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Understanding Child Health in the Context of COVID-19
A webinar series

Returning to School

Impact of COVID-19 school closures on child & adolescent health in sub-Saharan Africa and plans for reopening safely

29 September, 2021

Child Health Task Force Today

1900+ members *from* **80+** countries **300+** organizations

Working together in **10** subgroups

Focused on **5** themes of work

Child Health Task Force Strategy – Members' Engagement

The purpose of the five-year strategic plan is to position the Task Force as a **global coalition**, supporting the **delivery of high quality child health services** through the convening and **coordination** of stakeholders to **share knowledge** and innovative solutions to programmatic issues.

Read the strategy on the website: https://bit.ly/chtfstrategy

Participate in the **members' survey** to share feedback and ideas for implementing the strategy ***and* to win a member spotlight** in the newsletter and on the Task Force website!

Returning to School

Impact of COVID-19 school closures on child & adolescent health in sub-Saharan Africa and plans for reopening safely

11th webinar in our series – Understanding Child Health in the Context of COVID-19

Hosted by the Implementation Science subgroup

Recordings and presentations from previous Child Health & COVID-19 webinars in the series: **http://bit.ly/COVID19ChildHealthSeries**

**The recording and presentations from this webinar will be available on this page later today*

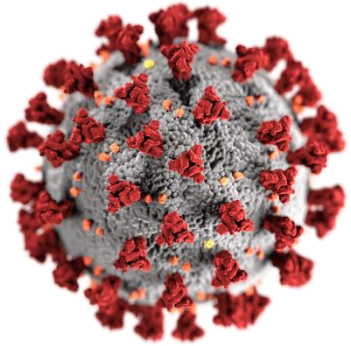
Panelists

Dr. Sabrina B Kitaka
Senior Lecturer
Paediatrician
Makerere University

Dr. Angela Unna Chukwu
Associate Professor
University of Ibadan
Ibadan, Nigeria

Prof. Wilson Sadoh
Professor of Paediatrics
Paediatric Cardiologist
University of Benin
Edo State, Nigeria

COVID19, Safe School-Return



Dr Sabrina.B.Kitaka(MMED;PhD)
Dept of Paediatrics , Makerere University ,Kampala Uganda

THE REPUBLIC OF UGANDA

Childhealth Task Force Webinar 29/9/2021

BAYLOR COLLEGE OF MEDICINE
Children's Foundation
UGANDA

THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

RESULTS OF

26TH .SEPT. 2021

COVID-19 DAILY UPDATES

Tests Conducted

1,677,756

New (2,614)

New Cases

95

Test Positivity Rate

3.6%

Cumulative Cases

123,340

Active Cases on Admission at Health Facilities

327

Cumulative Recoveries

96,067

Total Doses Administered

1,905,039

Deaths

3,148

New (2)

Adhere to the COVID-19 SOPs

Website: www.health.go.ug

0800 100 066

Wear Your Mask

Wash Your Hands

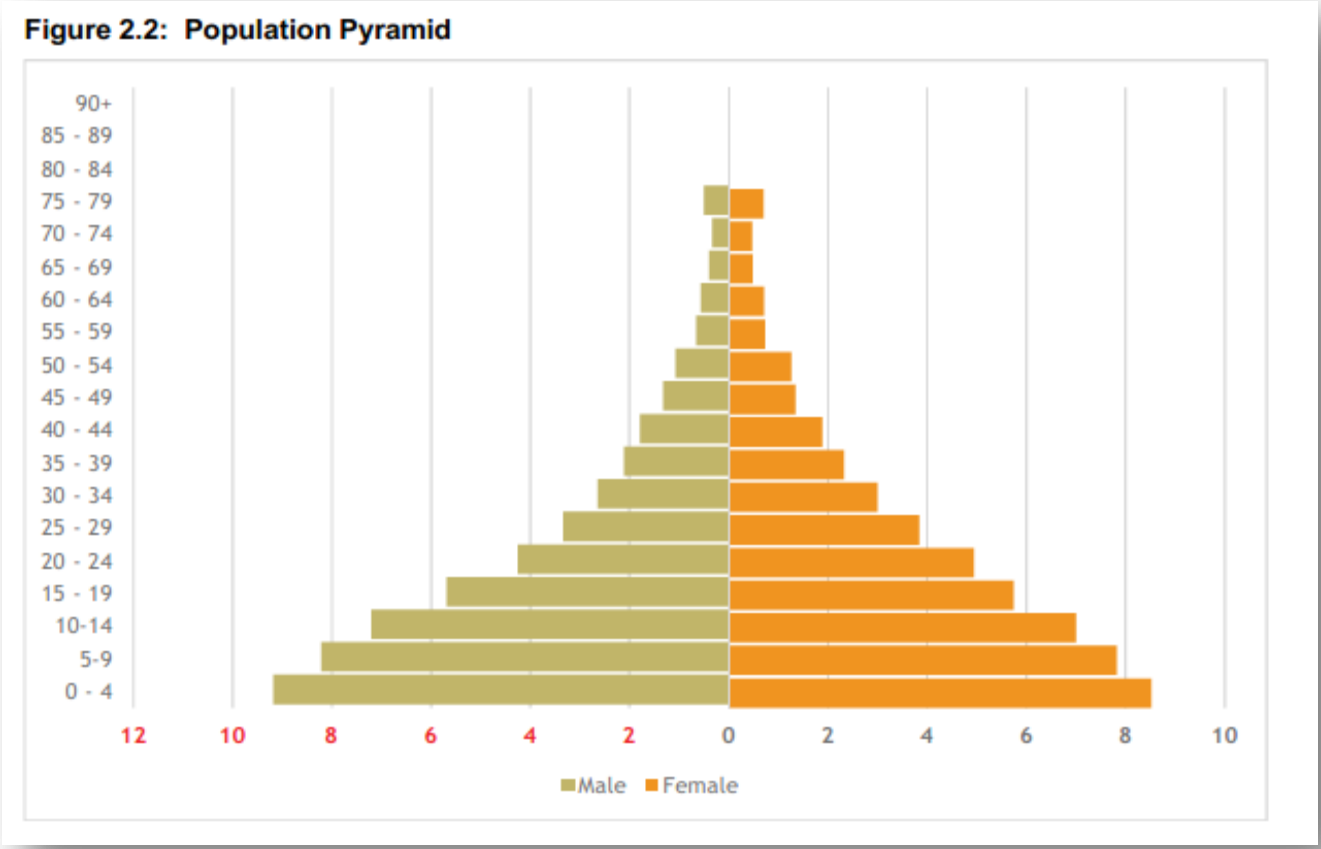
Keep Your Distance

Uganda has a young population

With over half its population under the age of 18, Uganda has one of the youngest populations in the world

