



COVID-19 IPPF Innovation and best practice: Responding to gendered violence in a pandemic

“My friends immediately called FPAM who organized transport and escorted me to the district hospital for treatment and the violence was then reported to the police. I thank FPAM for saving my life and I’m feeling better now”

Beatrice, 24, joined Woza-Woza hot spot early last year. She was attacked by a customer who refused to pay after serving him, a quarrel broke out and the man used a broken glass bottle that gouged deep cuts on her face.

One in three women worldwide experience physical or sexual violence during their lives, usually by an intimate partner or family member. Since the outbreak of COVID-19, emerging data, and reports from those on the front lines have shown that all sexual and gender-based violence (SGBV), particularly domestic violence, has intensified. UN Women defines SGBV as the shadow pandemic, which must be tackled collectively and globally.

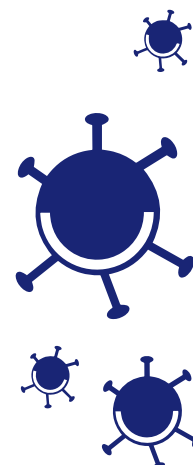
As COVID-19 cases continue to strain health services, essential services, such as domestic violence shelters and helplines, have reached capacity. More must be done to prioritize addressing SGBV in COVID-19 response and recovery efforts. Responding to the pandemic is about rectifying long-standing inequalities and building a resilient world in everyone’s interest, with women and girls at the centre of recovery.

The initial findings of the International Planned Parenthood Federation’s COVID-19 impact survey in March 2020 indicated for Malawi that the pandemic was escalating levels of SGBV and unintended pregnancies experienced by women and young girls, and that female sex workers were at particularly high risk.

This Learning Brief demonstrates FPAM’s COVID-19 enhanced SGBV prevention and management care implementation plan in response to the pandemic.

COVID-19 impact

High levels of sexual and gender-based violence (SGBV) were experienced in Malawi from the onset of the pandemic. Business closures, government restrictions, and people confined to homes saw alarming teenage pregnancy and sexual violence rates. In 2020 there was a 35 per cent increase in the number of Malawian women and girls between the age of 15 and 49 experiencing physical or sexual violence, which led to the President of the Republic of Malawi stating stricter penalties for perpetrators of violence against women and girls¹. FPAMs clinic closures urged services to move directly into communities with increased frequency and expansion of healthcare workers to provide specialist SGBV support, SRH services and COVID-19 prevention information.



Enhancing services in the pandemic

FPAM has intensified SRH programme integration using mobile and static clinics to reach people living in remote areas. Increasing teams per district and their frequency to reach a whole catchment area for broader coverage. Team units were enhanced by increasing the number of trained health workers to provide integrated SRH/HIV/SGBV care focusing on women and girls' needs during the pandemic. The SGBV care services are strengthened using community structures with health workers like Community Reproductive Health Promoters (CRHP), Health Surveillance Assistants (HSA), Community Based Distributor Agents, and Youth Community Based Distribution Agents (CBDA) providing SGBV support, including counselling and contraceptive methods, and sensitisation and awareness messaging on COVID-19 prevention.

Protecting women with dignity

Mobile unit 'hot spots' and high-intensity community outreach operate in Neno, Mangochi and Balaka in the southern region, Ntcheu, Dedza, Lilongwe, Dowa, Mchinji, Salima, Nkhota-Kota and Kasungu in the central region and Mzuzu, Nkhatabay and Karonga in the Northern region.

Mobile and static clinics and social behaviour change communication through mass media and social media, work in tandem to provide SRH information and care to all target populations.

Specific information and service point staff encourage every woman who has experienced violence to report the incident to the nearest police station and attend the closest health facility (under COVID-19 measures) for screening and treatment alongside psycho-social counselling. FPAM works with communities to help protect survivors by reporting incidents to influential traditional and religious leaders trained in tackling issues around SGBV. FPAM also refers to social welfare offices and one-stop centres where SGBV survivor's access skills for income-generating activities since many survivors are vulnerable to violence due to lack of financial resources. Women and girls are supported with immediate shelter and food, management of health risks such as STIs, HIV, pregnancy, and depression.

FPAM has specialised care for Female Sex Workers (FSWs) with doorstep 'moonlight'² mobile clinics in 11 districts in Malawi. The safe space and

friendly approach to sex workers increase the numbers accessing care through this outreach model.

The innovations made by FPAM have demonstrated the need to continue critical and integrated SRH and SGBV services. In 2020, 18,414 SGBV FPAM services were accessed through static clinics, community-based distributors, and outreach efforts. The highest SGBV care services, over 17,000 were offered through outreach care across the country.

