

## Impacts of COVID-19 on Gender-Based Violence (GBV) and Sexual and Reproductive Health and Rights (SRHR) Programs and Services

### BACKGROUND

Colombia established an early and strict lockdown on March 17, 2020. On March 22, 2020, through Decree 460, the national government ordered that GBV prevention activities continue to be provided. However, courts suspended hearings, creating massive judicial backlogs and delays in GBV processes, and SRHR was not deemed essential until April 21, 2020. Further, GBV and SRHR services failed to reach historically oppressed groups, like indigenous populations, racialized groups, and Venezuelan migrants.

Researchers at Columbia University working with a local researcher<sup>1</sup> interviewed 20 GBV and SRHR service providers and other stakeholders between August and September 2020 to understand how policies to contain COVID-19 affected critical GBV/SRHR services. Interviewees included donors and medical, social work, law, sociology, and psychology professionals directly working on GBV and SRHR service provision.

### Key Colombia COVID-19 Timeline

**March 17–May 31, 2020**  
Prevention isolation and lockdown

**May 31–Sept 1, 2020**  
Lockdown extended

**Sept 1–Nov 30, 2020**  
Selective isolation with individual distancing

### KEY FINDINGS FROM STAKEHOLDERS & FRONTLINE SERVICE PROVIDERS

#### THE PANDEMIC INCREASED GBV RISK FACTORS

Respondents said that the closing of the courts created a backlog of GBV cases and delays in the GBV justice process. Further, forced cohabitation and isolation, lack of access to information on GBV services, and a digital divide led to increases in intimate partner violence. Nonetheless, the number of grievances decreased during confinement due to the barriers to filing them. There were some reported increases in sexual violence.

#### MIXED OUTCOMES FROM GOVERNMENT RESPONSES TO INCREASED GBV

The National Police established a new strategy called Home Patrol going door to door to check on families. However, numerous complaints of excessive force were filed against the Home Patrol program. GBV services were deemed essential, but prevention activities had to be provided via telephone. The Colombian Family Commissariats provided primarily virtual services. Requests of feminist movements for the last two decades were partially fulfilled with twenty foster homes (in Antioquia) and three new hotlines (in Antioquia, Santander, and Barranquilla) being established. The legal proceedings being virtual created opposing outcomes, forcing hearings to be faster and ending direct contact between victims and aggressors, but also intimidating and seemingly risky for vulnerable women.

## 48<sup>th</sup>

Colombia's ranking (out of 53 countries) for effective management of the pandemic with the least disruption to business and society

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*It becomes difficult to report sexual violence when I am with the abuser, with the perpetrator, living in a mandatory quarantine, that is why under-registrations increased.*

—GBV NGO

<sup>1</sup>This study was conducted by the Program on Global Health Justice and Governance, Mailman School of Public Health Columbia University, and Gladys Ariza, Colombia-based Researcher, with support from the Ford Foundation.

## KEY FINDINGS FROM STAKEHOLDERS & FRONTLINE SERVICE PROVIDERS (continued)

### INCREASED RISK FACTORS FOR SRHR

Health services remained open but SRHR services were deprioritized and virtual services were inaccessible for some. Neglected SRHR needs were widely reported during confinement. Further, forced cohabitation led to a hypothesized increase in unwanted pregnancies, and there was a shortage of contraceptives reported in public institutions.

### DECREASED ACCESS TO ABORTION

Access to late voluntary termination of pregnancy decreased because of limitations on municipal transport. Staff attention to COVID-19 and administrative processing issues also caused delays and decreased access. Venezuelan migrants continue to be underserved in relation to abortion services.

### GREATEST IMPACT ON HISTORICALLY OPPRESSED GROUPS

The SRHR and GBV effects of the pandemic were compounded by multiple and intersecting inequalities like ethnicity, socioeconomic status, disability, age, geographic region, and sexual orientation. Groups with unmet needs included rural, Afro-descendent, Indigenous, migrant, adolescent, sex workers, and LGBTQI populations.

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*Women request the interruption of pregnancy and the administrative procedures in each of their EPS becomes an endless thing because all the administrative staff and healthcare personnel are focused on the attention of the COVID-19 emergency and it seems that the issue of sexual and reproductive rights will take a backseat.*

—OBGYN

Several interviewees pointed out that while policies may be designed to protect GBV and SRHR, the implementation of such policies is not guaranteed because of administrative, budgetary, political, and even cultural issues.

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*In Colombia, we have well-planned policies. The problem is the implementation of these policies.*

—SRHR Service Provider

## WAYS FORWARD

Colombia's government and donors should earmark funds for comprehensive GBV and SRHR services in all emergency response plans and support greater leadership roles for GBV and SRHR service providers in policy design and implementation. At a minimum, these plans should

- ❖ specify what these services include and who is responsible at all stages of the referral and care chain
- ❖ take concrete steps to anticipate and mitigate the impact of stay-at-home orders on SRHR services and GBV prevention and response
- ❖ plan for access to justice for GBV survivors during emergencies
- ❖ be accessible to hard-to-reach and stigmatized people such as those in rural areas, conflict zones, or without internet access, Afro-descendent and Indigenous people, adolescents, sex workers, migrants and refugees, LGBTQI people, and people with disabilities
- ❖ engage GBV and SRHR service providers, civil society networks, and community-based organizations in plan design, build on their innovations, and strengthen their ability to safely deliver services at the community level, coordinate with other parts of the referral and care chain, and monitor and adjust to emerging opportunities and constraints

Donors supporting Colombia should improve transparency and accountability by earmarking longer term, flexible funding for GBV and SRHR and publishing timely reporting with disaggregated funding amounts, recipients, and impact indicators.