Demographic Statistics

Uganda- ≤ 19 years make up approximately 60% of the total population



Uganda National Population and Housing Census 2014

Health care concerns of adolescents

- STI /HIV/AIDS:
  - Females contract HIV/AIDS at younger age than males
  - Within the age group 15-24, the female; male ratio of HIV infection remains 4;1
  - Some of the factors predisposing to HIV/AIDS
    - Break down of cultural structures which valued abstinence and virginity
    - Unfriendly Mass media promoting pornography
    - Rampant cross generational sex

The COVID-19 related lock down created untold suffering and multiple disruptions

COVID-19 and the VUCCA situation

- **Volatile:** There was a lot of fear related with the pandemic..
- **Uncertain:** It was difficult to predict the next steps
- **Complex:** The COVID-19 pandemic was moving fast and maintaining knowledge was complicated
- **Chaotic:** Yes, it was chaos. New technologies, problems, misinformation, and conspiracy theories;developing emotional intelligence has never been so necessary. Working on you, about your ideas, your emotions, your health…
- **Ambiguous:** Who would say it … Over-information produces the adverse effect. It manifests itself in a lack of clarity and the difficulty of understanding exactly what the situation is.

Disruption in education

- The COVID-19 pandemic has created the largest disruption of education systems in history, affecting nearly 1.6 billion learners in more than 190 countries and all continents.
- Closures of schools in Uganda resulted in sending home close to 17 million children ; adolescents and young adults.

Who is most affected?

- The crisis is exacerbating pre-existing education disparities by reducing the opportunities for many of the most vulnerable children, youth, and adults – those living in poor or rural areas, girls, refugees, persons with disabilities and forcibly displaced persons – to continue their learning.
- Learning losses also threaten to extend beyond this generation and erase decades of progress, not least in support of girls and young women's educational access and retention.

Further effects

- Globally 23.8 million additional children and youth (from pre-primary to tertiary) may drop out or not have access to school this year due to the pandemic’s economic impact alone.
- Similarly, the education disruption has had, and will continue to have, substantial effects beyond education.

Essential services disruptions

- There were major disruptions in the provision of adolescent services especially immunization ; sexual and reproductive health services

FRIDAY ADOLESCENT CLINIC

@ MAKERERE MULAGO HOSPITAL WARD 15

SERVICES AVAILABLE

Immunisation
- Tetanus Toxoid
- Human Papilloma Virus Vaccine
- Hepatitis B Vaccine

Sexual & Reproductive Health
- HIV Testing & Counseling
- Health Education
- Contraceptives
- STI / STD Screening & Management

Psychosocial Counseling Services
Nutrition Counseling
Career Guidance
School Health
Medical Examination
Life Skills Training
Mental Health Services

CONSULTANTS AVAILABLE

Dr. SABRINA Bakeera KITAKA
Paediatrics Adolescent Medicine

Dr. NICOLETTE NABUKEERA BARUNGI
Paediatrics Adolescent Medicine

Dr. JOSEPH RUJUMBA
Social Worker

+256 414 694 136
+256 414 531 875

ALL SERVICES are FREE

@Friday Adolescent Clinic

www.sahu.ug

An Adolescent is anyone aged between 10 & 19 yrs

Clinic Time
8:30AM
12:30PM

The Clinic is supported by the Department of PAEDIATRICS, MAKERERE UNIVERSITY, MULAGO & COLUMBIA UNIVERSITY MEDICAL CENTRE NEWYORK USA.

NEW YORK, USA

ADOLESCENT

High risk behavior

- Violence: Interpersonal violence has been reported a lot during the COVID-19 related lockdown
- Alcohol and drugs: use has increased among adolescents out of school with the resultant increase in unsafe behavior

Considerations for virtual learning

- Monitor screen time
- Take breaks and maintain physical activity
- Ensure adequate oversight and supervision
- Consider getting outside help (tutor, friend, teacher)
- Maintain social interactions

School re-opening in Uganda

- 20 March 2020:All schools were locked down when the index Case was reported in the country on
- July 2020:Online schooling was initiated in including learning from various platforms such as television; news paper pull outs
- August 2020:Blended learning allowed for final year medical & health-related students
- September 2020: Face to face learning allowed for students in Candidate Classes of Primary , Secondary and Tertiary Institutions
- March 2021: staggered reporting for students of all levels initiated
- June 2021:Total school closures
- Nov 2021:Universities re-open
- January 2022: Staggered re-opening for all learners

Key challenges for all adolescents caused by COVID-19:

- Individual to programmatic ; Regional to National ; Continental to Global
- Together we can solve these challenges

Acknowledgements

- The Department of Paediatrics and Childhealth, MAKCHS
- Ministry of Health Uganda
- The Uganda Paediatrics Association
- Childhealth Task Force

The COVID-19 Pandemic and Adolescents' Experience in Sub-Saharan Africa

Angela Chukwu, PhD
Associate Professor, Statistics
University of Ibadan Research Foundation (UI-RF)
University of Ibadan

Africa Research, Implementation Science, and Education (ARISE) Network

29 September 2021
Implementation Science subgroup of the Child Health Task Force:
Returning to School Safely: A Virtual Symposium

Outline

- Background
- Objectives
- Methods
- Results
- Conclusions and recommendations

Background

- Adolescence (10-19 years old): a unique life period with crucial physical, mental, and social developments
- 1.2 billion adolescents worldwide; 90% living in LMICs
- SSA is the region where adolescents make up the greatest proportion of the population, with nearly one-fourth of the population being adolescents
- By 2050, SSA will have the largest adolescent population

Adolescents in SSA have historically been neglected in public health programming

Rationale for the studies

- Adolescents do not directly suffer from a high burden of COVID-19
  - Milder symptoms
  - Less severe disease outcomes
  - Lower case-fatality rates
- Measures to combat COVID-19 may have adverse effects on adolescent health and development that may be difficult to reverse
  - Physical distancing
  - Lockdowns of communities
  - School closures

Policy imperatives on Adolescents

❖ Impacts of school closures

- ➢ Direct: Loss of education,
- ➢ Outcome of Exams for next stage of Education, namely; Waec, Jamb

- ➢ Indirect: Loss of the critical social protective functions of schools

  - Child labor
  - Early marriages & adolescent pregnancies
  - Transactional sex
  - Gender-based violence
  - Mental health issues
  - High-risk behaviors, e.g., tobacco smoking and drug use
  - Disrupted school-based nutrition programs (school feeding & nutrition education)

***Motivation*)**

- The short- and long-term impacts of the COVID-19 pandemic and its mitigation strategies on adolescents from diverse settings in sub-Saharan Africa are poorly understood.

