

# Our Voices: Impact of COVID-19 on women's and girls' sexual and reproductive health and rights in Eastern and Southern Africa

Salamander Trust,  
International Treatment Preparedness Campaign (ITPC),  
Making Waves

October 2020



## Urgent messages and calls for action, October 2020

In August-September 2020, with support from ITPC, Salamander Trust and Making Waves consulted with 30 women in 10 countries in Southern and East Africa through interviews. Ten interviews took place virtually with women leading community efforts to address HIV and SRHR in Botswana, Eswatini, Kenya, Namibia, Tanzania, South Africa, South Sudan, Uganda, Zambia and Zimbabwe. Four of these women then conducted in-person or phone interviews with a further twenty women living with HIV - five each from Kenya, South Sudan, Uganda and Zimbabwe - in acknowledgment of the digital divide and the way it excludes many women.

The women involved are living with HIV or working with women and girls living with HIV. They range in age from 17 to 54, and live in urban, rural or peri-urban areas. They include adolescents living with HIV, young women, pregnant women, mothers married and single, women living with disabilities and co-morbidities, women who are engaged in sex work, women who use drugs, LGBTQI+ women and women who experience racism. Some have had COVID-19. Many of them have stepped up their activities to promote gender equality and SRHR throughout the pandemic, often at considerable personal cost.

Their experiences illustrate that there will be no ethical, effective, sustainable response to COVID-19 without women being at the centre of decision-making around their SRHR.

Video blogs, a report and a podcast from this work will be available on the Salamander Trust website at [Tracking the effects of COVID-19](#), as well as on the websites and social media accounts of ITPC and Making Waves.

We can share now the Urgent Messages and Calls for Action emerging from the work. The messages have been [shared on Twitter](#) – do retweet.

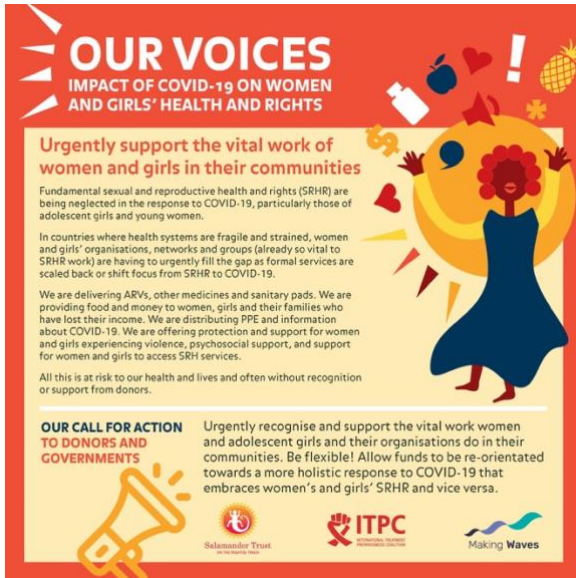
# OUR VOICES

IMPACT OF COVID-19 ON WOMEN AND GIRLS' HEALTH AND RIGHTS

OUR CALL FOR ACTION TO DONORS, NGOS AND GOVERNMENTS

-  **Urgently support** the vital work of women and girls in their communities
-  **Uphold our SRHR as essential** – even in a pandemic!
-  **Ensure everyone has enough to eat**, and women and girls living with HIV do not have to take ARVs on an empty stomach
-  **Ensure COVID-19 responses respect privacy and confidentiality** for women and girls living with HIV
-  **COVID-19 responses must address and prevent violence** against women and girls
-  **Our digital inclusion is vital** – but make sure you meet our other priorities too!
-  **Provide flexible, creative, accessible funding** for organisations led by women and girls during and beyond this COVID-19 crisis





**Urgently support the vital work of women and girls in their communities**

Fundamental sexual and reproductive health and rights (SRHR) are being neglected in the response to COVID-19, particularly those of adolescent girls and young women.

In countries where health systems are fragile and strained, women and girls’ organisations and groups that already provide vital support to women and girls, are having to urgently fill the gap as formal services are scaled back or shift focus from SRH to COVID-19.

We are delivering ARVs, medicines and sanitary pads. We are providing food and money to women, girls and their families who have lost income. We are distributing PPE and information about COVID-19. We are offering protection and support for women and girls experiencing violence, psychosocial support, and support for women and girls to access SRH services and information.

All this is at risk to our health and lives and often without recognition or support from donors.

**Our call for action to donors and governments:**

Urgently recognise and support the vital work women and adolescent girls and their organisations are doing in their communities. Be flexible! Allow funds to be re-orientated towards a more holistic response to Covid-19 that embraces women’s and girls’ SRHR and vice versa.



