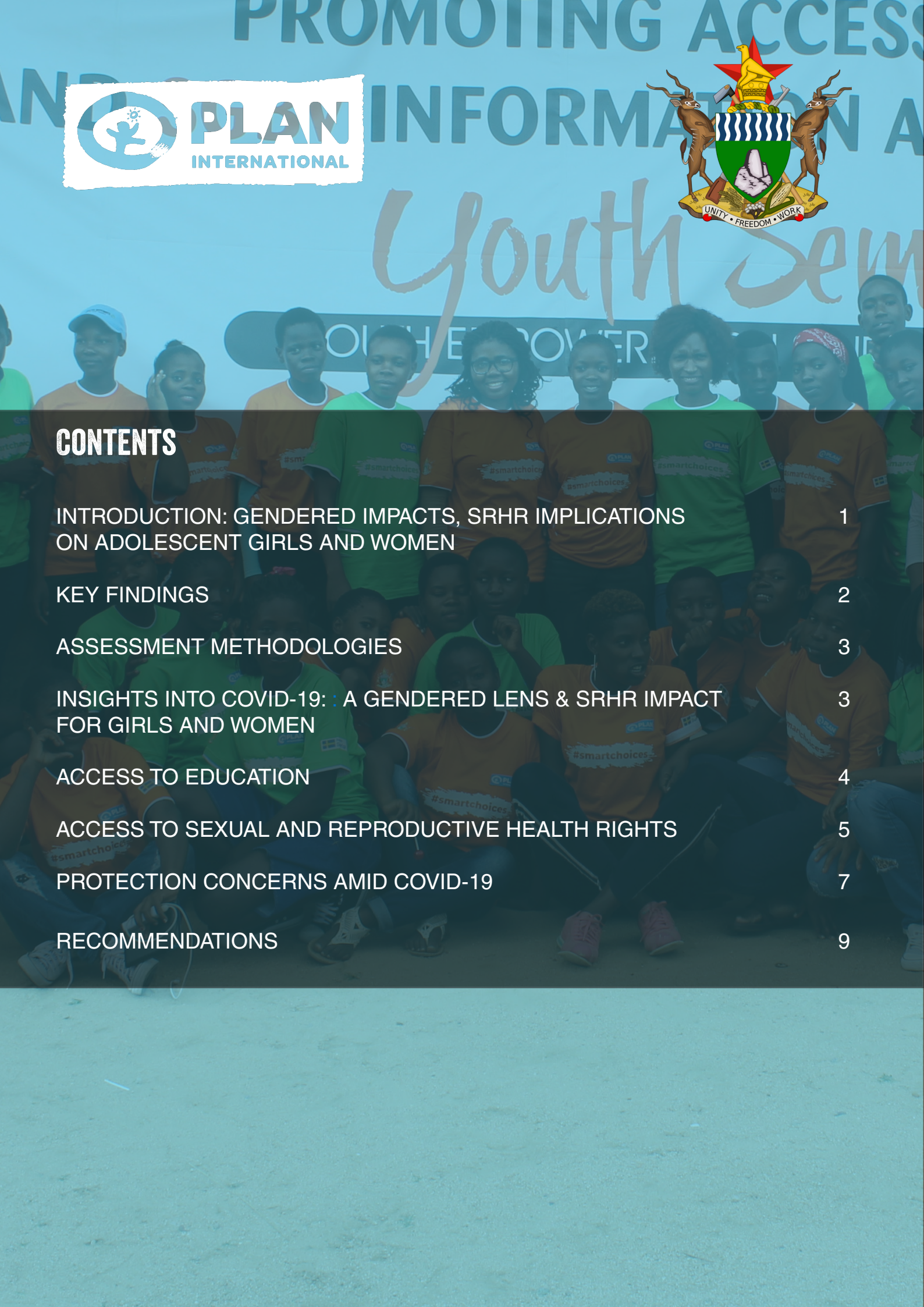
PLAN INTERNATIONAL

SUMMARY REPORT

GENDER & SEXUAL REPRODUCTIVE HEALTH RIGHTS

RAPID ASSESSMENT ON THE IMPACT OF COVID-19



CONTENTS

1 INTRODUCTION: GENDERED IMPACTS, SRHR IMPLICATIONS ON ADOLESCENT GIRLS AND WOMEN

The COVID-19 pandemic has deeply affected the environment in which children and young people grow and develop.