- The ARISE Network undertook a multi-country effort to understand the impacts of the COVID-19 crisis on the lives of adolescents in sub-Saharan Africa

Objectives of ARISE Adolescent Studies

- To assess knowledge and perceptions of COVID-19 and the use of COVID-19 preventive strategies among adolescents in SSA
- To examine the impacts of the COVID-19 pandemic and its mitigation strategies on various aspects of the adolescents' lives in SSA

Methods – Study settings

- Three SSA countries: Burkina Faso, Ethiopia, and Nigeria
  - One urban and one rural site in each country

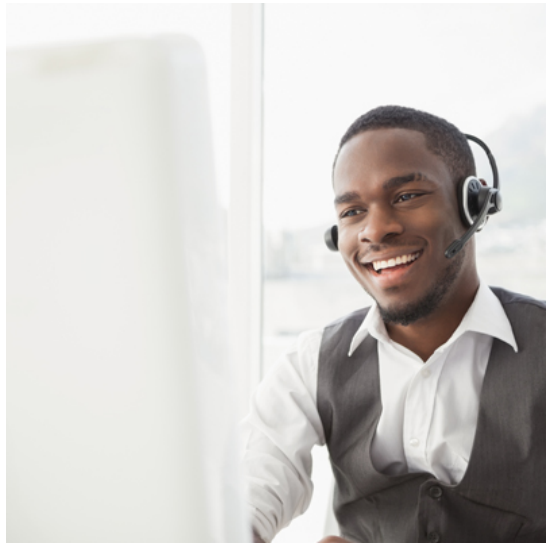
	Burkina Faso		Ethiopia		Nigeria	
	Rural	Urban	Rural	Urban	Rural	Urban
Setting	Nouna	Ouagadougou	Kersa	Addis Ababa	Ibadan	Lagos
N	297	300	294	296	365	243

- Computer-assisted telephone interviews (CATI)
- July to November 2020
- 1,795 adolescents in total (~ 300 adolescents per site)

Methods – Sampling strategies

- Different household sampling frames depending on the platforms available in each site
  - Existing HDSS in Burkina Faso and rural Ethiopia
  - National Living Standard Survey and an existing adolescent study in Nigeria
  - A new household survey in urban Ethiopia
- Within the sampling frame in each site, randomly selected and contacted households that had adolescents
- One adolescent aged 10-19 years was interviewed in each household

Methods – Data collection



- Computer-assisted telephone interviews (CATI)
  - Sociodemographic characteristics
  - Knowledge and perceptions of COVID-19
  - Use of COVID-19 preventive strategies
  - Impacts of the COVID-19 pandemic on adolescents' daily lives
    - Education
    - Physical activity
    - Communication and media consumption
    - Food intake
    - Mental health

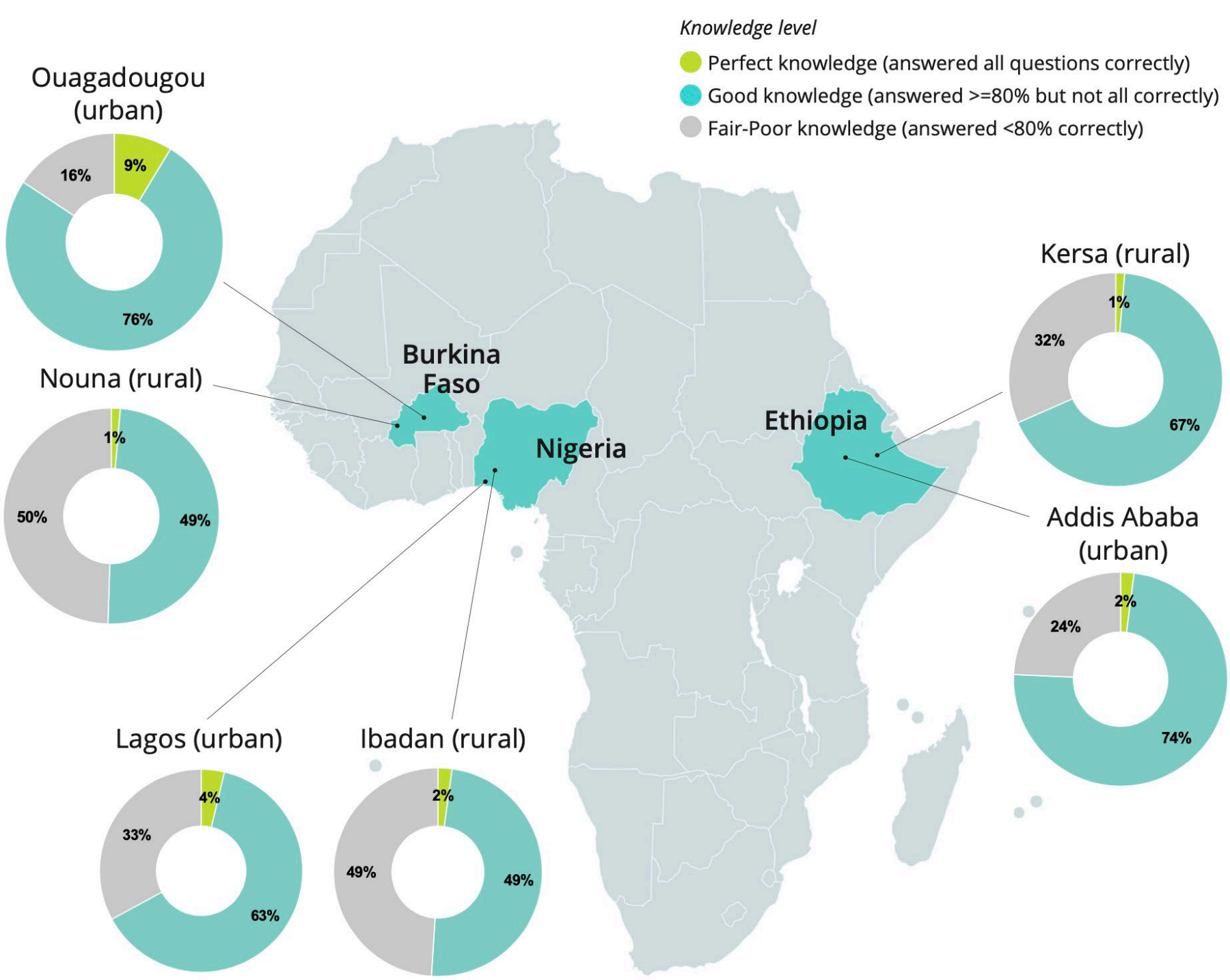
Results – General characteristics of the adolescents

