

# 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



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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.



## Video 1

Hello. My name is Joyce Ouma, I come from Kenya and I am a member of the Making Waves network. In the last month, on behalf of ITPC and Salamander Trust, I was privileged to conduct interviews with 5 adolescent girls and young women from Kenya on the effects of COVID-19 on their SRH needs, in terms of access to information, services, products, and also just checking on the general well-being and the effects of COVID-19 on their mental health.

## Video 2

The interviewing sessions were very, very eye opening, most of all it was heart-breaking, because adolescent girls and young women were not accessing SRH services before COVID-19 and they are not doing so right now. This is mainly due to several structural biases, for instance, COVID-19 has seen some hospitals being termed as COVID-19 hotspots. Adolescent girls and young women are not using these services because of the fear of contracting COVID-19. There are several facilities that are also asking for mandatory COVID-19 tests, while these tests are expensive are possibly the only way to confirm if one is COVID-19 positive. Most of the adolescent girls and young women cannot afford this test and prefer not to be in the know about their status of COVID-19. The hospitals currently have very inflexible operating hours due to the COVID-19 restrictions that need to be adhered to. In terms of access to information there has been a clear digital divide in terms of adolescent girls and young women living in the rural areas and those living in the urban areas. Those living in the urban areas have access to digital devices and are mostly able to access information, but those living in the rural areas are not likely to access information. In terms of access to commodities, the major barrier is in terms of the age of consent. Adolescent girls are not in school, therefore they are exposed and most of them have gradually become sexually active and they therefore need these products to protect themselves from acquiring HIV through sex, but this has not been easy for them to be able to access this service. The other aspect that has majorly suffered due to COVID-19 has been the aspect of psychosocial support, the mental health of adolescent girls and young women during this period has not been looked into, reason being COVID-19 has been fronted and has been reacted to at the expense of other serious, essential diseases and services, therefore adolescent girls and young women are not getting their mental health issues addressed and nobody is talking to them. In terms of their general health and well-being, there have been several cases of gender based violence mostly intimate partner violence and defilement cases. This leaves every adolescent girl afraid that they might be the next person being violated. These cases of gender based violence are not being addressed with the immediate effect that they need to be addressed. Each and every day on the media there is information on one



person who has been beaten by their partner, a child who has been defiled by their uncle or their father or their grandfather or any male relative and this is the sad state of events.

### Video 3

Having listened to the adolescent girls and young women on the effects of COVID-19 on their sexual and reproductive health and needs and rights, I must admit that I am hurt. At the same time I am impressed by the very many NGOs and even government organisations that have come up to address these barriers that exist. For instance there have been very many drives and initiatives for giving sanitary pads for adolescent girls who were not able to afford them during this time. There have been several campaigns going on including the proposed Reproductive Health bill which advocates for access of services to everyone. However, COVID-19 hasn't changed anything. It has just made an already bad situation worse. Like I had mentioned, adolescent girls and young women were not accessing services before COVID-19, they are most definitely not doing so right now and COVID-19 has only aggravated the situation. It is sad that we have found something to put the blame on. We have blamed COVID-19 for everything. Women were exposed to violence before COVID-19. Young women were not getting information, commodities or even services before COVID-19. But because COVID-19 is here we have found the big black dog to put the blame on. We have looked so much on the causes of domestic violence, we have looked so much on the causes of gender based violence but not much has been done to quicken the response to gender based violence. The most brutal part of having to through gender based violence is the trauma, the post trauma one has to go through where the legal system is still dragging its feet to respond to these hurtful cases. Currently everyone is doing everything, everyone wants to be relevant. We've seen several organisations doing social media campaigns, we have several people doing Facebook lives and using all the other social media pages, but what's interesting is that these sessions always have 11 or less people because adolescent girls and young women are not able to access these platforms, 1) because they lack money for the bundles, 2) because they do not have the essential devices to be able to be in access to this kind of information. So I think it is time to train adolescent girls and young women to hold everyone who has committed to account – to accountability.



## 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.



## Video 1

I'm from Uganda. I want to briefly talk about SRHR services and other services for women during COVID-19 time, and the interviews I did with some of the women.

I was able to meet with about 10 women whom I was very, very glad to discuss with, what are their issues, and they shared with me their experiences during this COVID-19 time and their access to services.

One of the most prominent issues that came up through these interviews was the fact that women had two kinds of experience of access to services. Where there were services, the health providers were not there, or the services were not accessible because of the high cost of transport. Where there were no services, they were just not there, services were not even there. Some of them actually went there to get them and they were not able to get them. There were many reasons, especially when the country was in total lockdown where we could not access transport, and even because of the health centres being closed down. Most of the women were accessing self-treatment I would say.

As I talk now we have a lot of COVID-19 babies. Women got pregnant because they were not able to access condoms and other family planning services, and those who were able to get the services mentioned transport, because transport has been very, very expensive. Our transport in the country has been doubled in cost.

And another issue raised by the women was the fact that those on treatment, ARVs, had issues to do with lack of food. We know that when the lockdown came, very many things were also locked down. Money was locked from people, and people did not have money to buy food. So it was very hard for women.

## Video 2

In addition, in the interviews there was also a very big gap discovered. Very many women were not able to have food, but also it brought in issues of gender based violence. Women were experiencing a lot of violence. This violence was related so much to food issues, and to the man who wasn't able to look after the family. When they were not able to do that, some of them ran away from their homes. Some stayed but the violence was too much. And a gap that was realised was that however much the government had pledged to give food to people around the central area, especially Kampala and Wakiso, this was not something that was applied to most of the women who were outside those areas. So this food was given out, but there was no criteria of whether you are HIV positive or not HIV positive, so it was for everyone. And this was very, very touching, that



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when it came to lack of food, lack of what to eat, and then you are on medication and you have a family, it was really very, very bad. As we try and look forward and look for funding that is for people living with HIV, give priority to organisations of women living with HIV. They might be small but they are having a lot of impact in the community. So as we look forward to working on various things, let's ensure that gender based violence is something that is thought about, also sustainability - women and families having something to eat. Access to services, whether SRH, HIV or any other service that is health-related, should be accessible, affordable, acceptable by women in terms of ensuring no woman dying, no woman loses her life, when she doesn't have what to eat, can't access services, and has been violated by the partner. So with that said, thank you very much.

### Martha Tholanah, Zimbabwe

Hello, my name is Martha Tholanah, I live in Zimbabwe, I am part of the Making Waves Network.

In August, I was part of a team of women around East and Southern Africa interviewing women living with HIV, to find out how young women living with HIV are coping during COVID-19 around their SRHR.

The issues coming out were really emotionally painful to hear how women are suffering during COVID-19. They were already suffering before COVID-19 came, and the way they are suffering even more, around confidentiality, around access, around security – they are not safe at home because there is increased GBV, they can't reach services, they also have other issues to deal with around stigma in terms of their HIV status and being young, and also for some of them it's also about their sexuality, sexual orientation, but also now with COVID-19 it has increased because when family members have been suspected of being COVID-19 positive it has been a challenge as the community stigmatises them.

It has been difficult to get support for the women, there are a few organisations but they are spread thin.

Another issue was around structural racism, which also made me think around 'have I contributed?', because we also have a minority in Zimbabwe in terms of the mixed race community, yet we find the communities where they have traditionally lived, no one is purposefully reaching out to them. These are things we need to look at. We need to look at young women, but also go to older women who are HIV positive who are struggling with their own issues around aging with HIV, around other chronic conditions, and medication being expensive, considering the economic crisis in Zimbabwe.

Thank you.



## 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

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