Existing gender and other inequalities have been exacerbated with girls and young women facing increased threats of gender-based violence, discrimination and abuse as protective structures are disrupted and economic stresses increase. The limited access to Sexual and Reproductive Health and Rights (SRHR) for girls has been further undermined.

Lockdown measures imposed as a response to the COVID-19 pandemic have put adolescent girls and women at heightened risk of violence in the home and cutting them off from essential protection services and social networks. However, deliberate efforts have to be strengthened for reaching a wider population on information dissemination and service provision. Awareness raising should be scaled up and monitored to ensure that "no one is left behind", especially vulnerable populations such as women, girls, children and people living with disabilities.

This report identifies the differential needs, roles, experiences, gender and inclusion barriers that influence vulnerabilities and capacities for women, men, girls and boys in all their diversities in the face of COVID-19 pandemic.

It also assesses specific SRHR challenges and needs that Adolescent Girls and Young Women (AGYW) are facing during the pandemic, together with a scrutiny on initiatives that have been put in place by different stakeholders in alleviating such burdens.

2 KEY FINDINGS

- Adolescent Girls and Young Women have faced challenges in access to sanitary materials. The restrictions in movement have meant that existing sources of income have dwindled such that affordability of the sanitary material has become a challenge.

- There has been limited capacity of health institutions to provide SRHR services as they predominantly have basic services ranging from provision of condoms and HIV testing and counselling without provision of other pertinent family planning services.

- Equal access to inclusive education has been affected as school closures have had a disproportionately harmful impact girls and boys. Girls and young women are given more household chores that affect their active participation in learning platforms offered during the lockdown

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- Most schools, especially in rural areas, do not have the capacity to provide online classes to allow continuous access to quality education during the lockdown. This has widened the gap between rural and urban learners as well as those who can afford online learning platforms In urban areas.

- Movement restriction due to COVID-19 pandemic has translated to limited physical access to essential services (menstrual health issues, referral pathways, limited SRHR information for adolescent girls and young women, including availability of routine prenatal and maternity care, thereby exposing them to risks of preventable maternal morbidities.

- Restrictions in movement made it difficult for people to conduct their income generating activities without risking arrest. Households could not sufficiently meet their families' basic needs during the lockdown (83.4%).

- Sexual Gender-Based Violence (SGBV) has increased during the lockdown but reporting of such cases has been extremely low. Urgent and comprehensive post-lockdown responses to enable silent victims to receive assistance is required.

3 ASSESSMENT METHODOLOGIES

The qualitative methodology which predominated the study utilized data collection methods including desk reviews, key informant interviews, group discussions and individual surveys. These methods reached a total of 655 respondents (73.7% females; 26.3% males). Respondents included adolescent girls and young women, community representatives, Government ministries' representatives, Children with Disabilities (CwD) and development partners.

INSIGHTS INTO COVID-19: A GENDERED LENS & SRHR IMPACT FOR GIRLS AND WOMEN

KNOWLEDGE AND EFFECTS OF COVID-19 ON GIRLS AND WOMEN

98.2% indicated that they were not aware of people who tested positive in their community. Of the respondents who were aware of people who tested positive for COVID-19, 17% highlighted that these individuals were facing discrimination from society members. The discrimination was cited to be as a result of misinformation on ways of contraction and sometimes due to fear and anxiety. Others are discriminated on the basis that society views them as reckless, hence, puts the blame and responsibility of contraction on the individual.

There is need for continued awareness raising on COVID-19 to reduce such stigma. Plan International, in partnership with other stakeholders such as Ministry of Health and Child Care (MoHCC), has been running Covid-19 awareness raising programmes on local radio stations across all Programme Areas for sensitizing communities on protocols and measures for prevention, gendered implications the virus has effected amongst populations and dispelling misinformation, rumours, myths and anxieties within communities.

54.8% OF HEALTH PERSONNEL REPORTED THAT THEY DID NOT HAVE ACCESS TO PPE WHICH HINDERS THEIR EFFECTIVE DELIVERY OF SERVICE PROVISION

The dominant sources of media were the radio (38.3%), TV (15.1%), social media (12.9%), mobile services providers (11.9%) and family members and friends (7%).

