

25

Number of confirmed cases in Botswana

13,294

Number of tests carried out, 13,269 negative

17

Number of recoveries, 8 active cases

1

Number of lives lost to an infection of COVID-19

Above figures are as of 17 May.



As pandemic rages, women and girls face intensified risks

The COVID-19 pandemic is straining public health systems, triggering unprecedented measures by governments around the world, including movement restrictions and shelter-in-place orders. Multiple intersecting determinants of health including socio-economic status, social policies, physical environment and individual characteristics among others compound the poor health outcomes for vulnerable groups of the society. Evidence from prior outbreaks suggests that this crisis will exert a massive toll on women and girls. Existing inequalities compound the risk of violence, including intimate partner violence and sexual exploitation on women and girls due to heightened tensions.

Any diversion of resources from non-COVID-19 budget lines including budgets for sexual and reproductive health services could lead to negative sexual and reproductive health and rights (SRHR) indicators such as increases in unmet need for family

planning with manifestation in unintended pregnancies, newly acquired HIV infections, and preventable maternal deaths. This edition brings you reliable information on the anticipated impact of COVID-19 on the unique health care

needs of women and girls such as maternal and child health, family planning, prevention of mother to child transmission of HIV as well as the heightened risk of exposure to sexual violation.

Potential impact of COVID-19 on Sexual and Reproductive Health for women*

Globally, millions more cases of violence, child marriage, female genital mutilation, unintended pregnancies are expected due to the COVID-19 pandemic. A clear view of the toll of the COVID-19 pandemic is only beginning to take shape, but experts estimate the human cost could be extraordinary. The economic and physical disruptions caused by the disease could have vast consequences for the rights and health of women and girls, a new analysis by UNFPA (the United Nations sexual and reproductive health agency) and partners shows. As the COVID-19 pandemic rages on, the number of women unable

to access family planning, facing unintended pregnancies, gender-based violence and other harmful practices could skyrocket by millions of cases in the months ahead, according to data released by UNFPA.

The research reveals the enormous scale of the impact COVID-19 is having on women as health system become overloaded, facilities close or only provide a limited set of services to women and girls, and many choose to

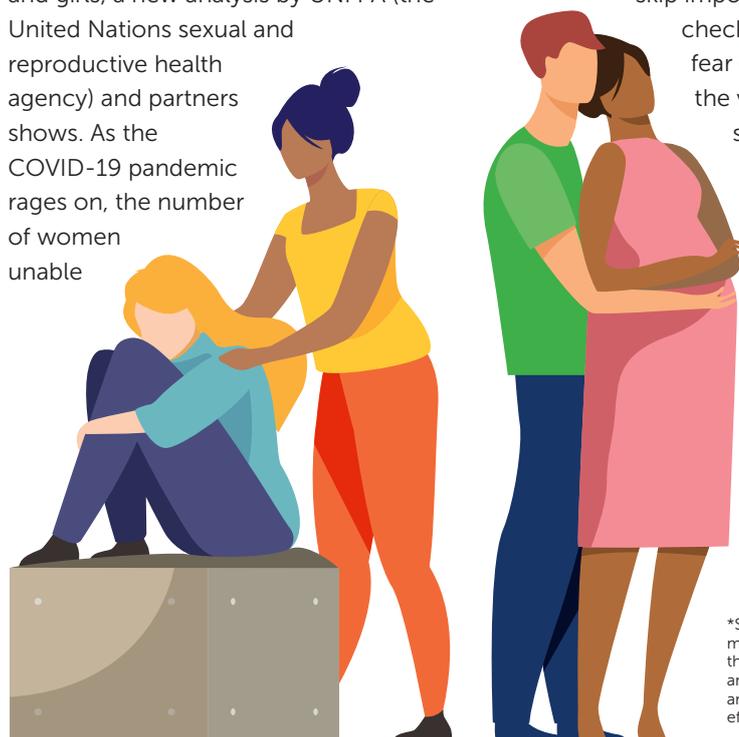
skip important medical check-ups through fear of contracting the virus. Global supply chain disruptions may also lead to significant shortages

of contraceptives and gender-based violence is expected to soar as women are trapped at home for prolonged periods.

"This new data shows the catastrophic impact that COVID-19 could soon have on women and girls globally. The pandemic is deepening inequalities, and millions more women and girls now risk losing the ability to plan their families and protect their bodies and their health,"

said Dr. Natalia Kanem, UNFPA Executive Director.

"Women's reproductive health and rights must be safeguarded at all costs. The services must continue; the supplies must be delivered; and the vulnerable must be protected and supported."



*SRH definition - Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. To maintain one's sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice.

Key projections:



47 million women in 114 low and middle-income countries may not be able to access modern contraceptives.



7 million unintended pregnancies are expected to occur if the lockdown carries on for 6 months and there are major disruptions to health services.



For every 3 months the lockdown continues, up to an additional **2 million women may be unable to use modern contraceptives.**



31 million additional cases of gender-based violence can be expected to occur if the lockdown continues for at least 6 months. For every 3 months the lockdown continues, an additional 15 million extra cases of gender-based violence are expected.



Due to the disruption of programmes to prevent female genital mutilation in response to COVID-19, **2 million female genital mutilation cases** may occur over the next decade that could have been averted.



