

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
ON THE RIGHT(S) TRACK



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

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.



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>