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**Uphold our SRHR as essential – even in a pandemic!**

Even before COVID-19, access to SRHR and HIV services for many women and girls was limited. But now, integrated, or even basic care, for people living with HIV has been undermined further. COVID-19 responses that do not integrate SRHR and HIV will deepen gender inequalities and ultimately increase the burden on health and other systems.

Women and girls report that: they are unable to get viral load testing; have difficulties accessing contraceptive/STI protection services and cervical cancer screening; have limited access to antenatal care clinics and maternity services; and cannot be accompanied by birth companions. Main hospitals are being turned into COVID-19 centres, HIV clinics are closed and community services cut back and constrained by regulations on gatherings and activities. Women and girls living with HIV worry about attending services in hospitals that are dealing with COVID-19, either because they are immunocompromised and afraid of contracting COVID-19 or because of the lack of clarity about 'underlying conditions' and the risk of COVID-19.

**OUR CALL FOR ACTION** Uphold our SRHR as essential! Continue to ensure that provision of SRHR and HIV services during a pandemic is non-negotiable, and do this in ways that feel safe for women and girls living with HIV.

**Salamander Trust**  
INTERNATIONAL TREATMENT PREPAREDNESS COALITION

**ITPC**  
INTERNATIONAL TREATMENT PREPAREDNESS COALITION

**Making Waves**

## Uphold our SRHR as essential - even in a pandemic

Even before COVID-19, access to SRHR and HIV services for many women and girls was limited. Integrated or even basic care for people living with HIV has been further undermined during the COVID-19 response. COVID-19 responses that do not integrate SRHR and HIV will deepen gender inequalities and ultimately increase the burden on health and other systems.

Women and girls report that: they are not able to get viral load testing; have difficulties

with accessing contraceptive/STI protection services and cervical cancer screening; have limited access to antenatal care clinics and maternity services; and cannot be accompanied by birth companions. Main hospitals are being turned into COVID-19 centres, HIV clinics are closed and community services cut back and constrained by regulations on gatherings and activities. Women and girls living with HIV may be immunocompromised and afraid of contracting COVID-19 due to lack of clarity on the impact of such 'underlying conditions', so may fear attending services in hospitals that are dealing with COVID-19.

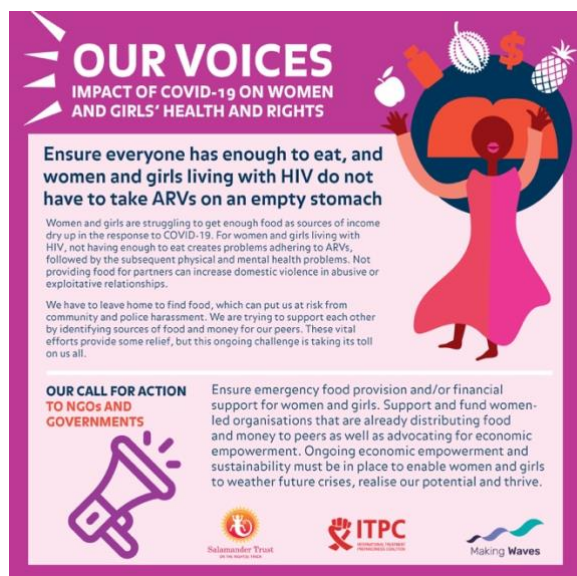
### Our call for action:

Uphold our SRHR as essential! Continue to ensure that provision of SRHR and HIV services during a pandemic is not negotiable, and do this in ways that feel safe for women and girls living with HIV.



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**Ensure everyone has enough to eat, and women and girls living with HIV do not have to take ARVs on an empty stomach**

Women and girls struggle even to get enough food during this time, as our access to sources of income and exchange are devastated by the response to COVID-19. For women and girls living with HIV, not having enough to eat is causing problems with adherence to ARVs and consequently physical and mental health problems. Not providing food for partners can also increase domestic violence in abusive or exploitative relationships. Women go out to try to get food, which can put us at risk from

community and police harassment. Women in communities are trying to support each other by identifying sources of food and money for their peers. These vital efforts provide some relief, but this chronic challenge is taking its toll on us all.

**Our call for action:**

Governments and NGOs must ensure women and girls have enough to eat, through emergency food provision and/or financial support. Support and fund women-led organisations that are already distributing food and money to our peers as well as advocating for economic empowerment. Beyond the current situation, ongoing economic empowerment and sustainability must be in place to enable women and girls to weather future crises, realise our potential and thrive.



