Policy Brief

Women and girls sexual and reproductive health rights during the COVID-19 pandemic in Zimbabwe

WOMEN AND LAW IN SOUTHERN AFRICA (WLSA)

About Women and Law in Southern Africa

Women and Law in Southern African Research and Education Trust (WLSA) Zimbabwe started as a local Chapter of a sub-regional network in 1989. WLSA is now registered and operates as Private Voluntary Organisation (PVO) in Zimbabwe. The network member countries include Botswana, Lesotho, Malawi, Mozambique, Swaziland, and Zambia. The purpose of the network is to contribute to sustained well-being of women and girl children through action-oriented research in the socio-legal field and advocating for women's rights. WLSA work incorporates action into research by questioning and challenging the law, instigating campaigns for changes in laws, policies and plans of action, educating women and girls about their rights, providing legal advice and gender sensitizing communities and leadership.

Making the Law work for women and girls

CONTENTS PAGE

Policy Brief

Women and girls sexual and reproductive health rights during the COVID-19 pandemic in Zimbabwe

Executive Summary

This brief presents emerging evidence of the impact of the COVID-19 pandemic on women and girls sexual and reproductive health right (SRHR) as compiled by Women and Law in Southern Africa. The brief gives a brief overview of the Zimbabwean context and locates the challenges in the health sector within that. It then focuses on the specific challenges obtaining that are limiting the enjoyment SRHR by women and girls during the COVID pandemic. It then advocates for measures that can enhance women's access to services and information on their sexual and reproductive health in the current circumstances of COVID-19 pandemic lockdown as well as for investments that ensure the safety of women and girls in longer-term recovery plans. The recommendations contained herein are to be considered by all sectors of society, including governments and other stakeholders on specific actions that they can take to ensure full realisation of the women's SRHR in line with the commitments that the country has made at regional and global level as well as the national constitution to promote and fulfil women's rights[1].

A. Context overview

The first COVID-19 case was reported in Zimbabwe on 21st March 2020, and to date the country like all other nations of the world, remains plagued by the pandemic. Since the recording of the first COVID-19 case, the Zimbabwe government has adopted various measures that seek to contain the spread of the disease and these remain in place albeit their application may be eased or intensified[2]. The COVID-19 pandemic came to Zimbabwe against a backdrop of a dire humanitarian crisis in the country that has been characterised by recurrent droughts and floods; crop failures; macro-economic instability combined with austerity measures which factors collectively have taken their toll on vulnerable households in both the rural and urban areas of the country[3]. As a result, access to basic services such as water, sanitation and health by the general populace are severely constrained. COVID-19 introduced additional pressure on an already weak public health system that has seen repeated job action and wage protests by health professionals. The health sector has also suffered brain drain, dilapidated infrastructure and low funding over a protracted period. Cumulatively, these factors have seriously compromised access to health for citizens.

As the COVID-19 pandemic has progressed, the emerging evidence indicates that the COVID-19 pandemic is exposing and exacerbating existing gender inequalities globally[4]. It has become apparent that measures taken by governments across the world to contain and mitigate the virus, are associated with a range of secondary impacts on women and girls' access to SRHR in both the immediate and long-term.

Therefore, efforts must be put in place to urgently address the emerging challenges and avert a potential disaster and ensure that the country fulfils the commitments made in regional and international instruments on upholding women and girls SRHR. The commitments include the International Covenant on Economic Social and Cultural Rights, The Convention on The Elimination of All Forms of Discrimination against Women and the ensuing General Recommendation No. 24: Article 12 of the Convention (Women and Health), The Protocol to the African Charter on the Rights of Women In Africa, the SADC Protocol on Gender and Development as well as the Sustainable Development Goals amongst others[5].

B. The Status of Women and Girls Sexual and Reproductive Health Rights in Zimbabwe

The COVID-19 pandemic has heavily impacted on the health sector and further constrained efforts to ensure women and girls to realise and enjoy their sexual and reproductive health rights. Some of the impacts felt to date include:

i. Limited health financing and its impact on maternal health and family planning services.

