

Prevention and response to Sexual and Gender-Based Violence in the context Covid-19: Case of the Adult Rape Clinic.

About COVID-19 and the measures that has been put in place by the government of Zimbabwe to reduce its spread.

The novel coronavirus disease (COVID-19) has spread rapidly around the world since it was first identified in January 2020 in Wuhan City of the Republic of China.¹ SARS-CV-2 which causes COVID-19 is a respiratory virus which spreads primarily through respiratory droplets when an infected person coughs, sneezes or speaks. People can also be infected by touching a contaminated surface and then touching their eyes, mouth or nose.² Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a global pandemic.

As a response to the pandemic the Government of Zimbabwe (GoZ) resorted to the use of the delay approach³ with the aim of slowing the spread of the virus and delaying its extreme impact until such time as the country's health service can cope with the scale of the epidemic. Guided by this approach the GoZ introduced social distancing strategies, closure of education institutions and many workplaces, prohibitions of large gatherings, and reduction in the use of public transport and these measures are being implemented with varying degrees of enforcement⁴. Without a doubt, lockdown is crucial to contain the virus, but this can also expose quarantined and isolated people to other risks. Sexual and Gender-Based violence (SGBV) is one such risk; restricted movement and confinement with limited resources exacerbate the risk and prevalence

¹ Johns Hopkins University & Medicine, "Coronavirus Resource Center," March 14, 2020, <https://coronavirus.jhu.edu/map.html>.

² Note from World Health Organisation on Corona Virus, https://www.who.int/health-topics/coronavirus-tab=tab_1

³ One of the strategies being used by different governments to deal with the spread of Covid 19. Others include mitigation planning for widely established infection and containment.

⁴ Ministry of Health and Child Care ,2020 Zimbabwe Preparedness and Response Plan

of the violence. More so, SGBV case management has also been greatly affected by the lockdown measures. Many Civil Society Organizations (CSOs) across the country initially found it difficult to continue to provide services and have been adjusting to the lockdown measures in order to raise awareness and provide much needed services.

The restrictive movement measures have put most survivors of SGBV in a very compromising situation whereby they cannot access essential SGBV services such as medical and psychosocial support. As result of this a lot of SGBV survivors will experience further traumatization, psychological and medical implications of delayed access to services such as HIV prevention, other STI infections treatment and pregnancy prevention. It is against this backdrop that the Adult Rape Clinic (ARC) decided to ensure that its medico-legal and psycho-social support services remain accessible.

About the Adult Rape Clinic.

Adult Rape Clinic soon to be known as After Rape Clinic (ARC) is a registered Private Voluntary Organization (PVO 61/18), located at Parirenyatwa Group of Hospitals, Ward C9, Mazowe Street, Harare, Zimbabwe. The organization offers a variety of services in support of SGBV survivors and these include: i) Direct service provision, ARC provides comprehensive SGBV management which includes medical management to survivors of SGBV, ongoing psycho-social support services, awareness and advocacy surrounding SGBV issues ii) Capacity building, the organization offers training to medical personnel, Zimbabwe Republic Police Victim Friendly Unit (VFU) and social services personnel on the management of survivors along the referral pathway iii) The organization also provides Sexual Reproductive Health (SRH) information and services to adolescents and youths through its Adolescent and Youth department. In addition to the aforementioned services, ARC also works collaboratively with partners and organizations such as the Ministry of Health and Child Care, Victim Friendly Unit (VFU), Musasa Project, Padare, Zimbabwe Women lawyers Association, Women's Coalition of Zimbabwe, SAYWHAT, House of Smiles and the Yellow Bus Trust among others to provide a full package of SGBV services. In response to the unmet need for SGBV services, ARC is in the process of expanding services to

Gokwe, Masvingo, Kadoma and Mutare using its innovative Twin Model for SGBV case management.

The Twin Model for case management.