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## Ensure COVID-19 responses respect privacy and confidentiality for women and girls living with HIV

The difficulty and cost of travelling to services has increased under COVID-19. Where permission from the authorities is needed to travel during lockdowns, there have been frequent violations of confidentiality. Adaptations to services to take account of COVID-19 restrictions, including moving services to communities, expecting people to queue outside for services, or providing them in open spaces or delivering them to people’s homes, can

limit privacy and confidentiality. This puts us off accessing vital SRH and HIV services, including contraception and ARVs - it is especially off-putting for young women who may experience particularly judgemental attitudes. Further, one of the most disturbing repercussions of breaches of confidentiality and privacy is increased gender-based violence against women and girls.

### Our call for action:

Ensure that all COVID-19 adaptations to HIV and SRHR service delivery, and transport arrangements to access such services, fully respect privacy and confidentiality, offer women and girls choice about how to access services, and ensure we are not left without ARVs and contraception. Consult with women and girls on more innovative ways of providing essential services without breaching privacy and confidentiality.



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**OUR VOICES**  
IMPACT OF COVID-19 ON WOMEN AND GIRLS' HEALTH AND RIGHTS

**COVID-19 responses must address and prevent violence against women and girls**

Reports of intimate partner violence, incest and coercion, including child sexual abuse and rape, have risen as women and children are confined to households during lockdowns and curfews.

Violence against women and girls (VAWG), in all our diversities, has also increased outside the home, including discriminatory and abusive behaviour by authorities, landlords/ladies and healthcare staff. Curfews and bar closures mean women doing sex work are using secluded and less safe places. Women and children face harassment for not wearing masks or just being outdoors, trying to access services or make a living.

Response mechanisms to violence have collapsed and the pandemic has led to service closures, restrictions and indefinite postponement of justice.

**OUR CALL FOR ACTION TO NGOS AND GOVERNMENTS**

Fund services to respond to and prevent VAWG. Consult women and girl-led organisations on innovative ways to provide essential services that do not breach our rights, and COVID-19 policies that do not increase or exacerbate violence, or expose us to new sites of violence or vulnerability. Consult us on any VAWG work with men and boys. Ensure that work addressing VAWG is integrated into your institutions and the programmes you support.

Logos: Salamander Trust, ITPC, Making Waves

## COVID-19 responses must address and prevent violence against women and girls (VAWG)

Reports of intimate partner violence, incest and coercion, including child sexual abuse and rape, have risen during COVID-19 as women and children are confined to households.

Violence outside the home has also increased, including discriminatory and abusive behaviour by authorities, landlords/ladies and health care staff against women and girls in all our diversities. For sex workers, curfews and bar closures have increased the need to seek and take clients to secluded places where women

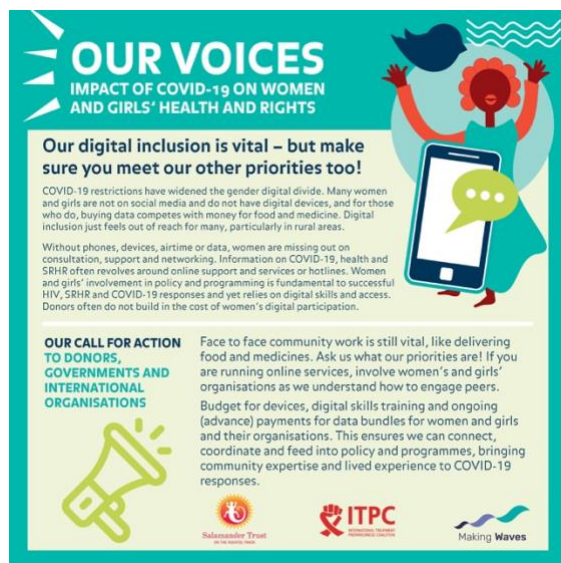
are less safe. Within the community, women and children face harassment for not wearing masks, or just being out trying to access services or make a living.

Response mechanisms to violence have collapsed and the pandemic has led to service closures, restrictions and indefinite postponement of justice.

### Our call for action:

Fund VAWG response services and prevention activities and consult with women and girls on more innovative ways of providing essential services without breaching our rights. This includes consulting us on conducting VAWG work with men and boys. Check with women and girl-led organisations to ensure COVID-19 policies do not increase or exacerbate potential violence against women and girls in all our diversities, in the community and elsewhere, or expose us to new sites of violence or vulnerability. Ensure that addressing VAWG is integrated into your institutions and programmes you support.