	Burkina Faso		Ethiopia		Nigeria	
	Rural	Urban	Rural	Urban	Rural	Urban
Setting	Nouna	Ouagadougou	Kersa	Addis Ababa	Ibadan	Lagos
N	297	300	294	296	365	243
Age, years, median (Q1, Q3)	16 (14, 18)	15 (13, 17)	15 (12, 18)	17 (15, 18)	15 (13, 17)	17 (14, 19)
Girls, %	47	54	32	66	60	53
Highest level of education, %						
No primary school	20	4	2	1	0	1
Some primary school	27	23	72	34	3	1
Completed primary school	53	73	26	65	97	98

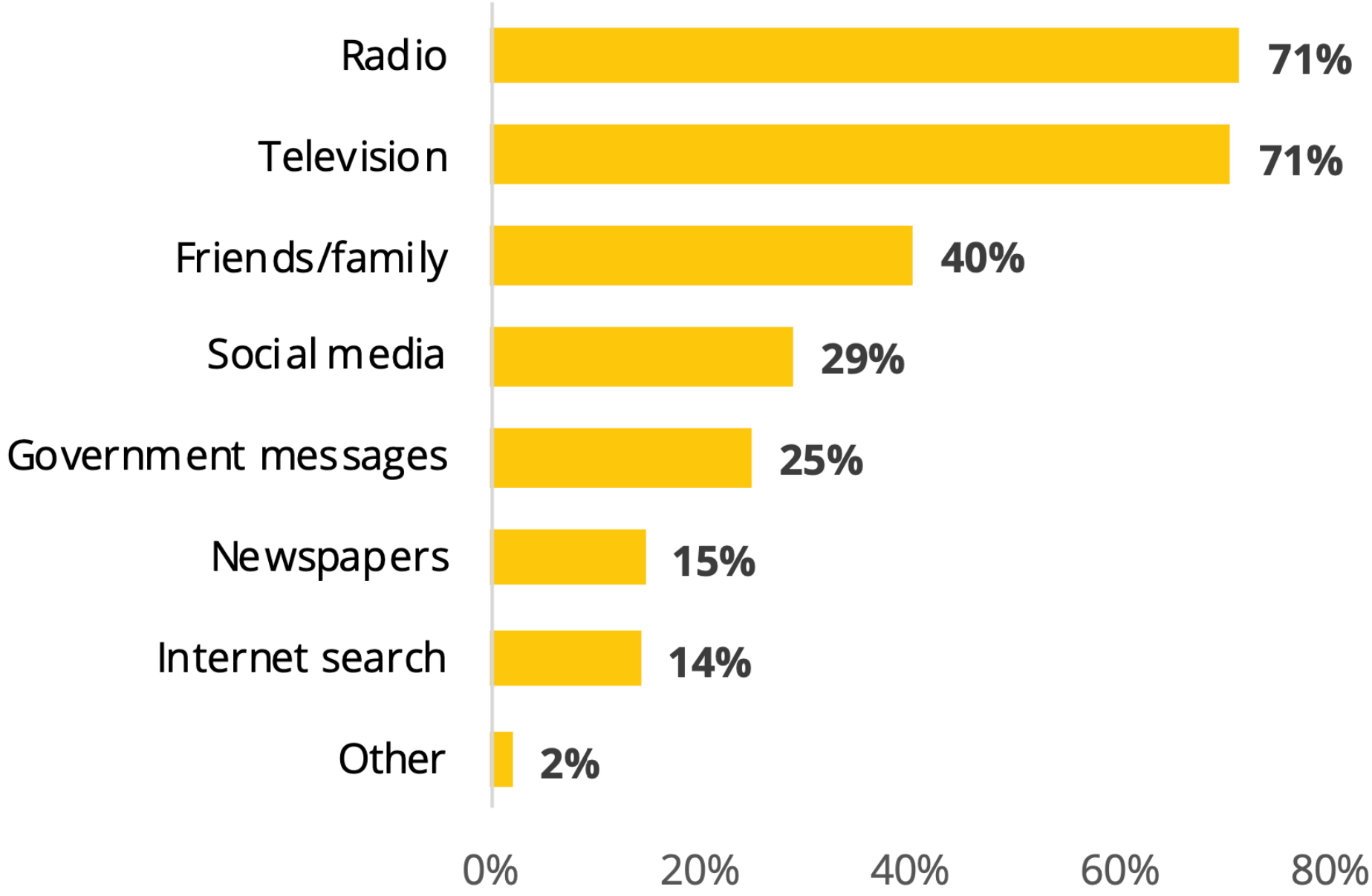
Results – Perceptions of COVID-19

- 5% of adolescents did not believe COVID-19 was real
  - Ranging from 2% in Ouagadougou to 9% in Nouna
- 18% were not concerned about the spread of COVID-19
  - Ranging from 12% in Ouagadougou and Kersa to 28% in Addis Ababa
- In Burkina Faso and Ethiopia, 56-89% perceived themselves at low or no risk of exposure to COVID-19
  - Slightly lower in Nigeria (42-43% in Ibadan and Lagos)