THE Twin Model for case management was developed to ensure that appropriate services are provided to survivors in a timely, safe and dignified manner. The model involves the use of physical face to face examination and consultation, as well as plus ongoing online and telephonic approaches to case management. Implementation of this model has gone a long way in the management of SGBV cases during the COVID-19 restriction period. The model is hinged on three programmatic pillars namely medical, psychosocial support and outreach awareness services described below.

1. Medical services

During the covid-19 lockdown, ARC continued conducting physical consultations for survivors presenting at its clinic which is located at Ward C9 Parirenyatwa Hospital from 0800 hours to 1630 hours. Those survivors who present after the regular hours are referred to Parirenyatwa casualty department where they are offered first line SGBV care. Survivors who visit the clinic are offered the full package of services which include physical medico-legal examination, HIV testing and prophylaxis where indicated, pregnancy testing and emergency contraception where indicated and provision of antibiotics to prevent sexually transmitted infections. ARC has a 24-hour toll-free hotline which survivors can use to access services including ongoing psychosocial support.

2. Psychosocial support services

Psychosocial support is offered to survivors from the time they present for medical services until such a time that they are deemed stabilized by the case manager. In the long term, survivors are also offered on going psychosocial support as needed. During the COVID-19 lockdown, ARC provided ongoing psychosocial support through the use of mobile phones to call, text or use WhatsApp videos to provide counselling and demonstrate psychotherapy techniques such as

meditation to survivors 24 hours a day. Through mobile phone case management, follow-up care is offered to support and strengthen healing.

3. Outreach awareness services

In order to adhere to the COVID-19 guidance given by the Government of Zimbabwe (GoZ), ARC resorted to contemporary methods of conducting outreach awareness services. These methods include social media, television and radio, peer educators and community radio shows as described below.

Social Media Advocacy (sponsored posts):

ARC secured sponsorship for posts on various social media platforms such as Facebook, Twitter, YouTube, WhatsApp, Bulk SMS and Instagram. The sponsored posts contain health education on SGBV in the context of the COVID-19 pandemic. This includes when and where to get services when abused.

Television and virtual radio program sessions:

ARC is also airing of pre-recorded video sessions on Zimbabwe Television (ZTV) Tariro Makanga talk show (*The Talk Show*) and *Identities/Umhlobo*. In this talk show, ARC staff members have engaged in in-depth conversations on SGBV issues in the context of COVID-19. Since the beginning of the lockdown in March 2020, four episodes have aired successfully. Like the television sessions, ARC has also engaged in the same conversations over virtual radio interviews. To date more than 10 virtual radio interviews have been conducted.

Peer educators/Sexual Reproductive Advocates (SHAs): to date, since the lockdown, ARC has trained 32 active peer educators who are playing a critical role dissemination of information on SGBV during COVID-19 times. The peer educators also use the various social media platforms such as WhatsApp, Facebook, Instagram and Twitter.

Road Show approach to Community Awareness Raising: ARC has partnered with the Ministry of Information publicity and broadcasting services, Katswe SistaHood and Amnesty International to disseminate information in different communities. The team uses a mobile vehicle with a strong

PA system and moves around the streets broadcasting COVID 19 awareness and prevention messages. This is a social engagement to ensure effective response to COVID 19 and health issues through a comprehensive coordinated approach. The team members give each partner time to share their messages in the context of COVID 19 and ARC speaks about SGBV and the services available for survivors. Crowding is discouraged and people listen to the messages from their homes or wherever they will be. ARC has so far participated in Damafalls, Caledonia, Eastview and Mabvuku. Kuwadzana, Glenview, and Mazowe (Concession and Jumbo) in May 2020. It's also important to mention that, partners put resources together to cover fuel, and food allowances for the team members. This becomes cheaper and more effective than conducting these independently.

Results of the twin model approach to case management.

