

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

“The challenges are enormous, but we are determined... Victims and survivors require support, counseling, [and] temporary shelters, so there is a need to expand capacity to respond.” –Local NGO

BACKGROUND

The Government of Nigeria instituted several restrictive policies to contain the spread of COVID-19. Although Nigeria had previously adopted the Child Rights Act and the Violence Against Persons Prohibition Act (VAPP), not all GBV laws have been operationalized in each state. While NGOs and donors adapted to service disruptions from COVID-19 lockdowns, the lack of a cohesive government response to GBV/SRHR caused varying barriers in the delivery and access to GBV/SRHR services.

Researchers at Columbia University and a Nigeria-based researcher¹ interviewed 24 GBV and SRHR service providers and other stakeholders between August and September 2020 to understand how COVID-19 policies affected the availability of GBV and SRHR services.

KEY FINDINGS FROM STAKEHOLDERS & FRONTLINE SERVICE PROVIDERS

GBV SERVICE BARRIERS FOR THE MOST VULNERABLE

Respondents reported an increase in reports of GBV including rape, spousal abuse, sexual abuse of children, and child marriage. Even after organizations adapted their services to work remotely, displaced women and girls and those in rural areas were unable to access programs without internet, smart phones, or consistent electricity. NGOs noted the difficulties disabled people experienced to obtain GBV services without being able to move independently. Women in purdah also faced challenges with mobility as they were unable to travel without the presence or permission from their husbands.

“In Northern Nigeria, school is an alternative to early marriage, so obviously now that there is no school, parents might not allow their girls to roam around and will try as much as possible to engage them in marriages either by choice or force. We know this will have a devastating effect on what we have done so far and the work we will be doing in the future.”

SRHR SERVICES INTERRUPTED FOR ADOLESCENTS

Prior to the pandemic, adolescents could access SRHR services after school. With schools closed under lockdown until October 2020 they lost their ability to access SRHR services or information without stigma. Respondents also reported contraception supply chain disruptions, adding obstacles for those who were able to reach a service provider.

STRUCTURAL DIFFICULTIES FOR SERVICE PROVIDERS

Because GBV work was not considered essential from the start of the pandemic, NGO staff experienced harassment from law enforcement as they moved about during lockdown. Some NGOs were able to obtain passes for their staff to travel for work, but logistical issues persisted in the 30 states that failed to implement the Violence Against Persons Prohibition (VAPP) Act before COVID-19. Courthouses in certain areas also were closed, creating a backlog of cases and delaying prosecutions of offenders.

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KEY FINDINGS FROM STAKEHOLDERS & FRONTLINE SERVICE PROVIDERS (continued)

INCREASED STAKEHOLDER COLLABORATION

Several stakeholders noted that COVID-19 initiated beneficial partnerships “regarding prevention, control, and the need for collaboration” for GBV/SRHR work between NGOs, donors, and community volunteers. NGOs also stayed in contact with education commissioners to prepare for school reopening. The Minister of Women Affairs and a few groups leveraged partnerships with police to verify GBV cases prior to passing them to the courts.

NGO AND DONOR FLEXIBILITY AND INNOVATION

NGOs adapted to service disruptions by communicating with women and girls through WhatsApp, social media, and a 24-hour hotline run by counselors. When possible, providers offered home visits for GBV and contraceptive services to women. Shelters could accommodate only a limited number of women because of social distancing; some NGOs were able to secure hotel rooms as a safe shelter alternative. Psychological services were offered to staff to protect their own mental health. Donors proved flexible in the utilization of their funds, increasing or reallocating donations for the technology needed for remote work and programs.

WAYS FORWARD

Nigeria’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
- ❖ take concrete steps to anticipate and mitigate the impact of stay-at-home orders on SRHR services and GBV prevention and response
- ❖ improve legal and judicial responses to GBV by operationalizing VAPP country-wide; including access to justice in all planning; and ensuring prosecution of offenders
- ❖ be accessible to hard-to-reach and stigmatized people such as those in rural areas or without internet access, adolescents, sex workers, displaced people, LGBTQI people, people with disabilities, and people living with HIV
- ❖ 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 Nigeria 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.