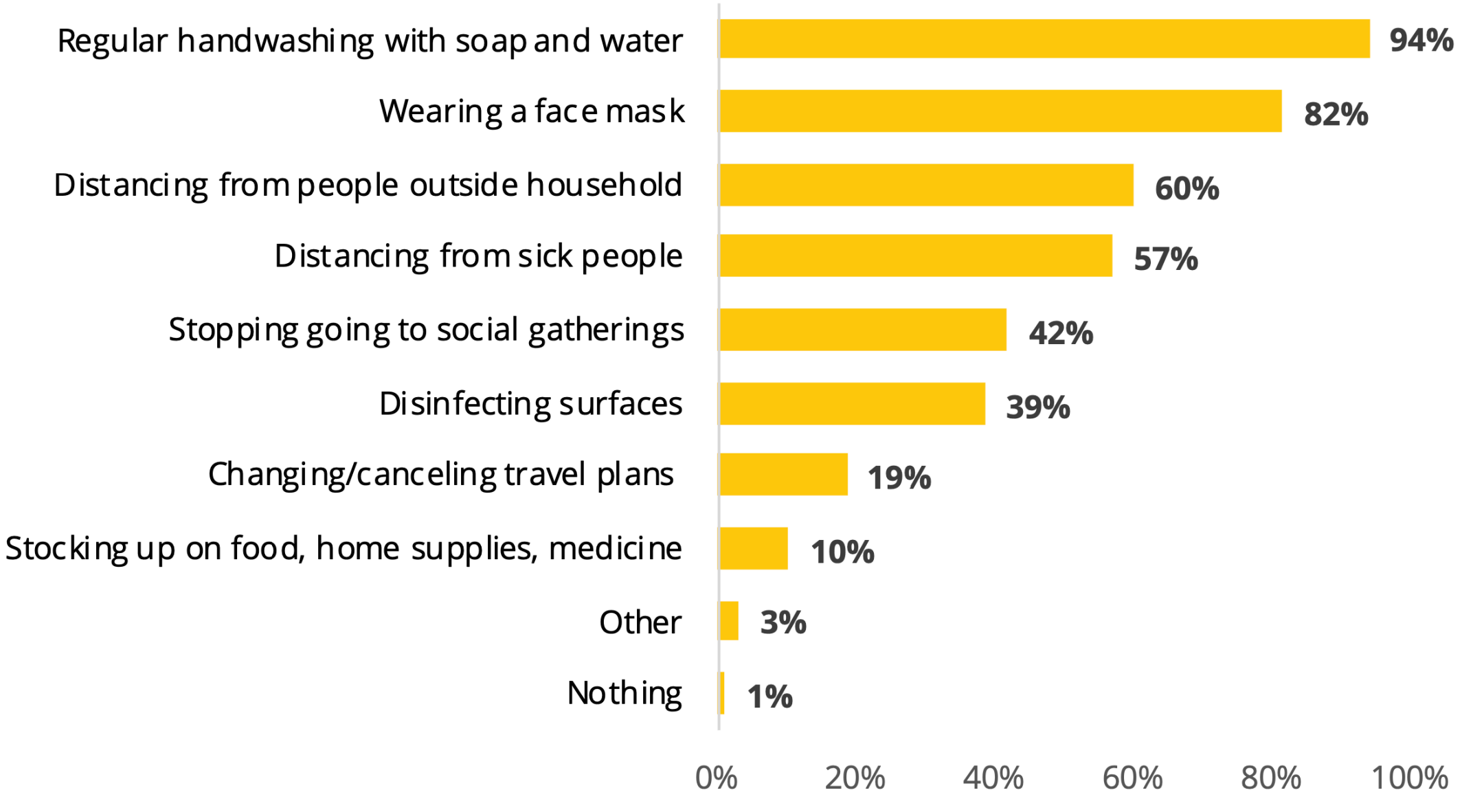
Results - Adolescents' knowledge of COVID-19



