

Our Voices:

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

VIDEO TRANSCRIPTS

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



VIDEO TRANSCRIPTS, October 9, 2020

In August-September 2020, with support from ITPC, Salamander Trust and Making Waves consulted with 30 women in 10 counties in Southern and East Africa. Ten interviews took place virtually with women leading community efforts to address HIV and SRHR in Uganda, Kenya, Namibia, Botswana, Eswatini, Tanzania, South Africa, South Sudan, 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 Uganda, Zimbabwe, Kenya and South Sudan - in acknowledgment that the digital divide 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.

We are pleased to share here **transcripts of short videos from Kenya, South Sudan, Uganda and Zimbabwe**, summarising the issues raised by women living with HIV in each country.



Nunu Diana Alison, South Sudan

I want to take this opportunity to thank ITPC for supporting my organisation and myself to conduct interviews with young people living positively in South Sudan. This opportunity has given us the chance to touch base with these people on the ground and has given us an opportunity to see who are the organisations that are working with these people, and what strategies they use to intervene in places where young people living positively may need their activities and their work to be done.

This opportunity has also given me the chance to interact with the young people living positively, especially the interviewees, on specifically what were the challenges they faced during COVID-19. About that also we were able to gather information on key challenges young positive face in South Sudan.

During the interviews we noted there is no confidentiality where access to ARVs are given in the main hospital, Juba teaching hospital. Young people fear they may meet people who know them, they might meet even their parents who do not know their status, in such an open place, so this has made young people to shy away from getting services at the hospital and it has actually made the situation worse because they do not have where they can get their services in a very private and confidential place in South Sudan.

We have also noted that during our interviews, interviewees also said the issue of food during COVID-19 was very scarce, especially for young people who work selling tea, because most of their workplaces were closed and they did not have work and did not have food.

Where they give supplies, in the hospitals, they only give for those who looked malnourished, who were bedridden, meanwhile for them who looked very stronger, were isolating, they were not given these food items which are given to people living with HIV in the main hospital and in different community hospitals. So this has actually made young people to lose hopes, and some have gone with one meal a day which is very sad. Out of what we have seen also, young people already losing confidence, they are saying this is a suicide because taking medication on an empty stomach is very dangerous and they already are losing hope, so this is very sad to know.

We also noted that during the interviews, because most of the reproductive health services are not in a confined area, and they are all placed where mothers also go for their antenatal, which makes them shy away from accessing contraceptives and they are asked questions – you are not married, you do not have a family why do you have to access this? So they are called names, because in South Sudan we still don't have the age of consent, at what age can a young girl or young boy access freely without discrimination.



Also during interviews, interviewees noted that information on SRH was not accessible because COVID-19 there were restrictions on movement. Mostly people access info through virtual meetings, but they also have a challenge of smartphones, so they are deprived inform on COVID-19 and HIV, yet they are supposed to be informed on COVID-19, SRHR and HIV prevention. One of them also noted that due to the economic crisis, there are hikes on transportation and that has hindered her from accessing her medication, as most of them live far from the main hospital where they get their medication.

One thing we also noted was young people take contraceptives to only prevent pregnancies, but they don't fear getting HIV, only getting pregnant. Most women-led organisations focus on campaigns to stop early pregnancy, early child marriages, but those campaigns should also mainstream HIV. Most girls already have the mentality of I must not get pregnant as it will prevent my education, but contraceptive must be given with information on how to prevent HIV, because if you can prevent yourself from getting pregnant, but don't have access to condoms to prevent HIV.

I felt it was an opportunity for the organisation to get in touch with young girls, and I am glad to inform you that Young Positives has a database of these people to see how we can work together and channel information to the community.

It is also sad to notes that within the communities, there is no community support system. One of them said if only you know you are HIV positive, that is like a death sentence in the community, you will not move in the streets in peace, you will not eat your food in peace, this is not someone you should associate with, you are called names, you are a killer, that makes me very sad, because the communities we are in are not informed about how to care for people who have HIV, because these are people who might have contracted from their mothers, or their partners, or from hospitals from blood transfusions, because people have the perception that HIV is only through sex, which makes it hard for young people living positively as they are called names and makes them stigmatised within the community.

So this was good timing for us, and I have gone and observed and seen that issues of confidentiality are not in place. We are in touch with different people in the country so we can make sure these places are made confidential and everyone who goes there are treated as any other human being because they have rights.

Thank you for the financial support to have these interviews.



Acknowledgements

Videos:

- Kenya, Joyce Amondi Ouma
- South Sudan: Ade Nunu Diana Alison
- Uganda: Jacquelyne Alesi
- Zimbabwe: Martha Tholanah

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

Project documentation by Salamander Trust Associates and Making Waves members, with contributions, comments and review by the women listed above. Images by Jane Shepherd. Oversight by Wame Jallow, Helen Etya'ale and Gerard Best of ITPC, and Alice Welbourn of Salamander Trust

Suggested citation: Salamander Trust, ITPC, Making Waves (2020) **Our Voices: Impact of COVID-19 on women's and girls' sexual and reproductive health and rights in Eastern and Southern Africa. Video Transcripts.**

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