Health personnel have been adequately sensitized on the COVID-19 virus but, however, access to Personal Protective Equipment (PPE) has been a major hindrance towards their effective service delivery. Of major worry is the inaccessibility of basic hygiene and sanitation materials, including hand sanitizers in health institutions which ironically have to be the embodiments of proper hygiene practices. For the general public, only 27% have access to soap and clean water respectively, with 6% having access to sanitizers and a marginal 1% having access to gloves. The burden is even heavier for adolescent girls and young women who practically have the responsibility of primary care of individuals within the household, including the sick and elderly, which, thereby, places them at an increased risk of contracting the virus.

THE LOCKDOWN MEASURES FURTHER LIMIT WOMEN'S ABILITY TO ESCAPE FROM ABUSE, AND PLACES VICTIMS IN AN ENVIRONMENT WITHOUT APPROPRIATE ACCESS TO SERVICES, INCLUDING SAFE SHELTER AWAY FROM THEIR ABUSERS

Evidence from the assessment has exposed the gender-sensitivity of the pandemic as it has affected women and men differently. There is a great risk that gender gaps could be further widened during and after the pandemic whilst strides and gains in women's and girls' accumulation of human capital, economic empowerment, voice and agency, built over the years, could be threatened. The primary care responsibilities were also evidenced by girls' and women's increase in household chores (20.3%) as well as looking after children (2.7%) during the lockdown. Similarly, menstrual poverty is a reality. Like all basic commodities, the price of sanitary material during the lockdown has excessively increased. Access to SRHR is a significant public health issue that requires attention especially the provision of sanitary material for women and girls in restoring their dignity.

ACCESS TO EDUCATION

According to UNESCO, governments around the world have temporarily closed educational institutions in an attempt to contain the spread of the COVID-19 pandemic. These nationwide closures are negatively impacting almost 70% of the world's student population. In Zimbabwe, schools had to close abruptly in an attempt to contain the spread on the COVID-19 virus. For this, the assessment revealed that 98.2% have not been accessing formal education during the lockdown. A paltry 1.8% managed to access education through social media platforms including WhatsApp and internet (educational websites). In reality, most learners have no/limited access to internet connectivity and, therefore, cannot continue learning at home. Most schools in rural areas do not have the capacity to provide online classes to allow continuous access to education during the lockdown, thereby, limiting children's ability to reach their full potential. "For us in the rural areas, when our schools open, the gap between the most disadvantaged students and their peers will have grown" (Rural School Teacher). Other alternative ways of learning during the lockdown have included home schooling with parents (13.6%) arrangements with a local tutor (12.8%) and community study groups (7.3%).

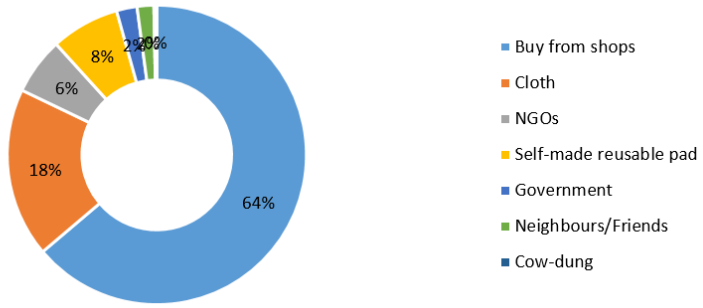
Girls who participated in the in-school GEM clubs indicated that they are missing the important SRHR information they would normally access through their mentors and Plan staff during school openings. These limitations in continuous SRHR education exposes girls' vulnerabilities to teenage pregnancies and exposure to health concerns including Sexually Transmitted Infections (STIs). Further, 25.5% of respondents indicated that they lacked data bundles to access the internet and WhatsApp, lacked motivation, faced difficulties in accessing tutors due to movement restrictions and encountered pressures to study due to household chores, especially amongst girls.

"THE CURRENT LOCKDOWN RULES WHICH PROHIBIT SCHOOLS FROM OPENING WILL WIDEN THE GAP IN PERFORMANCE BETWEEN HIGH AND LOW ACHIEVERS, INCLUDING STUDENTS FROM DISADVANTAGED HOUSEHOLDS AND THOSE FROM BETTER-RESOURCED BACKGROUNDS, WITH GIRLS AND YOUNG WOMEN AFFECTED THE MOST."
MANICALAND DISTRICT SCHOOLS INSPECTOR

The inequality between girls and boys on accessing education is likely to increase after the COVID-19 pandemic as girls are placed at an increased risk of early and forced marriage, teenage pregnancy, domestic and sexual violence due to gender discrimination and harmful social norms.