Results - Adolescents' sources of information on COVID-19



Results - Measures taken to respond to COVID-19

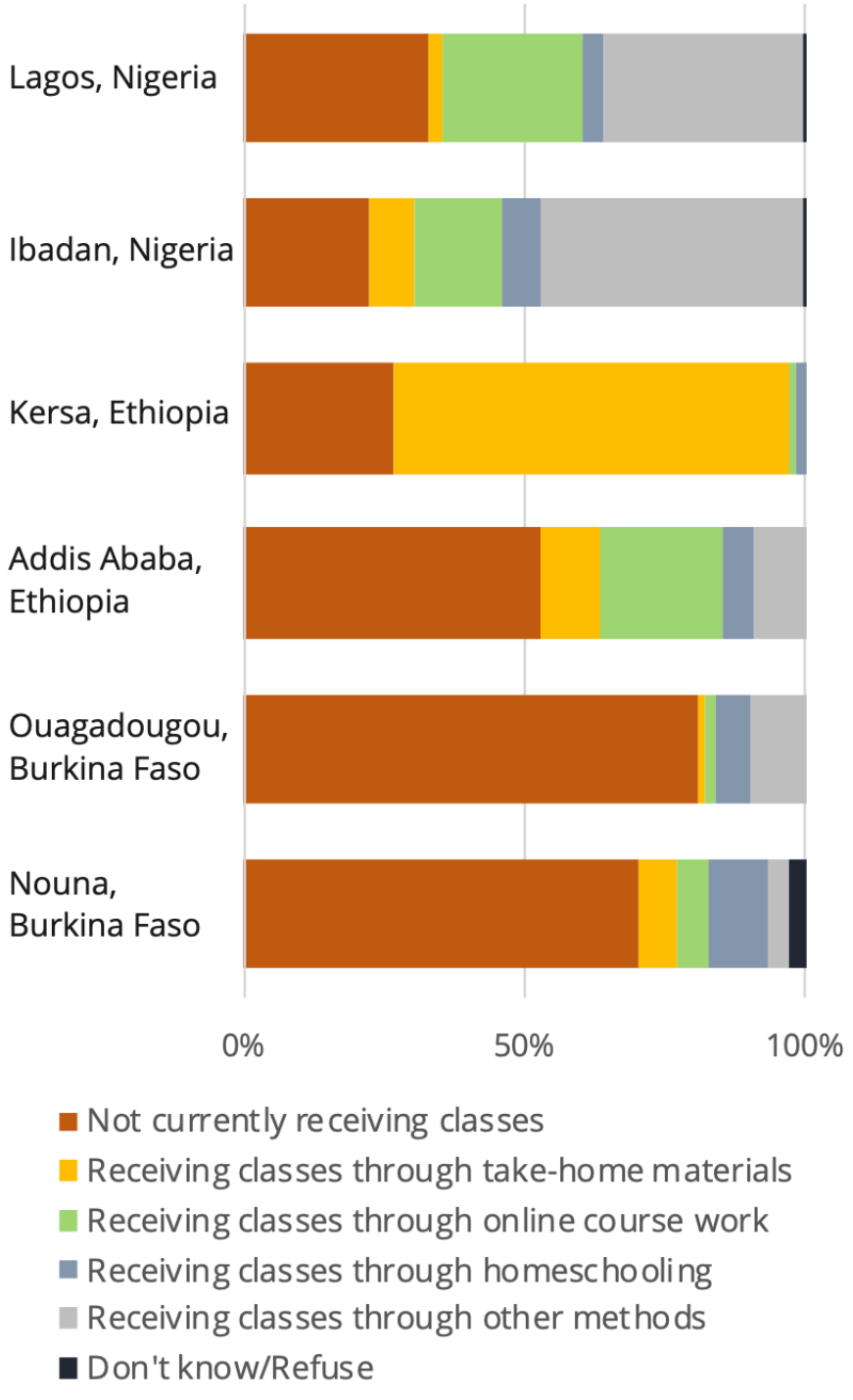


Results – Impacts on adolescents' physical/daily activities

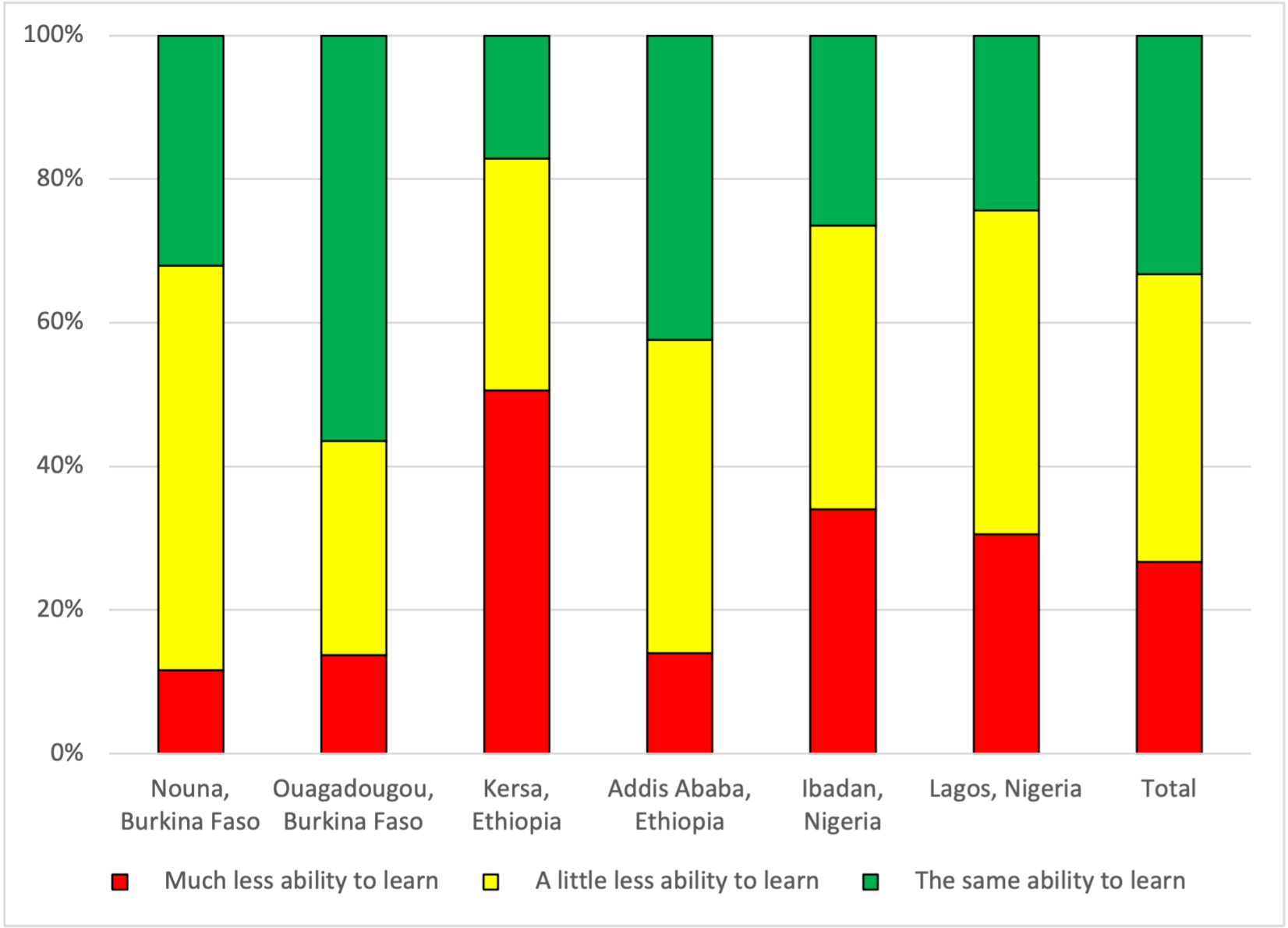
- 28% experienced a decrease in physical activity during the COVID-19 pandemic compared to before the pandemic
  - Ranging from 12% in Ibadan and Lagos to 45% in Kersa
- 42% reported no physical activity during the pandemic
  - Nearly double the 24% reporting no physical activity before COVID-19
- Impacts on daily activities
  - 62% were staying home more often
  - 33% were no longer earning income
  - 30% had increased responsibilities at home

Results - Mode of learning during COVID-19

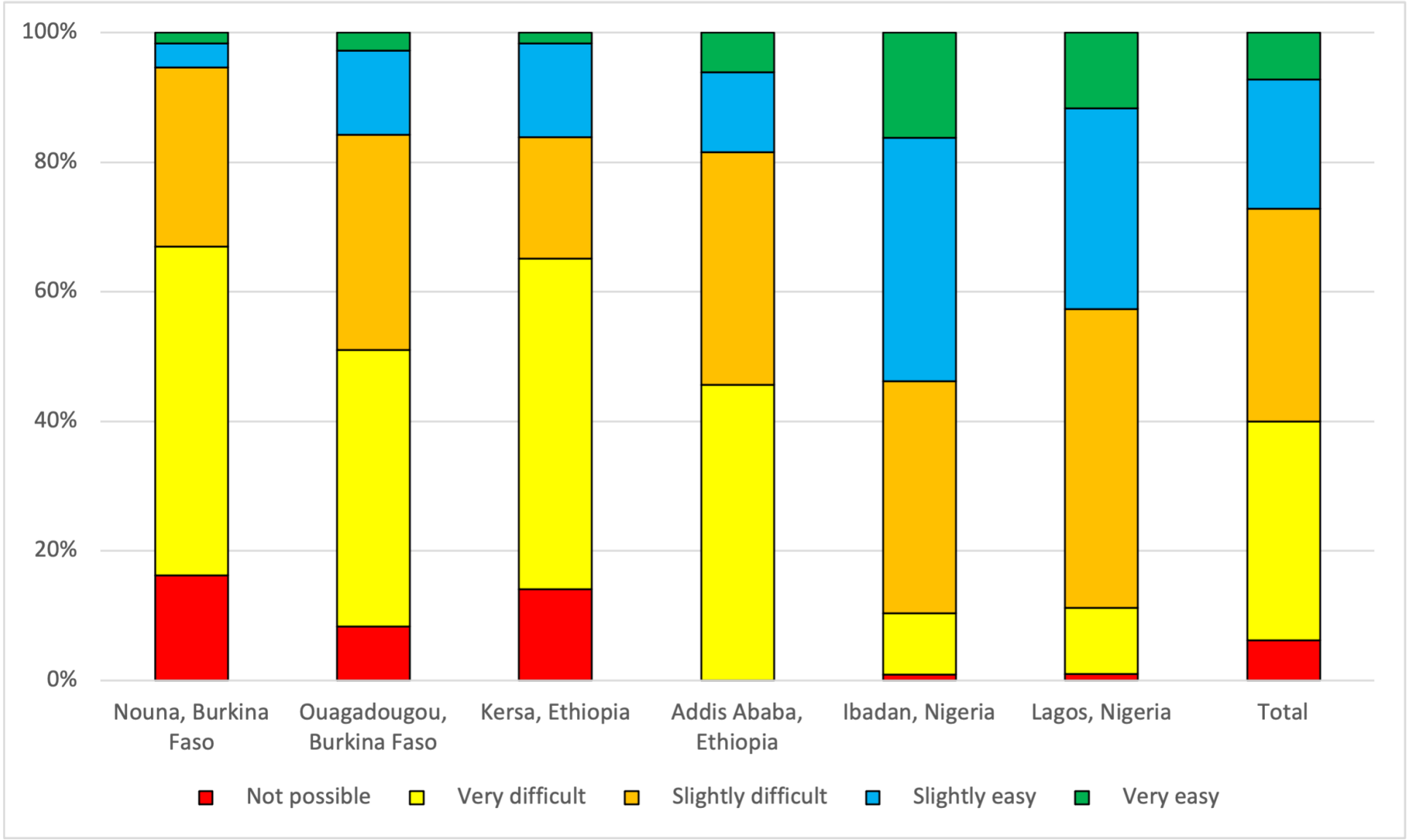
- Among adolescents enrolled in school before the pandemic, most reported school closures
- Nearly half were not receiving any education, with variations across sites in learning method



