer help through a number of digital interventions, including a website called One2One.

Teenergizer, an HIV and SRH organisation for teenagers in Ukraine, Russia, Kazakhstan and Kyrgyzstan began to provide online services. These included facilitation of confidential support groups for adolescents living with HIV, peer-to-peer online counselling, and live broadcasts, videos and articles on social media. Through these channels thousands of adolescents and young people were reached with information on COVID-19 and coping with lockdown and quarantine, as well as information on sexuality, SRH, and HIV[18].

Moving comprehensive sexuality education online

Hundreds of digital sexuality education platforms have been launched during the pandemic, at least partially filling the gap in CSE caused by school closures and demonstrating that CSE provision in non-educational settings can work successfully[19]. These include platforms from across the world, in many different languages, and those which address young peoples' sexuality in all its diversity. These platforms have several advantages over school-based CSE: questions can be asked confidentially, and information is provided in a non-shaming, non-judgemental way.

For example, the Frisky App, hosted by Education as a Vaccine (EVA), a youth-led community organisation in Nigeria, provides SRH information on topics such as body image, sexual abuse, abortion, HIV and AIDS, female genital mutilation/cutting, contraceptives, SGBV, puberty, sexual dysfunction, and early and forced marriages. Through the app, young people can assess their sexual health risks and learn ways to minimise them. Embedded in the app, is the 'My Question and Answer Service' that allows adolescents and young people to connect to a trained counsellor through SMS, phone call or WhatsApp, and to access SRH information and locate youth-friendly services at their convenience. With the onset of the pandemic in Nigeria, young people started using the service to ask questions about COVID-19. In response, EVA updated the app content to bust misconceptions and share accurate information.

Self-care and telemedicine

The COVID-19 pandemic has accelerated innovations in health care delivery, including differentiated service delivery, which is defined as person-centred health care, moving away from a 'one size fits all' model, and emphasising convenience and user-friendliness for patients. This includes self-administered interventions which can be done at home, privately. Such self-care methods reduce congestion in health care facilities, and have another key advantage for adolescent girls and young women: they prevent the judgement, blame or stigma which they often experience from health care workers when they seek SRH care.
One self-care intervention which has taken off during the pandemic is self-management of medical abortion. According to WHO, self-management of medical abortion in the first trimester of pregnancy has three components: self-assessing eligibility; managing the mifepristone and misoprostol medication without direct supervision of a health care provider; and self-assessing completion of the abortion process using pregnancy tests and checklists.[20]

For example, in July 2020, Marie Stopes South Africa gave 700 patients telephonic support to terminate pregnancies at home[21]. Marie Stopes counselled clients who phoned their helpline, and explained the procedure to them, and then couriered packages containing abortion-inducing drugs, as well as a short-acting contraceptive, and a pregnancy test to be conducted three to four weeks after the procedure. Similarly, in Chile, women's organisation Con las Amigas y en la Casa provided information about self-managed abortion during the lockdown, using Instagram Live to host workshops[22].

Advancing sexual and reproductive health and rights

The anticipated rise in adolescent pregnancies with the onset of the COVID-19 crisis is already becoming a reality. Thus the need for rights-based initiatives to prevent and respond to adolescent girls' SRH needs are more urgent than ever. Years of experience gained in implementing multi-layered interventions to empower vulnerable adolescent girls and young women have, to some extent, increased resilience to the new challenges which have emerged during COVID-19.

For example, in Malawi, the Spotlight Initiative has been supporting safe spaces and mentorship for adolescent girls. Their theory of change is that supporting adolescent girls psychologically, socially and educationally, and increasing their awareness of SRHR will achieve three key outcomes: reduce their vulnerability to SGBV; reduce child marriages; and increase their agency to decide when, whether, and how many children they want. Mentorship sessions have equipped a cadre of 7000 young women with knowledge and assertiveness skills. The programme has reported zero teenage pregnancies during the COVID-19 pandemic[23].

There have also been encouraging changes in the legal and policy environment regarding adolescent pregnancies. In a policy landmark, the governments of Sierra Leone and Zimbabwe recently lifted bans on pregnant girls attending school. In Sierra Leone, this happened after the Economic Community of West African States (ECOWAS) Court of Justice ruled that the policy was discriminatory, by denying girls their right to education. The Sierra Leone government has also initiated a nationwide campaign to protect girls and prevent teenage pregnancy during school closures due to COVID-19.[24] In Zimbabwe, a legal amendment criminalising the expulsion of pregnant learners was passed in August 2020.