At the centre of the crisis is the unavailability of resources to respond to the health sector generally and women and girls sexual and reproductive rights specifically. The health sector continues to be under-financed with the Zimbabwe government failing to meet the 15% allocation of the national budget to health sector as provided for in the Abuja Declaration[6]. This is the case even with the 2021 national budget.[7] With the emergence of COVID-19 reports indicate that governments across the world have redirected resources from vital SRHR and other health rights generally as governments give prominence to the COVID -19 response[8]. This holds true for Zimbabwe but it has put strain on an already ailing health system. Sadly, there have been allegations of misappropriation of designated resources earmarked for the COVID-19 response limiting their efficacy. The result is that health workers still do not have adequate personal protective equipment (PPE). This is despite the existence of a court order directing government to provide PPE to health staff[9]. This is hampering service delivery significantly. In some cases, nurses have turned away patients including pregnant women from health institutions insisting that they deal with severe cases only[10]. In others they have resorted to collective job action discontinuing service delivery even for maternity services[11]. With hospitals and clinics remaining under resourced, they have also not been able to dispense contraceptives due to drug stock outs[12].

ii. Inaccessibility of economic resources inhibiting access to sexual and reproductive health services,

The lockdowns have led to closure of economic activity particularly for the informal sector which employs the majority of women in the country[13]. The socio-economic implications of the pandemic have made SRH services increasingly unaffordable as

most women and girls cannot afford contraceptives, sanitary ware and in some cases some cannot raise hospital maternity fees. The cost of maternity fees for instance in Harare's high density poly – clinics is US$60 and $30 in Epworth but even this is beyond the reach of many[14]. Some health facilities require patients to undertake a COVID-19 test before being attended which again most cannot afford.

iii. Disruption of service delivery of sexual and reproductive health services

Access to the full scope of health services has been disrupted at community health facilities. The lockdown measures reduced the operating hours for all businesses and health facilities. As a result access to maternal health services has decreased generally[15] whilst community health facilities are only attending to emergency cases with SRH issues not being considered as urgent. There are reports of pregnant women being turned away from health institutions whilst intending to access services for routine checks or to give birth with hospital staff insisting that they must appear when they are due[16]. Expecting mothers waiting areas/shelters, a common feature in some of the rural and provincial hospitals have been closed down as part of the preventive and containment measures. These factors have resulted in some women having home deliveries posing a serious risk to their lives and that of their unborn children[17].

For both rural and urban areas, access to other maternal and reproductive health services (e.g. vaccines for children, pregnancy check-ups, family planning and outreach programmes by nurses to remote rural areas) have been disrupted by the COVID-19 pandemic. Before the lockdown government was undertaking a vaccination for Human Papilloma Virus (HPV). HPV vaccination programmes have be disrupted due to stoppage of essential health services and global disruptions of supply chains[18]. HPV vaccination is efficacious for primary prevention of cervical cancer one of the leading causes of death amongst women.

iv. Disruption of movement hampering access to services.

There has been a decline in health seeking behaviour in most communities during the COVID 19 lockdown[19]. This has been attributed to the national lockdown's disruption to public transport by the banning of commuter omnibuses[20], adversely affecting accessibility of health services by women and girls to health services especially for pregnant women and for those seeking access to contraceptives. The buses whilst cheaper, are in short supply resulting in congestion. Movements are restricted to those with exemption letters whilst SRH services have not been designated as essential. Before the lockdown the unmet need for contraceptives Zimbabwe was 10.4 % for adults whilst that for the 15-19 year old group was 12.6%[21]. As the travel/movement restrictions increased during the lockdown it is predicted to have gone up. The reduced contraceptive coverage will result in increased unintended pregnancies, sexually transmitted diseases (STI's) including HIV,

distress, increase risk of unsafe abortions and maternal mortality, and further financial implications[22].

When curfews are in place patients also have to ensure that they do not violate these even as they seek to access health services. There have been instances of overzealous policing that is impeding access to family planning services as police enforce the lockdown[23]. Women also report not being able to prepare adequately for delivery as nearby shops are closed and thus making purchasing of baby clothes and other preparatory materials challenging.

v. Adolescent health is threatened

The closure of schools as a COVID-19 containment measure has negative impact on adolescent girls and young women in the country. It has not only derailed their educational trajectory limiting their future employment and empowerment prospects, but it also impeded their access to comprehensive sexuality education that is usually offered at school. Dropping out of school may lead to young girls seeking high-risk jobs including vending and cross-border trading and sex work. These increase exposure to exploitation, sexual and gender based violence (SGBV), early and unintended pregnancy, forced or child marriages, STI's, HIV and HPV. Teenage pregnancies are high-risk pregnancies and complications during pregnancy and delivery are the leading cause of death for the 15-19-year-old girls globally[24]. In addition, the closure of schools has resulted in poor menstrual hygiene management as sanitary wear distribution programmes were disrupted[25]. Whilst some have resorted to using cloth, the unavailability of clean water compromises hygiene.

vi. Sexual and Gender based violence is undetected

The accessibility of SRH services offer an opportunity to service providers to identify survivors of SGBV and provide support. However, as fewer women and girls are accessing SRH services in lockdown, this opportunity is missed. As women and girls experiencing abuse visit SRH providers for contraception or maternity services, if signs of GBV are identified, immediate SRH support can be provided and survivors can be referred to GBV support services[26].