Results - Self-assessed ability to learn during the COVID-19 pandemic compared to before the pandemic

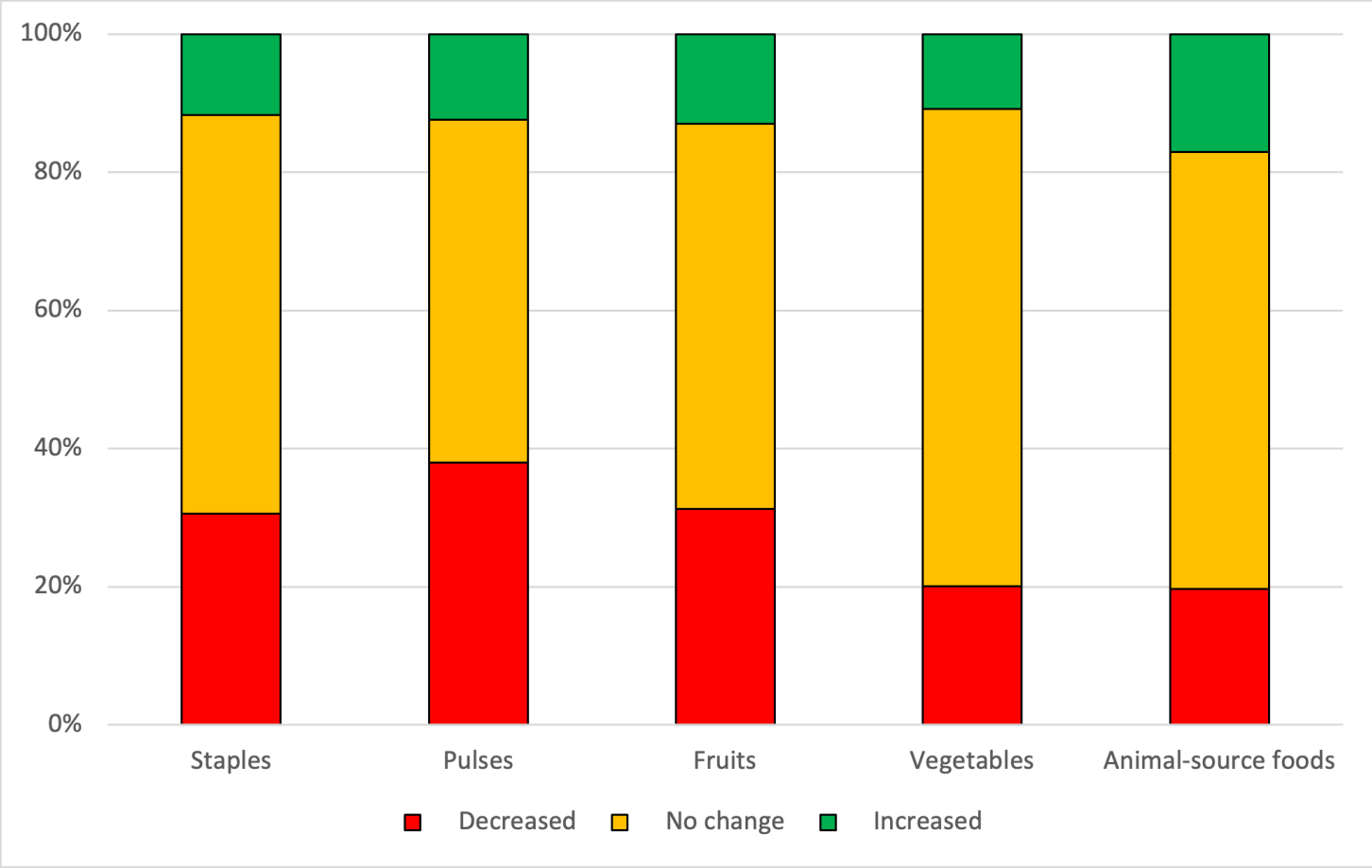


Results - Perceived difficulty of catching up on education after the COVID-19 pandemic



Results – Change in the consumption of major food groups

- Decreases in food consumption were common
  - 31% with decreased intake of staples
  - 38% with decreased intake of pulses
  - 31% with decreased intake of fruits
  - 20% with decreased intake of vegetables
  - 20% with decreased intake of animal-source foods



Conclusions and recommendations

- Urgent actions needed to disseminate accurate information on COVID-19 to adolescents, particularly in rural settings where awareness of the virus appears low
- Rapid and adaptive actions needed to address education lost during COVID-19 school closures
- Actions needed to address the disruptive impacts of COVID-19 on school nutrition programs
- Further research needed to understand the long-term impacts of the pandemic on adolescent nutrition

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- Africa Research, Implementation Science, and Education (ARISE) Network

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BILL & MELINDA GATES foundation

HEIDELBERG INSTITUTE OF GLOBAL HEALTH

HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

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The COVID-19 Pandemic and Adolescents' Experience in Sub-Saharan Africa: A Cross-Country Study Using a Telephone Survey