Addressing sexual and gender-based violence

Organisations have also stepped up to ensure that services to prevent and respond to SGBV are sustained, and adapted to the new realities. Activists often continued their work in communities, while adapting to social distancing and preventative measures. For example, in Nampula Province, Mozambique, young anti-SGBV activists had to suspend door-to-door awareness raising activities, but continued to visit neighbourhoods, wearing masks, and using megaphones to encourage women to report and seek support if they experience SGBV[25].

Across the world, organisations have set up hotlines which adolescent girls and young women can call for counselling, support and advice on appropriate services. In Zimbabwe, Youth Advocates Zimbabwe (YAZ), provides free, confidential counselling and advice to young people on their SRHR. During the pandemic, YAZ was supported by UNFPA Zimbabwe to extend its helpline to marginalised communities, recognising the difficulties many were facing under lockdown. According to YAZ director, Tatenda Songore, "the helpline came in handy in providing a confidential, tailored service because of the high levels of anonymity and the trust that we have built from the youth friendly service provision trainings"[26]. In Jamaica, the Ministry of Health and Welfare established a COVID-19 hotline staffed by volunteers and fields thousands of calls from people seeking information. Seizing the opportunity to reach women at risk of SGBV, the Pan American Health Organisation collaborated with the Ministry of Health and Welfare to train a new cadre of volunteers in SGBV sensitisation and prevention through their online training, ensuring the helpline team are sensitive to cues that callers may be experiencing SGBV.

Some countries have established temporary shelters for survivors of intimate partner and domestic violence. In Ethiopia, the Association for Women's Sanctuary and Development and other members of the Ethiopia Network of Women's Shelters opened an emergency shelter for those fleeing violence[27], In Tunisia, the Ministry of Women's Affairs set up a new temporary shelter for survivors of SGBV, and provided personal protective equipment to three existing shelters[28].

Teenage pregnancies rose during COVID-19

Case study

Technology advancements enable uninterrupted access to treatment services for adolescents in Zimbabwe

Africaid Zvandiri is a community-based Zimbabwean organisation which seeks to ensure that children, adolescents and young people living with HIV have the knowledge, skills and confidence to live happy, healthy, safe, fulfilled lives. To support adolescents living with HIV, Zvandiri employs a team of Community Adolescent Treatment Supporters (CATS). CATS are HIV-positive people aged 18-24, who visit young people at their homes to link them to health facilities, and to increase uptake of testing, adherence, retention in care, and both SRH and mental health services. CATS work with health facilities supervised by the Ministry of Health, and with social workers, community health workers and clinic health workers. They also facilitate monthly community-based support groups for youth living with HIV. Through these interventions, the Zvandiri programme builds mental, emotional, and physical resilience. The CATS are supervised by mentors, who are adult health professionals.

Since its inception, the CATS model has been scaled up to 51 districts in Zimbabwe, and has been adopted in Mozambique, eSwatini, Namibia, Rwanda, Tanzania and Uganda.

When COVID-19 containment measures were introduced in Zimbabwe, Zvandiri had to adapt its CATS model to keep young people safe. They started by developing youth-friendly Youtube videos and comics in English, Shona and Ndebele, explaining what COVID-19 is, how to take care of their mental health during COVID-19, and tips for young people living with HIV[29]. Zvandiri also uses a free SMS monitoring tool with the videos and comics, so that young people can respond, ask questions, and participate in polls, as well as share on social media.

Zvandiri also shifted to virtual case management, to cut down clinic visits. The mentors started using WhatsApp for most of their consultations, sharing information on when and how to collect ARVs from the clinic; providing adherence monitoring, support and counselling; screening for symptoms of COVID-19; screening for SGBV; and providing psychosocial support. The CATS also switched to supporting their cohort of adolescents virtually: either one-to-one, or in support groups, to reduce isolation and maintain connections.

However, not all young people have access to devices and internet, so Zvandiri mentors still continue home visits to some young people, including those at high-risk or living in vulnerable circumstances, and those who are unable to attend clinic or have not collected their ARV refills.

The pandemic and subsequent economic hardship have taken their toll on adolescents' caregivers too, with food and housing insecurity increasing stress within families. Therefore Zvandiri also provides virtual support to caregivers, including emotional support; support for people experiencing SGBV; advice on chronic medication; and referrals for services, as well as emergency relief schemes.

Digitalising treatment support for adolescents in Zimbabwe by community-led organisations has increased access to COVID-19 related information, and supports adolescents and young people to adapt to living through the pandemic.