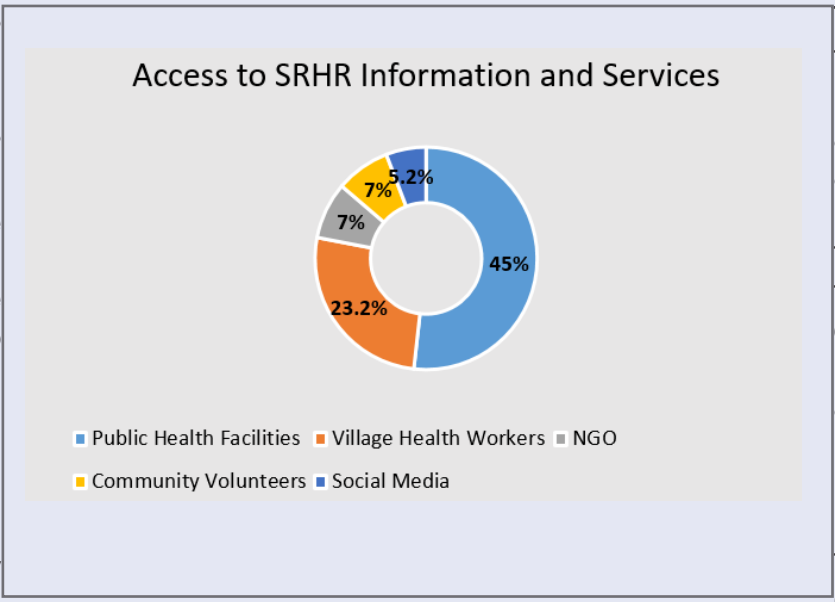
Children with disabilities often face multiple challenges to access inclusive education, which is exacerbated during times of crisis. The assessment revealed that educational platforms have not been accessible to children with disabilities. As a result of school closures, disruptions and alterations in normal household activities have put increased pressures on families with children with disabilities who require additional support, including education. For those with visual and hearing impairments, the brunt has been worse, thereby, creating greater inequalities in children's learning opportunities.

ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH RIGHTS



Sexual and Reproductive Health Rights during the COVID-19 lockdown exposed gaps in the health system in Zimbabwe within its response to ensuring a comprehensive quality health care delivery. The assessment revealed that health-seeking behaviour has been low during the COVID-19 lockdown. This could be hugely attributable to restrictions in movement which deterred community members from travelling to the nearest health institutions for uptake of health services. A marginal 17.1% tried to access SRHR information as compared to 82.9% who have never attempted to access any SRHR-related information during the COVID-19 lockdown.

Dominant services which respondents attempted to access during the lockdown included Sexual Gender-Based Violence (SGBV) (2.1%), Family Planning (19%), Maternal Health (4%), condoms (8.9%) and Counseling (2.4%).This gap in low health-seeking behaviour could be as a result of the limited information dissemination campaigns that have been conducted during the COVID-19 lockdown. For those who managed to access SRHR information and services, 45% received the information and services at public health facilities, 5.2% through social media platforms, whilst 23.2%



The lack of Personal Protective Equipment (PPE) for health care workers has also meant that challenges have risen for pregnant women to receive antenatal check-ups, skilled delivery care and postnatal care services during the lockdown. Similarly, lack of adequate infection prevention and control measures in health facilities during and after childbirth, especially in rural areas, has led to pregnant women making home deliveries. For people living with HIV, measures were put during the onset of the lockdown for them to access their Antiretroviral Therapy (ART). Referrals for SRHR services were also being made during the lockdown, including referral cases for Gender-Based Violence and responding to reports of discrimination during the COVID-19 lockdown. Sources of information and services in SRHR include health service providers (25.3%) who sensitize communities on puberty, physical and psychological changes, mothers (14.7%), fathers (0.9%) and in schools through School Health Clubs (13.3%).

The affordability of the sanitary materials has become a challenge. Few active suppliers have manipulated the limited access to the products by communities, which has also meant that access to income is a huge determinant on the particular sanitary material that girls and women use.

