

**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**



**Salamander Trust**  
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**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.



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## 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.

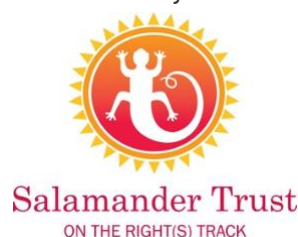
One of the most prominent issues that came up through these interviews was the fact that women had two kinds of experience of access to services. Where there were services, the health providers were not there, or the services were not accessible because of the high cost of transport. Where there were 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



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.



## 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

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