Statistics for 30-03-20 to 19-05-20

Figure 1- Number of new survivors

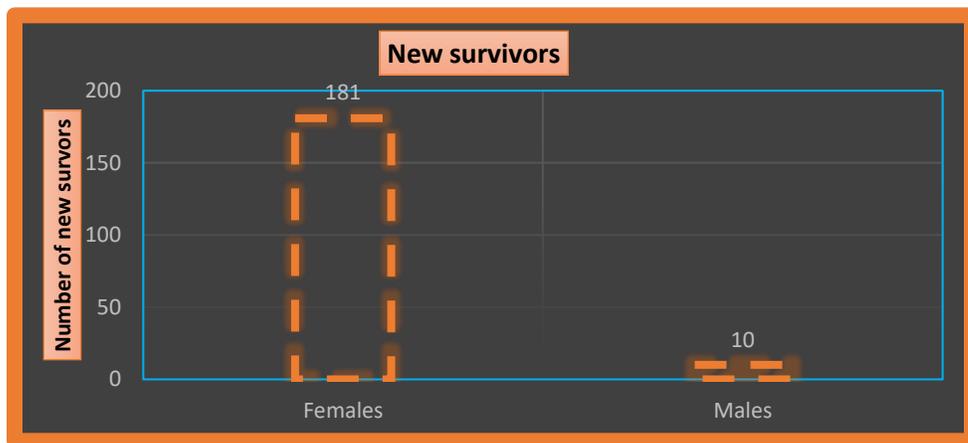


Fig 1 provides information about the number of new survivors who received post rape services from 30 March 2020 to 19 May 2020. In total, 191 survivors received post rape services. 181 were females and 10 were males. 92 of these survivors (191) came physically to the clinic and were offered services such as medical examination, counselling and HIV and pregnancy testing. 99 survivors received virtual services such counselling which was conducted through calls, WhatsApp chats and text messages.

Figure 2-Number of survivors who reported within and after 72 hrs.

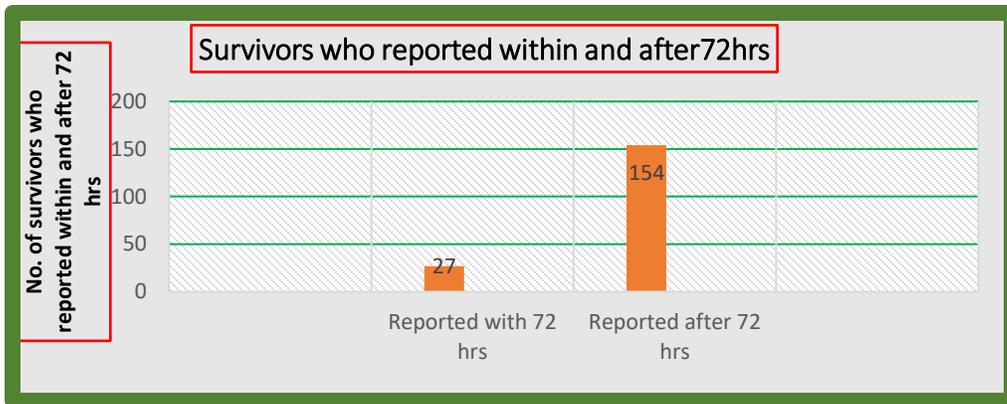


Fig 2 illustrates the number of survivors who reported within and after 72 hours between 30 March 2020 to 19 May 2020. 27 survivors reported within 72 hours and they received post rape services such as medical examination, pregnancy and HIV. They all received Post Exposure Prophylaxis (PEP). 154 survivors reported after 72 hours due to various factors which include transport and bus fare challenges. It is also important to note that there are 10 survivors of domestic violence who were referred to Musasa Project for specialized care and these survivors are not included on the total number of survivors who reported within and after 72 hours.

Figure 3-Number of reviews conducted.