**Our digital inclusion is vital – but make sure you meet our other priorities too!**

The pandemic’s restrictions on movement and face to face contact has widened the gender digital divide. Many women and girls are not on social media and have no access to digital devices. Even for those who do, buying data may not be affordable when money is needed for food and medicine for ourselves or our children. Digital inclusion just feels out of reach for many women and girls, particularly in rural areas.

While digital media cannot replace our face to face interaction, without phones, devices, airtime or data, women can miss out on consultation, support and networking. Information on COVID-19, health and SRHR often revolves around online support, social media-based services or hotlines.

Women and girls’ involvement in policy and programming is fundamental to a successful response to HIV, SRHR and COVID-19 and yet this also relies on digital skills and access. Donors do not build in the cost of women’s digital participation.

**Our call for action:**

Donors, governments and international organisations, please recognise that our face to face community work is still vital, including for provision of basic needs like food and medicines. Ask us what our priorities are!

Further, if you are supporting digital services, involve women’s and girls’ organisations as we understand better how to engage our peers. Budget to provide devices, digital skills training and ongoing (advance) payments for data bundles for women and girls and our organisations. This will ensure we can connect, coordinate and feed into policy and programme discussions, and bring our community expertise and lived experience to all COVID-19 responses. In the longer-term, country-wide provision of free public internet services would help address the gender digital divide.



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**Provide flexible, creative, accessible funding for organisations led by women and girls during and beyond this COVID-19 crisis**

During 2020, we have seen moves by funders to respond to the need for feminist funding, and funding for women affected by the COVID-19 pandemic. Some funders have established emergency COVID-19 response funds, and there has been talk of increasing funding flexibility, provision of core funding, and prioritising funding for women-led organisations. This is all very welcome, but in many cases still does not

address the challenges women have in accessing funding and support for their work, including donor requirements for organisations to: be legally registered; have a bank account or fiscal agent; and have 3 or more years of existence.

These requirements ignore major gender and power inequalities faced by women’s and girls’ organisations, and fail to acknowledge that our efforts often coalesce around a crisis or in response to urgent needs within our communities.

COVID-19 has dramatically highlighted the importance of flexible, rapid responses led by women, to women and girls’ urgent needs and rights in a crisis, yet by requiring grantees to be registered and in existence for several years, funders undermine their sometimes stated claim to offer flexible funding to small women’s organisations.

**Our call for action:**

We call on funders to provide flexible, creative, accessible funding for women- and girl-led organisations during and beyond this crisis. We call on HIV funders to recognise that women and girl-led organisations are doing vital work during this crisis, and we call on feminist funders to recognise that women living with HIV are a key part of the feminist response to COVID-19.

We ask all funders to:

- Provide core funding that is flexible and long-term to support work led by us as women and girls in our diversity. Avoid providing project-only funding that does not recognise the work that goes into building and maintaining organisations.
- Fund our organisations, even those that are not necessarily legally registered or formally constituted.



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- Recognise that requirements for boards and governance structures to be representative may feel like an expectation that community members must work for free (as Trustee positions are not paid roles). Women do enough unpaid work!
- Think creatively about how you can support organisations that do not have a bank account.
- Fund new organisations, without a requirement of years of existence.
- Be accountable to communities of women and girls living with and affected by HIV.

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**Our findings give an indication of the devastating impact of the COVID-19 response on women and girls, and reflect some of the predictions and modelling of the potential impact of COVID-19 on SRHR and HIV, including:**

- United Nations Population Fund (UNFPA) estimates that 47 million women in 114 low- and middle-income countries will be unable to use modern contraceptives if the average lockdown, or COVID-19- related disruption, continues for six months with major disruptions to services.<sup>1</sup>
- UNFPA predictions of up to 7 million unintended pregnancies worldwide because of the crisis, with potentially thousands of deaths from unsafe abortion and complicated births due to inadequate access to emergency care.<sup>2</sup>
- Marie Stopes International predictions that the closure of services would result in up to 9.5 million women and girls losing access to contraception and safe abortion services in 2020.<sup>3</sup>
- Predictions of at least 15 million more cases of domestic violence around the world this year as a result of pandemic restrictions.<sup>4</sup>
- Warnings that COVID-19 restrictions could cause ‘tens of thousands’ of additional maternal deaths around the world, and the identification of cases in at least 45 countries of ‘traumatic’ experiences that contravene WHO guidance and some national laws.<sup>5</sup>