This is reflective of the financial challenges faced by communities as the cloth, being a substitute to clean sanitary materials, tends to expose girls and women to urinary tract infections. The cloth is also undesirable as it comes with the need for clean water and soap. NGOs (6%) including CAMFED have partly assisted girls in school with sanitary/ hygiene products

in Midlands and Manicaland Provinces. However, government efforts towards this cause were only noted in Kwekwe District where a MoHCC respondent cited that they have managed to provide 350 sanitary kits to girls and young women during the COVID-19 lockdown.

The Ministry of Women Affairs, Community, Small and Medium Enterprises also distributed a total of 304 diginity kits to survivors of GBV through the 4 existing One Stop Centres as part of COVID 19 response. A further 300 dignity kits have been procured and are yet to be distributed. The dignity kit is a set essential commodities meant to maintain/restore the dignity of women and girls during an emergency whereby focus is on other things whilst neglecting the dignity of women and girls.

PROTECTION CONCERNS AMID COVID-19

The measures used to prevent and control the spread of COVID-19 have presented a potential of exposing children and young people, particularly girls and young women, to protection risks. Measures including school closures and restrictions on movements have disrupted children's routine and social support while also placing new stressors on parents and caregivers who may have to find new childcare options. 37% of respondents indicated that prior to the lockdown, there was ease in seeking help for domestic violence. This was mainly because both the traditional support networks, community-based and government structures were functional and offering GBV services with some NGOs and UN agencies. One stop centres for GBV survivors have been pivotal during the lockdown by giving access to comprehensive services (health, psychosocial support, legal and police services).

Reported statistics reported to the Zimbabwe Republic Police's Victim Friendly Unit (VFU) on GBV have been low during the lockdown. However, the VFU acknowledged that this might be due to lack of mobility for survivors. The situation for survivors, mainly women and girls, has been atrocious as abusers are locked-up with their victims while limited mobility reduces the usual access to external assistance. Children have also been inevitably trapped in this vicious cycle of violence as witnesses and/or victims. While schools generally provide safe shelter for children, due to their closure, the risk to violence and abuse has further worsened for children as they are confined within their homes.

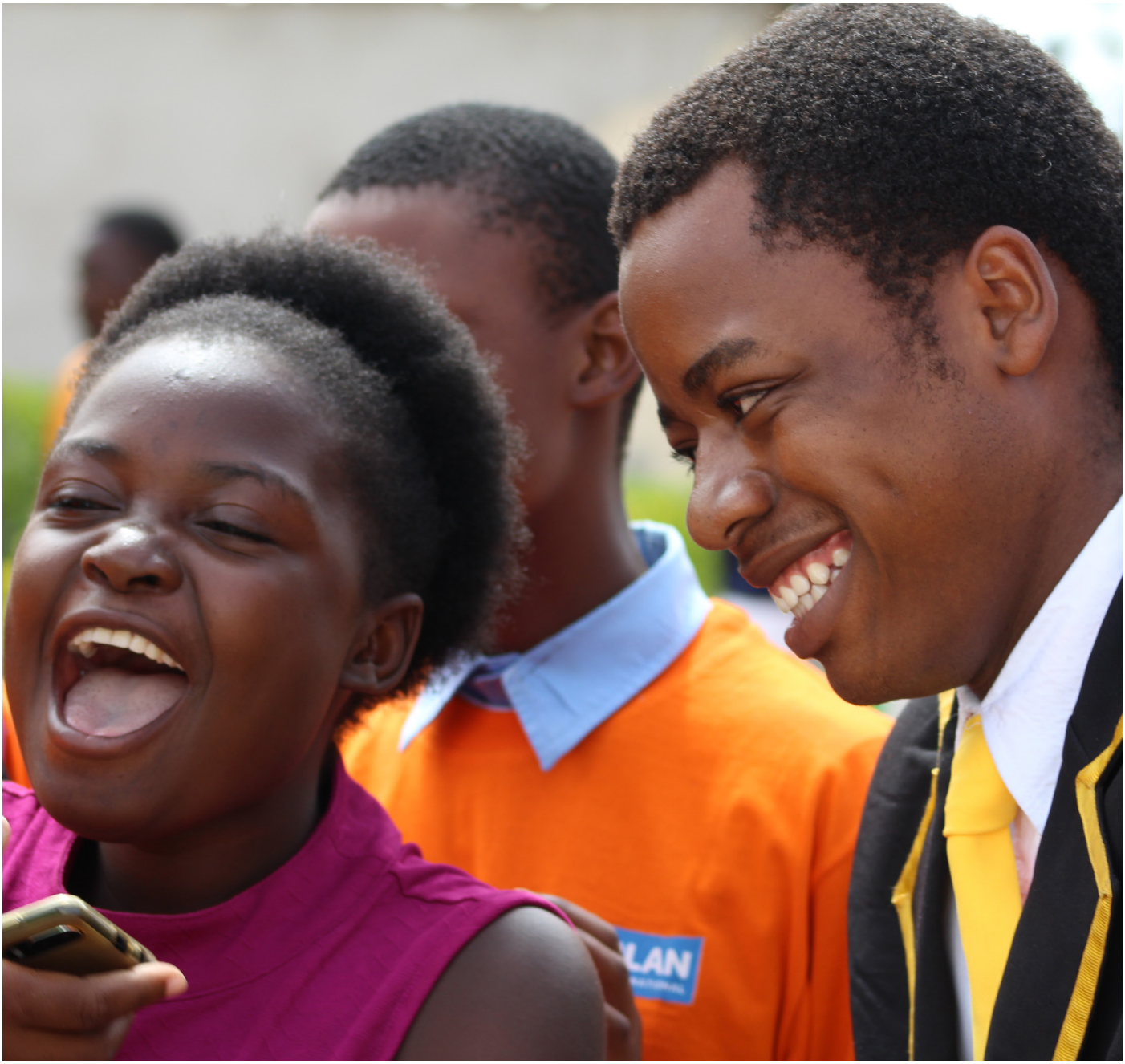
Food insecurity and financial issues were cited as the major contributors of domestic violence during lockdown. This is because livelihoods of communities were affected by the closure of the informal sector which constitutes the majority of workers in Zimbabwe. Assessment also revealed that more women than men have insecure livelihoods, often relying on male partners for financial support, and are the most likely to be at the receiving end of violence resulting from lack of food and money. The situation is even worse for women and girls with disabilities. Due to these economic stressors, men who fail to fill their gender role as providers are more likely to resort to violence as an outlet.