Dongqing Wang,[1]*† Angela Chukwu,[2]† Ourohiré Millogo,[3] Nega Assefa,[4] Christabel James,[2] Tara Young,[1] Bruno Lankoande,[5] Firehiwot Workneh,[6] Elena C. Hemler,[1] Michelle L. Korte,[1] Josiemer Mattei,[7] Abdramane Bassiahi Soura,[5] Ali Sie,[3] Ayoade Oduola,[8] Yemane Berhane,[6]‡ and Wafaie W. Fawzi[1,7,9]*‡

[1]*Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Harvard University, Boston, Massachusetts;* [2]*Department of Statistics, University of Ibadan, Ibadan, Nigeria;* [3]*Nouna Health Research Center, Nouna, Burkina Faso;* [4]*College of Health and Medical Sciences, Haramaya University, Harar, Ethiopia;* [5]*Institut Supérieur des Sciences de la Population, University of Ouagadougou, Ouagadougou, Burkina Faso;* [6]*Addis Continental Institute of Public Health, Addis Ababa, Ethiopia;* [7]*Department of Nutrition, Harvard T.H. Chan School of Public Health, Harvard University, Boston, Massachusetts;* [8]*University of Ibadan Research Foundation, University of Ibadan, Ibadan, Nigeria;* [9]*Department of Epidemiology, Harvard T.H. Chan School of Public Health, Harvard University, Boston, Massachusetts*


Thank
you

Returning back to School safely: the Edo State plans for reopening schools

Wilson Sadoh

Dept. of Child Health

University of Benin/University of Benin Teaching Hospital

Conflict of interest

- None to declare

Outline

- Background to this lecture
- Edo State of Nigeria guidelines for reopening of schools
- Compliance with the guidelines by schools
- Adolescents access to schools
- Mental health issues
- Conclusion

Background to this lecture

My background

- I am the chair, Committee on post-COVID 19 reopening of School
  - University of Benin
  - One Primary Sch.
  - Two secondary Schools
- Committee liaised with members of the State COVID 19 team

Map of Nigeria showing Edo State in south-south zone

Edo State COVID 19 Team guidelines for school reopening

- Basis for formulating guidelines
  - Relatively low prevalence of COVID 19 infection in the community
  - Very low infection rate amongst children & adolescents (2.9% of COVID cases in 1-10 years/ 9% of age group 1 – 20 years)
  - Asymptomatic infection or mild symptoms in children & adolescents
    - Possibility of spreading infection to parents, teachers and to one another

Guidelines - First wave

- The Edo COVID team organized a 2 day training for teachers on the non pharmacological protocols, identification and notification of cases
- Decontamination of schools & other places before resumption Schools set up ‘School Health Committee for COVID 19’
- Mask mandate for students and teachers
  - Fabric and surgical masks were allowed - cost
- Water containers/wash hand basins for regular hand washing stationed in schools
  - Depending on the financial capacity of the schools

Guidelines - First wave 2

- Water containers/wash hand basins for regular hand washing stationed in schools
  - Depending on the financial capacity of the schools

- Veronica bucket

Guidelines - First wave 3

- Use of hand sanitizers
  - Most schools mandated provision of sanitizers by students especially 2^0 and 3^0 levels
- Promotion of physical distancing in the school
  - Reduction of number of students per class
  - Addressing sitting arrangement for physical distancing
  - Breaking school population of large schools into morning and afternoon sessions (LGAs with high student density)
    - Increase workload for teachers

Guidelines - First wave 4

- Surveillance for possible cases
  - Early identification of possible cases @ sick bays
  - Liaise with corresponding Local Government Area (LGA) Disease Surveillance and Notification officer
    - For testing, contact tracing, treatment and follow up
  - Parents were informed about their affected children
- Monitoring of schools' response
  - The State set up a monitoring team
    - Made unscheduled visits to schools

Second and Third waves

- From later part of the 2nd thro' the 3rd waves
- Vaccine was introduced - Astra Zeneca initially & later Moderna
  - Vaccine coverage for the state
    - First dose 2.5%
    - 2 doses 0.8%
- The teachers were encouraged to get the shot

Compliance with the guidelines by Schools

- Variable – Much better in Private compared to Public Schools
- Poor use of facemask
  - Hanging facemasks on chin, head etc
  - Take it down when no teacher was watching
- Contention with misinformation & disinformation
  - Social Media awash with skits and short messages discouraging use of face masks and getting vaccine
- Behaviour in children mirrored those of adults

Compliance with the guidelines by Schools 2

- Compliance fatigue
  - In the 2nd and 3rd waves people got tired of wearing facemasks and complying with other guidelines
- Vaccine hesitancy
  - Overwhelming vaccine hesitancy
  - Sometimes difficult to get leaders & gate keepers to publicly get the shot
  - Vaccination perceived by some as threat to their physical & spiritual wellbeing
  - Improved dramatically after vaccine mandate

Adolescent's access to School

- Access was skewed to the wealthy & those in private secondary schools
- Adolescents in private schools
  - Had classes via Zoom and other media during the lockdown and holidays
  - Were better prepared for forthcoming exams
- Those in public schools
  - Could not afford online classes
  - Were more exposed to:
    - Child labour, Teenage pregnancy, violence
- Impact on JAMB result (15% passed)

Child Mental Health Issues

- Absence of structured access to mental health care makes assessment difficult
- The difficulty experienced by families could have produced mental health concerns in the children.
  - Increased domestic violence especially against the girl child
  - Waiting for school to resume

Conclusion

- The Edo State government made adequate preparation for school reopening
- They set up monitoring mechanism
- Compliance was good initially but became poor from fatigue and influence of conspiracy theories

Acknowledgement

- Thanks to Dr. A. Obi, the incidence Officer of Edo State for providing important information for this lecture and his cooperation with the University so far.


THANK
YOU

Proposed Research Training Sessions

- Please respond to the Zoom poll on your screen
- What topics would you like the trainings to cover? ***Put your answers in the chat!***
- *Example topics:*
  - *Bioethics, Responsible Conduct of Research and IRB Requirements*
  - *Manuscript Development*
  - *Developing a Dissemination Plan and Optimal Slide Making*

Connect with the us

Engage with the **co-chairs**:

- Jane Achan: j.achan@malariaconsortium.org
- Janna Patterson: jpatterson@aap.org
- David Hamer: dhamer@bu.edu

Subgroup information, recordings and presentations from previous meetings and webinars are available on the subgroup page of the Child Health Task Force website: www.childhealthtaskforce.org/subgroups/implementation-science

Recordings and presentations from previous Child Health & COVID-19 webinars in the series: http://bit.ly/COVID19ChildHealthSeries

**The recording from this webinar will be available on both pages later today*

Suggestions for improvement or additional resources are welcome. Please email **childhealthtaskforce@jsi.com**.

Join the Implementation Science subgroup here: ***www.childhealthtaskforce.org/subscribe***