COVID-19 will disrupt efforts to end child marriage, potentially resulting in an additional **13 million child marriages** taking place between 2020 and 2030 that could otherwise have been averted.

The research was conducted by UNFPA, with contributions from Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia). Its projections were based upon recent UNFPA research into what will be required to achieve the organization's goals by 2030. For each estimate, researchers projected the direct impact of COVID-19 on the issue in question and combined it with the disruption to global prevention programmes caused by the pandemic.¹

¹ <https://www.unfpa.org/news/millions-more-cases-violence-child-marriage-female-genital-mutilation-unintended-pregnancies>



Will women still be able to access sexual and reproductive health services during the outbreak?

Disease outbreaks affect women disproportionately to men. This is a factor that often exacerbates already existing inequalities between men and women. During the COVID-19 pandemic, where movement is restricted, people are confined, and protection systems weaken, women and girls are at greater risk of experiencing gender-based violence.

Emergency COVID-19 response planning also means that health systems may divert resources away from sexual and reproductive health services to deal with the outbreak. This could contribute to a rise in maternal and newborn morbidity and mortality, increased unmet need for contraception, and increased numbers of unsafe abortions and sexually transmitted infections.

Newly available national data in Botswana on family planning stock levels has revealed one month or less supply for frequently accessed commodities such as male condoms, depo medroxyprogesterone (injectable) and intrauterine devices. This is a manifestation of existing SRH commodity logistics management capacity challenges, which are anticipated to be worsened by the COVID-19 pandemic given the disruptions in the global supply chain affecting availability of finished health products, logistics and shipping services.

Sexual and reproductive health services, including antenatal and maternal care, are life-saving and must remain accessible. Special attention must be paid to ensure vulnerable

populations - such as persons with disabilities, persons living with HIV, and those living in poverty -- do not lose access to this care. Health staff providing these services must also strictly adhere to infection prevention and control measures. UNFPA is working to maintain the continuity of these services in Botswana.

Women's and girls' sexual and reproductive health choices and rights must be respected regardless of whether they are infected with COVID-19, or have been infected and recovered.

COVID-19 Frequently Asked Questions on Pregnancy

Q. I am pregnant. How should I protect myself against COVID-19?

A. Pregnant women should take the same precautions to avoid COVID-19 infection as other people. Wash hands often. Keep distance from others. Avoid touching your face. Cover mouth and nose when coughing or sneezing.

Q. Can I touch and hold my newborn baby if I have COVID-19?

A. Yes. Close contact and early breastfeeding helps a baby to thrive. But wear a mask where available, wash your hands before and after touching your baby and keep all surfaces clean.

Q. Can COVID-19 be passed from a woman to her unborn baby?

A. Scientists still don't know if this is possible, but to date the coronavirus has not been found in samples of amniotic fluid or breastmilk.

Q. What care should be available during pregnancy and childbirth?

A. Pregnant women with confirmed or suspected COVID-19 infections have the right to high quality care before, during and after childbirth.

Q. Can women with COVID-19 breastfeed?

A. Yes. They should wear a mask where available during feeding, wash hands before and after touching the baby and keep all surfaces clean.

Q. Do pregnant women with suspected or confirmed COVID-19 need to give birth by Caesarean Section?

A. Not unless it's otherwise medically justified. The mode of birth should be determined by obstetric indications and a woman's preference.

Q. Should pregnant women be tested for COVID-19?

A. Testing protocols and eligibility vary, but WHO recommends pregnant women displaying symptoms should be prioritized for testing.

Q. I have COVID-19 and I am too unwell to breastfeed my baby directly. What can I do?

A. You should be supported to safely provide your baby with breastmilk in another way, including expressing milk, relactation or donor human milk.

Q. Are pregnant women at a higher risk from COVID-19?

A. Not according to current data, although additional research is underway. But due to changes in their bodies and immune systems, we know that pregnant women can be badly affected by some respiratory infections. That is why it is important that they take precautions and report possible symptoms.





#DoYouKnowThat

Crises increase harm and risks for women and girls.

Past epidemics have shown an increase in violence, sexual exploitation and abuse of women and girls.

Report Gender Based Violence to these numbers...

Botswana Police
0800 600 144

Botswana Gender Based Violence Prevention & Support Centre
74265081 or 71888993
or send HELP to 16510
(accessible 24hours)

Women Against Rape
71311244 or 71525309

Childline Botswana
11611 (24hour service)

BOSASNet
72659891

LEGABIBO
76391762 or 76488051

Behind the Lockdown: Gender Based Violence in Botswana



An increase in the cases of GBV was reported in the first week of movement restriction. Botswana police reported on 14 April 2020 that between 30 March and 5 April, 2020, a few days into the lockdown 22 rape cases, 23 cases of defilement, one threat to kill and two murder case were recorded.²

At the same time the Botswana Gender Based Violence Centre (BGBVC) reported an increase of calls for place of safety and full capacity at the Gaborone shelter. To date eight additional shelters have been established in response to the sharp increase in GBV cases within four weeks of the lockdown period.

² <https://www.mmegi.bw/index.php?aid=85253&dir=2020/april/16>