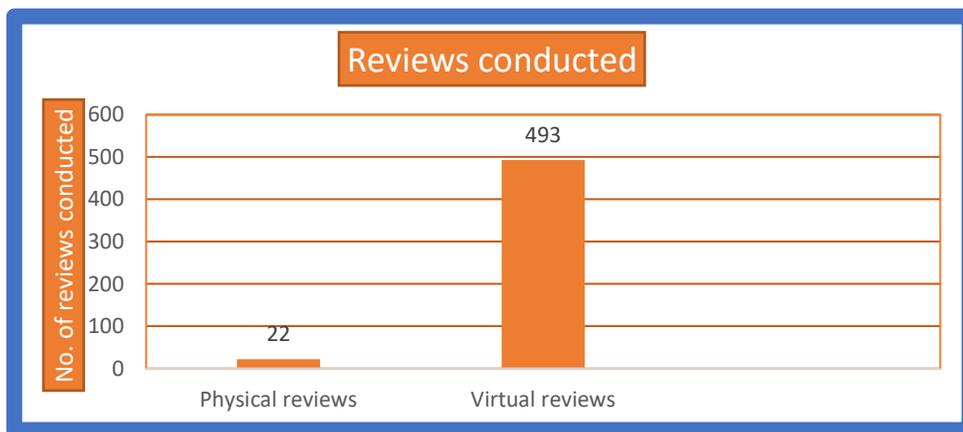


Figure 3 shows the number of reviews that were conducted from 30 March 2020 to 19 May 2020. In total, 515 review sessions were conducted. 22 were physical review sessions which were

conducted at the clinic and 493 were virtual review sessions which were conducted through calls, whatsapp chats and text messages

Figure 4-Number of people reached through social media campaigns.

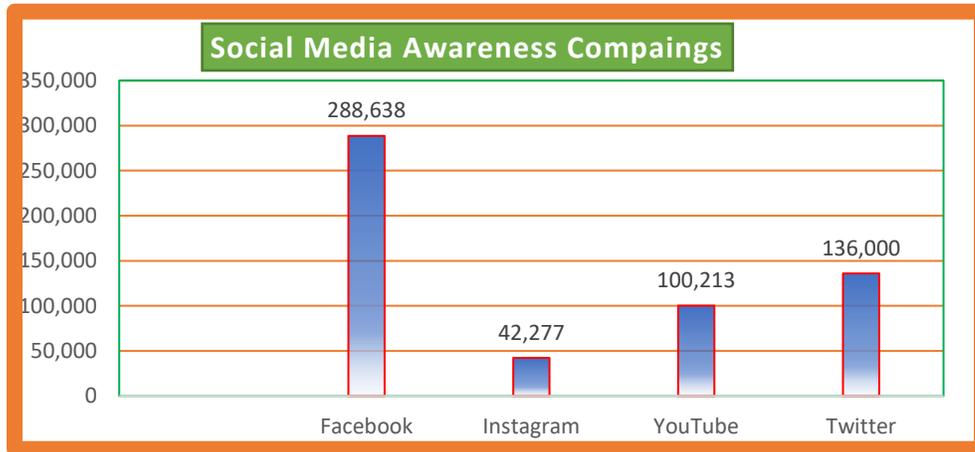


Figure 4 shows number of people reached through social media awareness in April 2020 per each social media platform. ARC Facebook handle has reached more people compared to other platforms. During this lockdown reporting period, 89% of the survivors contacted ARC as a result of social media awareness.

Table 1-Number of people who were referred to other services providers.

Reasons for referral	Number referred	Service provider
Gender Based Violence (GBV) management	4	Musasa Project
Legal advice	2	ZWALA ⁱ
Safe Shelter	2	Roots
Food assistance	1	Social Welfare
Reporting SGBV	3	VFU ⁱⁱ
Antenatal Care	1	Edith Opperman Clinic
Antenatal care	4	Service provider
	1	HIV management
	1	Other health services

ⁱ Zimbabwe Women Lawyers Association

ⁱⁱ Victim Friendly Unit