

SEXUAL GENDER-BASED VIOLENCE
IN TIMES OF COVID-19 IN SUB-SAHARAN AFRICA

REPORT



BACKGROUND

According to the World Health Organization, 1 in 3 women around the world experience physical or sexual violence at some point in their lives with the perpetrator being an intimate partner in most of the cases. Consequently, it is the most common, but among the least reported human rights violations. Despite being prevalent during times of peace and stability, it has an even greater potential to escalate when a crisis strikes and the current COVID-19 pandemic is no exception.

A recent study by UN Women found that reports of violence against women, and particularly domestic violence, have increased in several countries especially with added stress over health concerns, economic insecurities and fear for the future. Staying home is not safe for many women and girls who are forced to coexist with their abusers. Unfortunately, as the COVID-19 pandemic continues, women's and girls' vulnerability to gender-based inequality and violence increases..

According to Google, searches for domestic violence indicate a spike in the number of people searching for help dealing with domestic violence and sexual harassment in Africa since the start of COVID-19. In Kenya, for instance, calls for help against domestic violence increased by thirty four percent (34%) in the first three weeks of the 7 p.m.-5 a.m. curfew.

The short and long-term health consequences of violence for women's health are numerous and significant: women who experience violence have a higher risk of injuries, adverse sexual and reproductive health and mental health repercussions. Even in normal times, accessing care for sexual violence can be extremely difficult due to stigma, fear of retribution, and a lack of trust in authorities, among other reasons. Now, with the ongoing pandemic, it is even harder for the victims to seek the help they need because only emergency cases are being addressed in many health facilities, and only by appointment. Additionally, because sexual violence is a taboo subject, many people do not know about the urgent need for treatment let alone that this is an essential service.

Given these particular challenges, governments must, therefore, take bold steps to mainstream gender in their responses to the crisis. During this pandemic, the world's attention has shifted to dealing with the pandemic, and has ignored other key issues such as gender-based violence. As a result, gender-based violence is currently on the rise.

<https://www.who.int/news-room/feature-stories/detail/violence-against-women>

<https://www.msf.org/women-and-girls-face-greater-dangers-during-covid-19-pandemic>

<https://www.rfi.fr/en/africa/20200427-activists-appeal-to-au-as-abuse-against-women-girls-soars-under-covid-19>

PANEL



RACHEL MUTHOGA
Moderator



DR. STEFANIE ROTHENBERGER
Director, KAS Rule of Law Program for
Sub-Saharan Africa
Opening Remarks



YVONNE WAKEFIELD
Founder, The Warrior Project
*How COVID-19 pandemic has exacerbated the risk
of Sexual Gender Based Violence on Women and
Girls in Sub-Saharan Africa.*



JANET P. ANYANGO
Senior Legal Counsel, FIDA-Kenya
*Practical measures towards the prevention, mitigation
and response to Sexual Gender-Based Violence on Women
and Girls in Sub-Saharan Africa.*



EUNICE MUSIIME
Executive Director, Akina Mama wa Afrika
*Role of National Governments and Regional bodies
in ensuring an end to violence against women and girls.*

INTRODUCTION

The Konrad-Adenauer-Stiftung Foundation under the auspices of the Rule of Law Program for Sub-Saharan Africa hosted an online seminar on the 22nd October 2020 with the primary objective of discussing the effects of COVID-19 on SGBV on women and girls, examining prevention measures embraced by governments and non-governmental bodies in Sub-Saharan Africa to mitigate Sexual Gender-Based Violence and exploring measures which can be adopted to end violence against women and girls.

The session kicked off with introductory remarks from Rachel Muthoga, the session moderator and thereafter opening remarks from Dr. Stephanie Rothenberger, the director for the KAS-RLPSSA who introduced the seminar series focusing on the promotion and protection of human rights especially during the Coronavirus Disease pandemic.

The Shadow Pandemic

Sexual Gender Based Violence is deeply rooted in gender inequality and has no social, economic or gender boundaries. It is by no means restricted by geographical barriers and consequently, and unfortunately so, it is a 'pandemic' in itself. Across Africa, the numbers of SGBV cases have gone up significantly during the Coronavirus Disease pandemic.

In Uganda particularly, teenage pregnancies are reported to be on the rise alongside numbers of those seeking help from toll free lines and those seeking help to move into shelters. In spite of this, some governments across Africa have been dismissive of this disturbing situation and this indicates that there actually exists a '*shadow pandemic*' that has garnered less public concern compared to the COVID-19 pandemic.

In Kenya, as people- and the justice administration machinery specifically- adopted working from home strategies as a frontline defence against the COVID-19 pandemic, reporting and seeking help for SGBV victims became even more problematic. FIDA-Kenya, through their toll-free helplines report having received over 3800 calls within six months from mid-April 2020 alone.