In reality, social norms place the burden of household financial security on men, but with the limitations of the lockdown, men do not have a way of fulfilling this responsibility, hence, resort-

ing to violence.

Such violence includes intimate partner violence though is largely unreported in situations where social norms promote preserving the union of marriage which puts pressure on women not to report. “There is a lot of fear, uncertainty about people’s jobs and domestic violence has increased due to being idle at home as well as due to anxiety, limited food stocks and financial instability” (KII from Chipinge).

However, regardless that physical and emotional abuse were indicated as the highest forms of abuse that have been affecting women and girls, the fear or uncertainty of consequences of reporting SGBV was cited as a major obstacle to seeking help during the lockdown (28%), fear of family (21%), financial dependency on the spouse (13%). These findings show the importance of government, humanitarian and development actors to empower women and girls on their rights to report any violation. There is, therefore, need for urgent and comprehensive post-lockdown responses to enable all the silent victims to receive assistance.



4 RECOMMENDATIONS

- The government and development partners must support schools to continue education with the main focus including mitigating the immediate impact of school closures, particularly for more vulnerable and disadvantaged communities

- The government and partners must consider SRHR as an essential service and ensure mobile provision of SRHR information and services that are age appropriate and youth friendly in order to facilitate increased demand of SRHR essential information.

- There is need to support and strengthen One-Stop Centre initiatives to enable survivors of GBV to access holistic services (health, psychosocial support, legal and police services) under one roof. Where they cannot be provided under one roof, there should be a coordinated multi-sectoral approach with identified partners providing specific services in a coordinated manner.

- Children with disabilities often face multiple challenges to access inclusive education, which is exacerbated during times of crisis. Distance learning activities and tools, including radio, TV and online lessons, should be adapted so that they are accessible to children and youth with disabilities

- There is need to strengthen the coordination between the public and private institutions for effective service delivery during emergencies. This is as a result of the gaps identified during the assessment as the public sector is sometimes not aware of how private institutions are programming. As such, there is need for complementarity of efforts in service delivery.

- The government should support the department of social welfare and Victim friendly Unit to establish toll free lines were children can get all information.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