Recommendations

Sustain virtual support and information sharing

Digital platforms can be convenient, reduce costs, enhance privacy and potentially reach more people with services. Community-led and community-based organisations working with adolescent girls and young women in their diversity should continue to equip themselves with the technology and skills to shift to virtual ways of working. This way they can harness young peoples' extensive use of social media and the internet for learning and connecting with each other. However, service providers should also ensure that online service delivery does not widen the 'digital divide', by excluding poor, rural or marginalised adolescent girls and young women who do not haveaccess. Moreover skills building for young people must include aspects of online rights, safety and security considerations, acknowledging that online spaces, like any spaces, can be sites for exclusion, sexism and sexual and gender based violence.

Expand differentiated service delivery, including self-care and telemedicine

SRHR services are essential to adolescents' and young women's health and equality. During COVID-19, organisations working with adolescent girls and young women have striven to ensure that these services, including HIV and STI prevention, diagnosis, and treatment, family planning, safe abortion and post-abortion services, and maternal health services were not interrupted. These efforts should be sustained and expanded. Organisations should continue to explore and implement innovative service delivery, including self-care options and telemedicine for SRH and HIV.

Advance sexual rights and agency

Evidence- and rights-based programmes which aim to end child marriage, address harmful social and gender norms, improve access to SRHR, and improve agency for adolescent girls and young women must be sustained.

Multi-layered interventions to keep girls in school are more critical now than ever. Proven strategies which enhance girls' retention in school should be sustained. Specifically, multiple platforms for expanding access to CSE, both in and out of school settings, should be scaled up. CSOs should also continue to advocate for adequate social protection mechanisms for adolescent girls, including school feeding, food and hygiene parcels, and free mobile data. Finally, CSOs should continue to advocate for governments to urgently review policy barriers which limit girls' access to education, such as laws banning pregnant learners from returning to school.

End sexual and gender-based violence

COVID-19 has exposed the extent of SGBV, and activists must seize the moment, intensifying advocacy for policies, plans, interventions and resources to address SGBV. Organisations working to end SGBV should continue to advocate for governments to honour their obligations to protect adolescent girls and young women from SGBV, and hold perpetrators accountable. They should ensure that adolescent girls and young women who are victims or at risk of SGBV, have access to swift, effective, non-judgemental and non-stigmatising justice and support. This should include protection orders, legal advice and support; health care; psychosocial support; and shelters. Community-led and community-based initiatives to respond to survivors of SGBV, including psychosocial support and counselling, safe spaces and shelters, and hotlines, must be funded and sustained.

Endnotes

[1] https://www.weforum.org/agenda/2018/12/why-do-humanitarian-crises-disproportionately-affect-women/

[2] Munoz Boudet AM, Buitrago P, Leroy De La Briere B, et al. Gender differences in poverty and household composition through the life-cycle: a global perspective. Washington, DC: World Bank; 2018 (http://documents. worldbank.org/curated/en/135731520343670750/pdf/WPS8360.pdf).

[3] UN Women (2020). HeForShe launches #HeForSheAtHome campaign, 15 April 2020. Available at: https://www.unwomen.org/en/news/stories/2020/4/news-heforshe-launches-heforshe-athome-campaign

[4] IPPF (April 2020). COVID-19 pandemic cuts access to sexual and reproductive healthcare for women around the world. Available at: https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproductive-healthcare-women-around-world

[5] Namubiru, L., Wepukhulu, K. & Cullinan, K. (2020). Sex workers abandoned as COVID crackdowns undo HIV efforts. Available at: https://www.opendemocracy.net/en/5050/sex-workers-abandoned-as-covid-crackdowns-undo-africas-hiv-efforts/?fbclid=IwAR1WgokkGyZ5gpmhOQ59x5fqulhp6IIoivTtoYBbYLPnXEvuwYjkS5iu07Q

[6] Sida (2015). Brief: Gender-based violence and education. Available at: https://www.sida.se/contentassets/a3950e8788ec48a78218358a0457fa63/genderbased-violence-and-education.pdf

[7] Republic of Sierra Leone, UNFPA, DFID, Irish Aid & Options (2015). Rapid assessment of Ebola impact on reproductive health services and service seeking behaviour in Sierra Leone. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/UNFPA%20study%20_synthesis_March%2025_final.pdf

