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GLOBAL HEALTH JUSTICE & GOVERNANCE

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

"We were caught off guard. This pandemic has laid bare our unpreparedness to deal with any pandemic." –Local NGO

BACKGROUND

At the start of the pandemic, the Government of Kenya immediately closed schools, restricted transportation, and imposed a national curfew. The Government did not initially deem GBV and SRHR essential.

Researchers at Columbia University and a Kenya-based researcher[1] interviewed 37 GBV and SRHR service providers and other stakeholders between July and September 2020 to understand how restrictive policies to contain COVID-19 and de-prioritization of GBV and SRHR services were impacting critical GBV/SRHR services.

KEY FINDINGS FROM STAKEHOLDERS & FRONTLINE SERVICE PROVIDERS

GBV WORSENED WITH ADOLESCENT GIRLS THE HARDEST HIT

The Government's restrictive policies led to increased exposure of women and girls to different forms of GBV. Adolescent girls were particularly affected with reports of increases in teenage pregnancy and transactional sex from different regions of the country. Harmful practices such as female genital mutilation and child marriage also increased. Service providers cited the abrupt closure of schools and community-based programs that support marginalized girls, along with the economic insecurity fueled by the pandemic, as major factors.

GOVERNMENT DELAYS DISRUPTED GBV SERVICES & PROSECUTIONS

The Ministry of Health waited until May to declare health services for survivors of GBV as essential only after feminist activists and the media drew attention to the surge in GBV across the country. The government's publication of sector specific guidelines to ensure access to full range of comprehensive GBV services was piecemeal. In the initial months, the police were enforcing restrictions and not handling GBV cases, and legal and judicial services were suspended. Even when courts reopened, they were only handling defilement (or sex with a minor) and rape cases, and all other GBV cases were backlogged. Shelters, a scarce commodity even during normal times, could not handle the sudden increases in demand. Even after emergency clinical and post-rape care services were deemed essential in May, services continued to be disrupted:

"We are seeing pregnancies [among survivors of sexual violence] that could have been avoided… Services did not stop but lots of delayed response..."

GOVERNMENT DE-PRIORITIZED SRHR SERVICES

There was large-scale disruption of SRHR services in the initial months, particularly in counties with high incidence of COVID-19 cases such as Nairobi and Mombasa. The government converted health facilities into quarantine centers, and redeployed health care workers to COVID-19 quarantine and isolation centers. Many county health centers that serve as primary sources of family planning services were closed. Service providers cited the government's discouragement of long-acting contraceptive methods, stock-outs of commodities such as condoms, contraceptive methods, and HIV testing kits as major setbacks for SRHR.

[1]This study was conducted by the Program on Global Health Justice and Governance, Mailman School of Public Health Columbia University and Mary Mwangi, Kenya-based Researcher, with support from the Ford Foundation.

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KEY FINDINGS FROM STAKEHOLDERS & FRONTLINE SERVICE PROVIDERS (continued)

FEAR OF COVID-19 SLOWED DEMAND FOR SERVICES

Concerns of testing positive for COVID-19 as well as the difficulty in obtaining face masks discouraged women and girls from seeking GBV/SRHR services. There was also fear of being forced to go to a quarantine center for COVID-19 after visiting a health facility, even if the women showed no symptoms and came to the health facility for a different issue.

NGO/SERVICE PROVIDER INNOVATIONS SUSTAINED SERVICES

As cases of GBV escalated and SRHR needs became urgent in April and May, many NGOs resumed services using phone call, social media platforms, radio and television stations. They deployed toll free hotlines to reach clients and communities with prevention messages, psychosocial counselling, and referral, legal aid, and police services. These technology-based solutions had limited reach to the most marginalized groups who often had limited digital literacy and infrequent access to technology. Providers are increasingly looking for community-based solutions to reach them.

FLEXIBILITY IN DONOR FUNDING

Service providers said some donors were flexible and allowed for re-budgeting, reprogramming activities, and pushing back project deadlines, which was crucial for restarting work after lockdowns and restrictions made in-person programs impossible or made them more expensive due to social distancing protocols.

WAYS FORWARD

Kenya's government and donors should earmark funds for comprehensive GBV and SRHR services in all emergency response plans; fully implement existing GBV legislation and policies nationwide; 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**
- **include a robust public communication strategy to provide timely and accurate information to address misconceptions and fears**
- **anticipate and mitigate the impact of stay-at-home orders on SRHR services and GBV prevention and response**
- **ensure child protection and alternative learning systems are available when schools close to protect children and girls. Include age-appropriate comprehensive sex education curriculum in schools to prevent adverse events.**
- **address the legal system and access to justice for GBV survivors specifically in all plans**
- **strengthen community-based institutions and access to digital tools to ensure critical services are available for hard-to-reach populations such as those in rural areas or without internet access, adolescents, sex workers, refugees and migrants, LGBTQI people, and people with disabilities**
- **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 Kenya 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.