Key challenges

- Discrimination against marginalised women, e.g. Female Sex Workers and People Living with Disabilities, is a barrier to accessing integrated SRHR services.
- Stigma and self-stigma of SGBV survivors leading to limited social interaction with other people as they feel excluded from the larger community.
- Lack of victim support units close to people for immediate support when incidents occur and the focus on referrals becomes essential. Referrals to Police (victim support units), Social Welfare Offices, mental health service providers, and a referral hospital, where necessary, do their part to manage an area within SGBV. Referrals at FPAM are done by Health Service Providers either at static or mobile SDPs.
- Some people who experience SGBV are ambivalent to report their abuser due to fear of losing the breadwinner and a lack of financial support from intervention services – for some victims and survivors the threat of poverty is more frightening than SGBV.

Lessons

- As part of a pilot, FPAM plans to intensify mobile healthcare through phone and virtual health provision so that in times of crisis services are not disrupted. These must include - online booking, ordering of commodities and counselling services for free.
- Strengthening data management at the MA level will be critical to understand and make evidence informed decisions on the magnitude of the problem.
- FPAM will partner and advocate with other civil society organisations to support legal redress for SGBV survivors.

Next steps

- FPAM champions the provision of SRH information and care firstly to adolescents and youth and secondly to women and men in urban, peri-urban, and rural populations of northern, central, and southern Malawi. As per the government's SRHR Policy 2017 – 2022, SGBV is integrated within SRH package services. The integration approach works to optimise clients' healthcare experience and see them repeatedly through the range of services offered.
- FPAM provides SGBV as a permanent service in all its SRH programmes regardless of the project's objectives that may come and go.

Recommendations for SRH services, governments, and civil society organizations (CSOs)

- SRH service provision must include innovative approaches to prevent and respond to SGBV and other health needs arising during pandemics, such as online consultations, support and counselling, digital self-assessment via smartphone applications, information hotlines, and remote provision of medications and contraceptive commodities. Services must be expanded to provide a holistic continuum of care and protection with access to safe spaces, shelters, and essential housing alongside psycho-social support for those at risk experiencing SGBV.
- Governments should put women's safety first and protect them if at risk of violence. National emergency preparedness plans must include access to essential SRH services with SGBV care and prevention that is resourced and available when needed. Strong referral mechanisms and services must protect survivors in lockdown without alerting their abusers and provide options to access alternative housing and shelters when needed. All SGBV services must focus on innovative approaches to increase access safely and include self-care protocols, SRH related telehealth interventions and online resources.
- Governments and other service implementers, including CSOs, must collect sex, age, and disability disaggregated data to understand the differential impacts, barriers and risks faced by different groups within an affected population and take appropriate action to ensure better SGBV care and protection.
- CSOs must continue to advocate for increased funding to organizations that support SGBV survivors and must call for the police and judicial systems to protect women in crisis and beyond.

Charity, 24, shares that the benefits from FPAM organized mobile clinics are lifesaving. "We are encouraged to have safer sex and now have access to all contraceptives, HIV testing services, and cervical cancer screening services that are made available three times a month right here at our hot spot," she explains.

Charity connects COVID-19 and sexual gender-based violence because "most men have no money, due to job redundancies, slow paced businesses and of course, meagre payments that have affected most of our customers to afford fees. Most men would evade payment for the sex work services and when they are queried or reminded to commit the payment, quarrels arise which end in violence. We've agreed to get paid first before services to avoid quarrels."



Endnotes

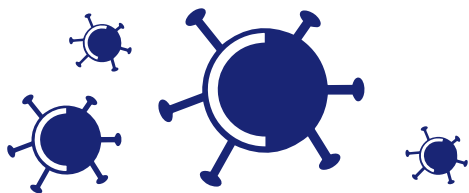
- [1] Malawi President Announces Strict Measures Against Perpetrators of Gender-Based Violence, VOA New 10 December 2020, <https://www.voanews.com/africa/malawi-president-announces-strict-measures-against-perpetrators-gender-based-violence>
- [2] Moonlight Clinics are SRHR services taken to sex worker spaces for more comfortable access (6pm-12 midnight).

IPPF COVID-19 Impact Surveys

IPPF COVID-19 Impact survey 1 March 2020: COVID-19 Survey Results | IPPF (ippf-covid19.org)

IPPF COVID-19 Impact survey 2 June 2020: COVID-19 Round 2 Survey Results | IPPF (ippf-covid19.org)

IPPF COVID-19 Impact survey 3 November 2020: COVID-19 Round 3 Survey Results | IPPF (ippf-covid19.org)



About FPAM

Family Planning Association of Malawi (FPAM) provides family planning services, has a strong youth focus, and reaches under-served rural communities. Services offer youth friendly SRH information, education and provide contraceptives, pregnancy testing, diagnosis, and treatment of sexually transmitted infections (STIs), voluntary counselling and testing (VCT) for HIV and AIDS as core FPAM clinic activity.



Who we are

The International Planned Parenthood Federation (IPPF) delivers sexual and reproductive health services that let people make their own choices. We fight for everyone to exercise their right to make those choices. We are local, through our members and volunteers, and global, through our network. We meet need, wherever it is, whoever requires it, for as long as they want it.

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Image 1: Malawi/ IPPF/ Tommy Trenchard

Image 2: Malawi/ IPPF/ Tommy Trenchard

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