

Impacts of COVID-19 on Gender-Based Violence (GBV) and Sexual and Reproductive Health and Rights (SRHR) Programs and Services

“This pandemic made it quite clear how reproductive health issues are still undermined and taken not as a priority.” –International SRHR NGO

BACKGROUND

At the start of the pandemic, the Government of South Africa implemented several restrictive policies to contain COVID-19. From March 26, 2020, the country began “Alert Level 5”, prohibiting all gatherings and public transit, closing borders, and requiring residents to stay home unless providing or obtaining an essential good or service. The government failed to define GBV or SRHR services as essential, leading to confusion surrounding the legality and availability of needed care.

Researchers at Columbia University and a South Africa-based researcher¹ interviewed 20 GBV and SRHR service providers and other stakeholders between July and September 2020 to understand how COVID-19 policies and the de-prioritization of GBV and SRHR services impacted these critical services.

KEY FINDINGS FROM STAKEHOLDERS & FRONTLINE SERVICE PROVIDERS

The interviews revealed a shared sentiment that the government’s mishandling of the pandemic will reverse gains made in GBV/SRHR throughout the country. The emotional and psychological toll that the pandemic and service closures took on providers, women, girls, and vulnerable populations cannot be overstated.

GBV WORSENER WITH ADOLESCENT GIRLS AMONG THE HARDEST HIT

President Ramaphosa waited until April to address growing accounts of women and girls being terrorized by GBV in their homes. Nevertheless, women were not allowed to enter shelters for the first few weeks of lockdown. When shelters reopened and the lockdown’s ban on the purchase of alcohol was lifted, the shelters filled up in two days. School shutdowns meant adolescents no longer had an excuse to leave abusers for prolonged periods of time or access to health facilities. Disabled women and girls were reported to have never received sufficient GBV services.

“With the layer of COVID it has made it really worse... [16-24 year old girls] has been the group that has been crying out for help more than other groups.”

GOVERNMENT ACTIONS DELAYED AVAILABILITY OF GBV SERVICES

Without prioritization of GBV services from the beginning of the pandemic, “GBV prevention work ground to a halt.” Police and courts were unavailable, and a lack of other COVID-19 information channels left the government’s GBV command center flooded with calls unrelated to GBV. Following lobbying efforts from stakeholders, the government eventually recognized GBV services as essential. However, the government did not communicate clearly with law enforcement, who continued to hinder the work of service providers. As a result, the number of domestic violence cases reported to police in March and April 2020 decreased by 69.4% compared to the same time period in 2019. Respondents believe women feared to break lockdown and report GBV due to the violent arrests experienced by others for violating lockdown measures.

¹This study was conducted by the Program on Global Health Justice and Governance, Mailman School of Public Health Columbia University and Nicoletta Mabhena, South Africa-based Researcher, with support from the Ford Foundation.

KEY FINDINGS FROM STAKEHOLDERS & FRONTLINE SERVICE PROVIDERS (continued)

LACK OF TRANSPARENCY REGARDING GOVERNMENT FUNDING

The government announced funding for the GBV response during the pandemic. However, due to poor accountability and transparency, it was not clear how the allocated funds were utilized.

SRHR SERVICES INTERRUPTED

Mobile units that typically provide primary care and SRHR services to rural populations transitioned to conduct COVID-19 testing and screening only. Community clinical services were suspended, and women were turned away from seeking SRHR services. Oral contraception became a scarce commodity. Condoms were not considered an essential good to be purchased during Alert Level 5 – in a country with HIV prevalence of 19%. Once schools reopened, SRHR programs were cut so health workers could be reassigned to COVID-19 work. Moving forward, stakeholders fear there will be an increase in HIV cases and unplanned pregnancies.

NGOS USED TECHNOLOGY TO CONTINUE PROVIDING SERVICES

Online counselling for GBV proved difficult while women were still at home. Shelters instead created safe words for women in need and partnered with Uber to transport them to shelters, hospitals, or doctor visits. Uber was also used to bring ARVs and chronic medications directly to patients. NGOs took advantage of telemedicine to prescribe contraceptives and conduct virtual training, such as an online training on IUD insertion.

WAYS FORWARD

South Africa's government and donors should earmark funds for comprehensive GBV and SRHR services in all emergency response plans and support greater leadership roles for GBV and SRHR service providers in policy design and implementation. At a minimum, these plans should

- ❖ specify what these services include and who is responsible at all stages of the referral and care chain
- ❖ anticipate and mitigate the impact of stay-at-home orders on SRHR services and GBV prevention and response
- ❖ be accessible to hard-to-reach and stigmatized people such as those in rural areas or without internet access, adolescents, sex workers, refugees and migrants, LGBTQI people, people with disabilities, and people living with HIV
- ❖ address access to justice and plan for court access for survivors of GBV
- ❖ invest in increasing shelter capacity and in women's economic participation to increase women's autonomy from abusers
- ❖ engage GBV and SRHR service providers, civil society networks, and community-based organizations in plan design, build on their innovations, and strengthen their ability to safely deliver services at the community level, coordinate with other parts of the referral and care chain, and monitor and adjust to emerging opportunities and constraints

Donors and international financial institutions supporting South Africa should improve transparency and accountability by **earmarking longer term, flexible funding for GBV and SRHR** and publishing timely reporting on disaggregated funding amounts, recipients, and impact indicators.