C. Conclusion

The evidence gathered by WLSA shows that the SRHR for women and girls accompanying the lockdown response to COVID-19 are many and require urgent response from a multi-sectoral approach. Left unchecked, the situation will have dire consequences for women and girls in both the short and long term and detract from realisation of the country goals on gender equality and women's empowerment. The challenges identified threaten women and girls right to sexual and reproductive health including the right to control their fertility, the right to decide to have children, the right to choose a family planning method, the right to protection from STI's and HIV, and the right to have family planning education. The failure to uphold these rights incidentally threaten other rights for women and girls such as the right to life[27], education[28] and empowerment[29] amongst others. It is imperative under the circumstances that government in partnership with stakeholders take urgent and decisive steps to address this situation.

D. Recommendations

The following are some of the measures that can be undertaken by the various stakeholders to fulfil women and girls sexual and reproductive health rights:

All stakeholders

- It is apparent that gender dimensions are not always at the centre of planning response measures to the COVID-19 pandemic. To address this, gender dimensions must be taken on board at all stages of policy design to ensure that the COVID-19 mitigation and recovery plans leave no one behind. To achieve this, policy formulation at all levels should ensure greater representation and participation by women and girls.

Government

- Improve health financing and meet the target set in the Abuja Declaration of allocating 15% of the national budget towards the health sector as a minimum and hopefully surpass this. This will alleviate the availability of resources to the sector which will improve accessibility of material resources in hospitals e.g. availability of PPE that enables health workers to deliver services including SRH services and avail also facilitate availability of contraceptives in hospitals.
- Beyond a general increase in health financing, government must adopt gender responsive budgeting as provided for in the SADC Guidelines on Gender Responsive Budgeting to ensure government budgets as well as policies and programs address the needs and interests of women and girls thereby addressing the concerns raised in this policy brief.

- Ensure that there is continued access to health services at primary health facilities for non-COVID related illness, maternal, neonatal and sexual reproductive health services, vaccinations and chronic illness, access to sanitary wear and allow women and girls travel exemptions to enable them to access services.
- Prioritise allocating empowering economic measures targeting women employed in the informal sector to address and mitigate the loss of income and livelihoods caused by the COVID-19 lockdowns. This will enable women to access SRHR through private financing when government is unable to do so.
- Mitigate the immediate impact of school closures by adolescent girls particularly those in poor communities and ensure inclusive and equitable access to education. Measures may take the form of study circles, radio lessons or assisting schools in poor communities to meet reopening guidelines, amongst others. The aim is to reduce the risks that are posed to their SRHR by the redundancy caused by school closures.
- Enable access to information on SRHR by women and girls by utilising the public broadcaster (i.e. television and radio) as well as promote the use of community radio.
- Designate SRHR as an essential service and ensure mobile provision of SRHR information and services to all communities.

Donors and other Multi-Lateral Organisations

- Support government efforts in education and health financing as government capacity is severely constrained.
- Reduce vulnerability of citizens especially women and girls through availing humanitarian support that targets vulnerable households.

Civil society and citizens

- Demand and track the accountability of government around optimal use of COVID-19 funds and resources as well as monitor generally accountability at all levels.
- Facilitate access to information by adolescent girls and young women on SRHR and GBV through innovative means such as use of social media and traditional media.
- Support women and girls to access SRHR and GBV services through referrals.
- Monitor, document, report and support cases of violation of girls' rights such as early and child marriages, rape and teenage pregnancies amongst others.

Endnotes

[1] Zimbabwe has ratified various regional and International conventions that uphold sexual and reproductive rights of women and girls. In addition, the Constitution of Zimbabwe in section 76 specifically provides for the right to health.

[2] This depends on the extent of the prevalence of the pandemic at any given time as measured by the number of recorded positive cases.

[3] Masomera A. and Chigwanda E. (2020) CARE Rapid Gender Analysis for COVID-19, CARE International Zimbabwe http://www.careevaluations.org/wp-content/uploads/CARE-Zimbabwe-Rapid-Gender-Analysis-COVID-19-Final-Report-9-June-2020-1.pdf

[4] Martin R. and Ahlenback (2020) SAFE: Evidence Analysis: Secondary Impacts of COVID-19 on gender Based Violence against women and girls in Zimbabwe

[5] See Article 12 of the ICESCR, Article 12 of CEDAW, Article 14 of the African Protocol on Womens Rights and Article 9 of the SADC protocol on gender and Development. The Sustainable Development Goals also articulate the same Goal 3 focuses on ensuring healthy lives and promotion of wellbeing, Goal 4 promotes inclusive and equitable education Goal % promotes gender equality amongst others.