Challenges

1. The COVID-19 has presented immense pressures with looming health and economic uncertainties. This coupled with the historical physical, social and economic vulnerability of women and girls has left them even more at risk of SGBV and GBV perhaps because they tend to be the weakest link in the whole system.
2. Historically, there has been a general lack of will and a splintered response to sexual and gender-based violence on the part of government leaving it to nonprofits and CSO's to fill in the gaps left out by governments which puts a strain on available resources.
3. Lack of adequate healthcare resources such as post-exposure prophylaxis against HIV, dignity kits, access to counsellors and other vital medicine and medical procedures.
4. Community interference is a great hindrance. In Kenya, for instance, local administration has been reported in some cases to be reluctant to provide investigative support during prosecution of SGBV cases. Additionally, the practicality of some of the legal remedies available to SGBV and GBV victims such as barring persons from their matrimonial home is problematic.
5. Underrepresentation of women in decision-making spaces, more specifically in the newly formed pandemic response committees and command structures which resulted in the relegation of the gender aspect in emergency response measures.
6. Justice delayed is justice denied. Time-consuming and complex/intimidating judicial procedures which have been a disincentive for victims to report SGBV and GBV cases. Improper collection and preservation of evidence has also frustrated the prosecution process.
7. The loss of trust in law enforcement with police being increasingly viewed as aggressors as opposed to protectors. In South Africa where police have used excessive force in a bid to enforce COVID-19 response protocols, the resultant mistrust and loss of faith among women has become a hurdle to reporting SGBV.
8. The What about Movement. Sometimes when we are having conversations that are focusing on women and girls, there's always the call for attention to boys and men and sometimes that dissenters conversations around women and girls who face disproportionate impacts for SGBV.

Recommendations

Existing & Potential Solutions

1. There is immense need to sustain conversations on SGBV to encourage reporting as well as spread awareness on SGBV issues such as resources available to victims.
2. Leveraging on alternative justice systems to administer justice on SGBV and GBV issues at large. There is need to exploit knowledge-empowered community justice systems locally and nationally.
3. Capacity building for resources available to victims such as safe houses/shelters as well as funding legal aid services such as the National Legal Aid Service of Kenya.
4. Consistent and periodic review of existing legal frameworks that touch on SGBV and GBV at large. In Kenya presently, there is a growing need to review the Sexual Offences Act 2006.
5. Ensuring stakeholder accountability for individual and institutional players around SGBV such as law enforcement and health facilities through comprehensive guidelines such as the National guidelines on management of sexual violence in Kenya.
6. Leveraging technology to improve SGBV awareness, education/access to information, behaviour change interventions, reporting mechanisms, collection of evidence and even victim support and recovery programs.
7. Improving financial independence for women, especially those whose livelihoods have been adversely affected through social security and other economic recovery packages for marginalised women.
8. Providing education and training for police and law enforcement agencies around SGBV and how to sensitively deal with reports and charges.

Ensuring Sustainability

The Role of Regional, National and Civil Society Bodies

FIDA-Kenya and Akina Mama wa Africa highlighted the need to go over and above just recording SGBV cases to also offer legal advice and offer psychosocial support to the victims. Importantly still is cross-collaboration among other CSOs and networking partners to maximise access to these resources. FIDA-K have made use of Gender Technical Working Groups that have implemented referral paths from whence an incident is reported, tracking all the institutional efforts to provide legal services, psychosocial support, forensic investigation, prosecution and even humanitarian aid for the benefit of the victims.

In South Africa, the creation of the national strategic plan on gender-based violence which aims to bring GBV efforts together into a collaborative state-wide approach is also a step in the right direction and more African countries should take up this approach.

Implementation of commitments to combat GBV also have to be actualised by national and regional bodies. All countries in the Great Lakes Region committed in the 2011 Kampala Declaration to set up special courts for GBV and the time to do so is now.

Governments and funders should focus their resources on initiatives that leverage technology to fight SGBV because technology can be an enabler of solutions around SGBV issues. Non-profits such as the Warrior Project in South Africa provide a platform for victims to explore and pursue remedies and resources for SGBV cases.

Policymaking around SGBV and GBV should be data-led. To this end, governments should create and maintain comprehensive data or information management systems that enumerate SGBV and GBV cases and their financial repercussions.

There is need for values clarification at all levels: community, national and regional levels. Notably, in terms of regional bodies SADC has been the most progressive when it comes to setting up and implementing gender responsive policies. This includes the adoption of gender-responsive budgeting across all these levels.

Recognising the need to bring men and boys into the conversation also plays a crucial role in combating SGBV. Educating them to recognise and stop behaviours that can unwittingly be enablers of SGBV such as normalised locker-room comments than can prop up the more serious behaviours. Similarly, they can also take part in advocacy against SGBV. On the other hand, SGBV can happen to men and boys, and is increasingly happening so although not to the extent of women and girls. The legal and normative framework for SGBV is gender neutral and consequently, the law protects all victims regardless of gender. In Kenya, some localities such as Kapenguria even have distinct child protection units for both boys and girls.

Conclusion

In a public anonymous poll fielded out to the seminar participants, community engagement was voted the top priority in the fight against SGBV in contrast to measures such as legal reforms, psychosocial support for victims and resourcing safe houses and rescue homes. There is need for dialogue and dissent when advocating SGBV issues. The general consensus is that impact does not happen in isolation; but requires collective action.

SEXUAL GENDER-BASED VIOLENCE IN TIMES OF COVID-19 IN SUB-SAHARAN AFRICA 22ND OCTOBER 2020



REGISTERED

336



ATTENDED

202



ATTENDED %

60%



QUESTIONS

09



COUNTRIES

15



DURATION

152



KENYA
UGANDA
NIGERIA
TANZANIA
NETHERLANDS

USA
GAMBIA
GHANA
MAURITIUS
SOUTH AFRICA

UK
FRANCE
ITALY
TURKEY
CANADA



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