[8] SochasL,ChannonAA,NamS(2017),'Countingindirectcrisis-relateddeathsinthe context of a low-resilience health system: the case of maternal and neonatal health during the Ebola epidemic in Sierra Leone.' Health Policy Plan. 2017 Nov 1;32(sup- pl_3): iii32-iii39. Available at: https://www.ncbi.nlm.nih.gov/pubmed/29149310

[9] Girls not Brides (2020). COVID-19 and child, early and forced marriage: an agenda for action. Available at: https://ams3.digitaloceanspaces.com/girlsnotbrides-org/www/documents/COVID-19-and-child-early-and-forced-marriage.pdf

[10] Cousins, S. (2020). 2·5 million more child marriages due to COVID-19 pandemic, The Lancet, v396, Issue 10257, 10 October 2020. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32112-7/fulltext

[11] Girls not Brides (2020). ibid

[12] Cousins, S. (2020) ibid.

[13] UN News (2020). UN expert calls for urgent action to end 'pandemic of femicide and violence against women', 23 November 2020. Available at: https://news.un.org/en/story/2020/11/1078362

[14] UNPFA (2020). Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. Available at: https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital

[15] Wagner, K.D. (2020). New Findings About Children's Mental Health During COVID-19, Psychiatric Times. Available at: https://www.psychiatrictimes.com/view/new-findings-children-mental-health-covid-19

[16] Mental Health Foundation (2020). Impacts of lockdown on the mental health of children and young people. Available at: https://www.mentalhealth.org.uk/publications/impacts-lockdown-mental-health-children-and-young-people

[17] GNP+ (2020). Positive living in the time of COVID-19. Available at: https://www.gnpplus.net/assets/Positive-Women-Living-in-the-time-of-COVID-19-Newsletter-4-May-compressed.pdf

[18] UNAIDS (2020). Six concrete measures to support women and girls in all their diversity in the context of the COVID-19 pandemic. Available at: https://www.unaids.org/sites/default/files/media_asset/women-girls-covid19_en.pdf

[19] UNESCO (2020). Sexuality education in the digital space and Health & Wellbeing for young people in times of COVID-19 – UNESCO publications, 21 July. Available at: https://unescochair-ghe.org/2020/07/21/sexuality-education-in-the-digital-space-and-health-wellbeing-for-young-people-in-times-of-covid-19-unesco-publications/

[20] WHO (2015). Health Worker Roles in Providing Safe Abortion Care and Post-Abortion Contraception. Available at: http://www.who.int/reproductivehealth/publications/unsafe_abortion/abortion-task-shifting/en/.

[26] Dhlamini, M. (2020). How coronavirus restrictions forced Marie Stopes to facilitate abortions telephonically. Available at: https://www.dailymaverick.co.za/article/2020-09-28-how-coronavirus-restrictions-forced-marie-stopes-to-facilitate-abortions-telephonically/

[27] International Women's Health Coalition (2020). Feminists defend abortion access amid pandemic. Available at: https://iwhc.org/2020/05/feminists-defend-abortion-access-amid-pandemic

[28] Spotlight Initiative (2020). 'Early marriage is not a solution' - Tilimbike Safe Community Space in Malawi shows that mentoring works. Available at: https://spotlightinitiative.org/news/early-marriage-not-solution-tilimbike-safe-community-space-malawi-shows-mentoring-works

[29] World Vision (2020). COVID-19 Aftershocks: Access Denied. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/2020-08-21-%20Aftershocks%20Education%20final2_3.pdf

[30] In many countries, marginalised and poor adolescent girls and young women have disproportionately low access to the internet. Spotlight Initiative (2020). Megaphones and masks: how activists are adapting to COVID-19 in Mozambique https://spotlightinitiative.org/news/megaphones-and-masks-how-activists-are-adapting-covid-19-mozambique

[31] UNFPA (2020). Helpline, a timely intervention for Key Populations during COVID-19, 2 Sept 2020. Available at: https://zimbabwe.unfpa.org/en/news/helpline-timely-intervention-key-populations-during-covid-19

[32] Frontline AIDS (2020). Technical briefing on HIV and COVID-19 programming. Available at: https://frontlineaids.org/wp-content/uploads/2020/07/Technical-Brief-COVID-19-and-HIV_final-27July.pdf

[33] UNAIDS (2020). Six concrete measures to support women and girls in all their diversity in the context of the COVID-19 pandemic. Available at: https://www.unaids.org/sites/default/files/media_asset/women-girls-covid19_en.pdf

[34] https://www.africaid-zvandiri.org/covid-19

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