[6] The commitment was made in 2001 but Zimbabwe is still to satisfy the commitment. See for instance https://healthtimes.co.zw/2019/10/23/zim-should-honour-abuja-declaration-in-2020-budget/

[7] The 2021 budget is only 13% of the national budget See http://kubatana.net/2020/11/27/health-budget-inadequate-in-the-face-covid-19-cwgh/

[8] Plan International, (2020) How COVID-19 is threatening girls sexual and reproductive health rights https://plan-international.org/sexual-health/how-covid-19-threatens-girls-women Accessed 04/02/2020

[9] Fighting Coronavirus; High Court Orders Government to Protect Frontline Health Practitioners and Equip Public Hospitals With Medication to Stem Epidemic https://www.zlhr.org.zw/?p=2004 Accessed 06/02/2020

[10] WLSA, (2020) Building agency on maternal health rights and sexual and reproductive rights in Bulawayo, Beitbridge, Mutare (rural and urban), Murehwa and Harare. (Unpublished)

[11] For instance in January 2020, nurses at Sally Mugabe Hospital in Harare went on strike over lack of PPE. See https://www.news24.com/news24/africa/zimbabwe/zimbabwe-nurses-strike-over-virus-equipment-shortages-20210108 and also Chingono N. 'Zimbabwe doctors and nurses down tools over lack of protective coronavirus gear' https://edition.cnn.com/2020/03/25/africa/zimbabwe-doctors-nurses-ppe-strike/index.html Accessed 06/02/2021

[12] This was reported in WLSA (2021) Report on COVID-19 and SRHR for women and girls with disabilities in Mutare urban and rural areas (Unpublished)

[13] Women in Zimbabwe face a 19.4 percent gender wage gap tilted to their disadvantage. In addition, about 57 percent of MSMEs in Zimbabwe are owned by women, which exacerbates their loss of incomes and livelihoods during the COVID pandemic. See https://www.afi-global.org/newsroom/blogs/impacts-of-covid-19-on-women-and-msmes-in-zimbabwe/

[14] Ibid note 10

[15] According to preliminary WHO data, in Zimbabwe the number of caesarean sections performed decreased by 42% between January and April 2020 compared with the same period in 2019 and the number of live births in health facilities fell by 21%

[16] Ibid note 10

[17] This is documented in the WLSA report Ibid note 10

[18] Murewanhema G. et al. Adolescent girls, a forgotten population in resource limited settings in the COVID-19 pandemic: implications for sexual and reproductive health outcomes. Pan African Medical journal 2020:37(1);41[doi:

[19] Plan International and Ministry of Women Affairs, (2020) Gender and Sexual Reproductive Health Rights Rapid Assessment on the Impact of COVID-19, Harare, Plan International Zimbabwe

[20] This was done in terms of Public Health (COVID-19 Prevention, Containment and Treatment) (Consolidation and Amendment) Order, 2020

[21] UNFPA, Policy Brief - Investing in Sexual and Reproductive Health and Rights. 17 January 2018. Accessed 05/02/2020

[22] Ibid note 4 and Murewanhema G. ibid note 18.

[23] Ibid note 19

[24] Ibid note 18

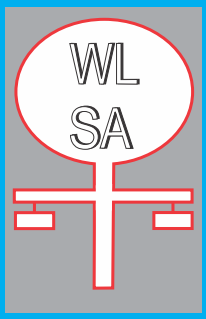
[25] Eghtessadia R. and Mukandavire Z. (et al), Safeguarding gains in the sexual and reproductive health and AIDS response amidst COVID-19: The role of African civil society International Journal of Infectious Diseases 100 (2020) 286-291 and Murewanhema G. Ibid note 18

[26] Ibid note 4

[27] There is risk of women and girls losing their lives to maternal mortality causes by inaccess to health services. There is also risk of increased infant mortality. Unsafe abortions also pose a risk to life for women and girls

[28] Girls risk teenage and early pregnancies resulting in them dropping out of school

[29] In the long term women and girls impacted by the failure to realise their sexual and reproductive rights in this era will have been denied the opportunity to make decisions about their lives and also pursue opportunities. This will invariably perpetuate the cycle of the feminisation of poverty.



WOMEN AND LAW IN SOUTHERN AFRICA (WLSA)

16 Lawson Avenue Milton Park,
Harare, Zimbabwe
+263 242 253001/2/3/ or 2928337
0775708476
Tollfree Number 08080479
admin@wlsazim.co.zw
www.wlsazim.co.zw
@wlsazim
Women and Law in Southern Africa
and Zimbabwe

Toll Free Number

08080479