Quality SRH Services in the Context of COVID-19

Dr. Milly Nanyombi Kaggwa,
Sr Clinical Advisor SRH- PSI, 13th May 2020
Each year over 300,000 women die from cervical cancer.

A woman is diagnosed every minute.

Today 90% of women who die from cervical cancer live in the developing world.

Without action, deaths from cervical cancer will rise by almost 50% by 2040.
Cervical Cancer Prevention at PSI

PSI RESPONSE

Since 2012, PSI has initiated screening, pre-cancer treatment, and referral programs in 19 countries across our global SRH network.

ASIA: Cambodia, Myanmar, India
LAC: Belize, El Salvador, Haiti, Trinidad & Tobago
SSA: Benin, Cameroon, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, Tanzania, Uganda, Zambia & Zimbabwe
PSI Global SRH Priorities during COVID-19

1. Keeping SRH needs at the forefront and ensuring SRH is part of a national COVID-19 response
2. Adapting SRH Interventions to meet client’s voice, choice and agency
3. Managing COVID-19 exposure risk in PSI-Supported facilities & a community Setting
4. Put more care and control directly in consumers’ hands- role of Self-managed care
• COVID-19 pandemic has heightened vulnerabilities of different population groups, particularly women and girls, and the most marginalized
• contraception, safe abortion and cervical cancer screening and treatment are all essential preventative services
• PSI SRH programs have adapted their interventions to an array of circumstances in order to continue to meet essential SRH needs
Challenges and Opportunities in SRH efforts in Uganda during COVID-19 Pandemic

- Guidelines for SRHR in the context of COVID have been developed in Uganda
- Call to observe universal precautions of COVID-19 prevention
- Despite CxCa burden in country, guidance does not directly call out CxCa management
- shifted attention to Covid-19 patients
- travel restrictions reducing access for providers and women who need them
- reports of increased gender-based violence (GBV)
- Commodity stock outs
Integration of CxCa prevention services into an existing FP program in Uganda

- PSI Uganda through its local affiliate, the Programme for Accessible Health, Communication and Education (PACE) launched CxCa prevention services in 2012
- National franchise network of private sector clinics called ProFam
- Offering a package of SRH services, including family planning (FP), CxCa screening using visual inspection with acetic acid (VIA) and cryotherapy,
- Conversely, women presenting for CC services are made aware of other SRH services offered
- Successful increase in uptake of both services
PSI Uganda 2019 Cervical Cancer Screening

Jan: 1249
Feb: 1163
March: 1393
April: 1021
May: 1291
June: 1076
July: 1556
Aug: 1845
Sept: 2106
Oct: 2267
Nov: 2240
Dec: 375

N - Negative
P - Positive
## Cervical Cancer treatment 2019

<table>
<thead>
<tr>
<th>Month</th>
<th>Eligible and Cryo given</th>
<th>Eligible and Cryo not given</th>
<th>Not eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>11</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Feb</td>
<td>11</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Mar</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Apr</td>
<td>5</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>May</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Jun</td>
<td>12</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Jul</td>
<td>16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aug</td>
<td>13</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Sept</td>
<td>12</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Oct</td>
<td>12</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Nov</td>
<td>9</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Dec</td>
<td>7</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>
SRH Services on the decline

“We have seen a sharp decline in women seeking SRH services, especially family planning. People will rarely walk five kilometers or more to get contraceptives. Family planning is definitely not a priority now,”

Pregnant women sit at the veranda of Lira RDC’s office as they wait patiently for temporary travel permit on March 3, 2020. Photo by Isaac Otwii
Implications this may have on cervical cancer in the long term

- Improve access to primary care networks by implementing MoH guidelines for service delivery at ProFam Clinics
- Need for refresher training, esp. those who conduct VIA,
- Need for appropriate protective gear/PPE depending on the service provided
- Using digital health interventions to understand how the clients feels about her care and utilizing this data to inform decisions
- SBC messaging around integrated SRH services during COVID-19
- Need rally behind unique demand creation strategies to bring women back into clinics, knowing that cervical cancer falls down the list of SRH priorities