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<sup>1</sup> UNFPA, with contributions from Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia), (27 April 2020), Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage: Interim technical note: summary article. Available at: [https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_impact\\_brief\\_for\\_UNFPA\\_24\\_April\\_2020\\_1.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf)

<sup>2</sup> Cousins, S. (2020) COVID-19 has “devastating” effect on women and girls. The Lancet. World Report. Volume 396, Issue 10247, P301-302, AUGUST 01, 2020 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31679-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31679-2/fulltext)

<sup>3</sup> Cousins, S. (2020) Ibid

<sup>4</sup> Ford, L. (28 Apr 2020), ‘Calamitous’: domestic violence set to soar by 20% during global lockdown. The Guardian. Available at: <https://www.theguardian.com/global-development/2020/apr/28/calamitous-domestic-violence-set-to-soar-by-20-d-uring-global-lockdown-coronavirus>

<sup>5</sup> OpenDemocracy (July 2020), Top doctors and lawyers condemn ‘shocking’ treatment of women in childbirth during COVID-19. Available at: <https://www.opendemocracy.net/en/5050/doctors-lawyers-condemn-shocking-treatment-childbirth-covid/>



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- Modelling by UNAIDS and the World Health Organization<sup>6</sup> predicting that there could be 500,000 extra AIDS-related deaths in sub-Saharan Africa in 2020-2021 if the COVID-19 crisis leads to a six-month disruption in vital supplies of antiretroviral medication.<sup>7</sup>

**Our consultations also reflect the UNDP Gender Tracker figures for the countries covered in our interviews.** While the Gender Tracker does not specifically cover SRHR or HIV, it indicates that very few of the countries have gender-sensitive policy measures in their COVID-19 responses:

Number of policy measures by country	All measures	Gender sensitive	Violence Against Women	Women's economic security	Unpaid care
Botswana	4	0	0	0	0
Eswatini	3	0	0	0	0
Kenya	9	3	1	2	0
Namibia	9	0	0	0	0
South Africa	39	14	10	4	0
South Sudan	2	2	1	1	0
Tanzania	1	1	1	0	0
Uganda	18	11	9	2	0
Zambia	2	0	0	0	0
Zimbabwe	10	8	8	0	0

Source: <https://data.undp.org/gendertracker/>

<sup>6</sup> WHO (2020) The cost of inaction: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV. May 11, 2020. <https://www.who.int/news-room/detail/11-05-2020-the-cost-of-inaction-covid-19-related-service-disruptions-could-cause-hundreds-of-thousands-of-extra-deaths-from-hiv>

<sup>7</sup> Jewell B, Mudimu E, Stover J, et al for the HIV Modelling consortium, Potential effects of disruption to HIV programmes in sub-Saharan Africa caused by COVID-19: results from multiple models. Pre-print, <https://doi.org/10.6084/m9.figshare.12279914.v1>, <https://doi.org/10.6084/m9.figshare.12279932.v1>.



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## Acknowledgements

### Images:

Jane Shepherd

### Virtual interviews:

- Botswana: Boingotlo Gupta
- Eswatini: Precious Shongwe
- Kenya: Joyce Amondi Ouma
- Kenya: Phelister Abdalla
- Namibia: Makena Henguva
- South Africa: Nomfundo Lorraine Eland
- South Sudan: Ade Nunu Diana Alison
- Tanzania: Anonymous
- Uganda: Jacquelyne Alesi
- Zambia: Mwenya Chiti

Virtual interviewers: Martha Tholanah, Emma Bell, Fiona Hale

### National interviews:

Kenya national interviewer: Joyce Amondi Ouma.

Interviewees: Delma Chiheny, Idah Perez, Gladys Asinyen, and anonymous contributors

South Sudan national interviewer: Ade Nunu Diana Alison

Interviewees: anonymous contributors

Uganda national interviewer: Jacquelyne Alesi

Interviewees: Gladys Nanbayo, Nagujja Olivia, and anonymous contributors

Zimbabwe national interviewer: Martha Tholanah

Interviewees: Mercy Musiyiwa, Janet Tatenda Bhila, Angela Jambo, Nandi D. Chinowawa, Mary Audry Chard

A forthcoming article by Salamander Trust Associates and Making Waves members includes contributions, comments and review by the women listed above, and review by Tracy Swan, Wame Jallow, Helen Etya'ale, Gerard Best and Solange Baptiste from ITPC and Alice Welbourn, Founding Director of Salamander Trust.

For further information, see <https://tinyurl.com/SaltCOVIDfx>

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