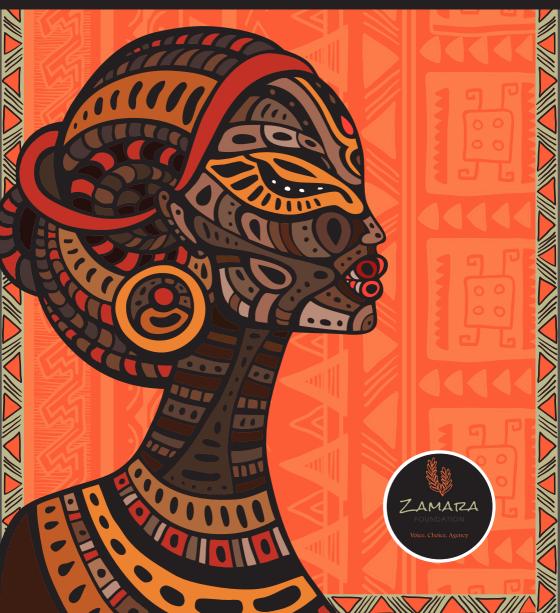


COVID-19 STORIES Young Afrikan Feminists



Acknowledgement

The spread of the novel Coronavirus has created a myriad of problems for the people to grapple with. Although studies on COVID-19's impact have been conducted, there is a paucity of thorough literature addressing these problems from a gender perspective. In these difficult times of Covid 19, the Zamara Foundation recognizes the strong and fierce feminists who are raising their voices to challenge the inequalities brought forth by the pandemic continuously.

Special thanks to our contributors Deborah Mamman, Patricia Humura, Jowery Namulondo, Evelyn Odhiambo, Sesilia Shirima, Winnie Lozi, Aïcha Kâ and Lavender Akinyi for sharing your voices in the stories on the effects of the pandemic. Thank you to our advisory board member Ms Nebila Abdulmelik for editing these stories.

We are grateful to staff Ms Lucy Kombe and Ms Esther Wambui for ensuring these voices are heard. We are also thankful to the Urgent Action Fund Africa for supporting our work.

We hope these stories will inspire, challenge and motivate you to continue fighting to stay sane during these trying times.

Foreword The birth of #AfrikanFeminists movement by young feminists

When COVID 19 was declared a pandemic, it came as a shock. With measures such as social distancing, school closures, wearing a mask and staying at home, it brought a new normal that no one had experienced. The life that we were all accustomed to drastically changed and we all grappled with what to do. With the fear of catching the virus, and celebration of Africans being immune, how people handled the first few months was with a lot of disbelief. We experienced much disbelief, misinformation, fear and increased anxieties within the young feminist movement. In Africa, our health systems struggled to manage the virus. Increased numbers of infections every day meant that health facilities were stretched well beyond their capacity. The Ebola crisis taught us the importance of having a multi-pronged response to crisis and few countries like Sierra Leonne managed to use the same lessons while other countries struggled.

While the governments were focused on managing the virus, homes that should have been safe spaces were shown to be dens of sexual abuse, domestic violence and incest. The government focus especially for African countries was on health systems strengthening, forgetting the different aspects the pandemic brought forth. Increased cases of sexual and gender based violence, teenage pregnancies meant that governments needed to step up and ensure protection of its citizens. Kenya recorded high rates of teenage pregnancies during COVID 19, according to the Kenya Health Information Management System (KHIS) in 2020. Machakos County recorded 3,966 pregnancies, and Nairobi County recorded 11,795 pregnancies from January to May 2020.

While many interventions were taking place, I wanted to create a space where young women and girls could meet once a week to laugh, discuss issues affecting them, share some tips and lessons on how to manage anxieties and mental health issues brought about by the pandemic. FemZone was thus born in April 2020 using the hashtags #AfrikanFeminist #FeministVoices. This virtual space created a platform that enabled young women in Kenya as well as across Africa to mobilize and discuss various issues such as self-care, mental health, transformational leadership, sexual and reproductive health and rights and access to services and information for young women during pandemic times. Every Friday between 4-5EAT, young feminists gathered online to share their expertise, experiences and how they were managing to keep sane. Facilitating these engagements kept me sane, and excited and eager for the next conversation. This is how I managed to pull through.

I am glad that the space I created through the Zamara Foundation was and still is a safe space to challenge inequalities, patriarchy, oppression and to share lived experiences of Young Afrikan Feminists. My role of mobilizing Young Afrikan Feminists during COVID19 pandemic has seen the organisation grow and received support from Urgent Action Fund and created partnerships with amazing organisations and young feminists across Africa. While staying sane and free from anxiety was challenging, it brought new opportunities to use our voices and agency for change that starts from within.

The Stories



The Impact of COVID 19 on Young People Living with HIV in Nigeria

By Deborah Mamman, Nigeria

Before the lockdown was imposed in the country, I was called by my clinic and given antiretroviral (ARVs) for three months. This was to sustain me through the proposed 2-week lockdown and in case there was an extension. I travelled to my home state before the travelling restriction from one state to another was in place. The lockdown started a few days after I left. I wasn't worried because I had enough ARVs to last me three months.

As expected, the lockdown measure was extended by over three months. I contacted my clinic but they informed me that they were unable to send any medications because of the travel restrictions and was advised to seek help through a nearby facility. When I visited the nearby health facility, I was advised to go through the registration process, but I found out they had run out of dolutegravir (DTG), which I was using. This may be my story, but it is also the story of many other young people living with HIV.

The COVID 19 pandemic is affecting the supply of medication in health facilities and putting the lives of many young people at risk, because HIV services were closed or unable to supply essential medicines. This is as a result of the healthcare system becoming overwhelmed with managing the COVID 19 pandemic while leaving behind other needs and concerns. Although Covid 19 should be strongly combatted, one disease should not be fought at the expense of the lives of other patients. All individuals have a right to health, however during such pandemics, some health needs and services have been overlooked. Therefore, there is need to prioritize all health services by establishing an inclusive and dignified COVID 19 response strategy.

When treatment is adhered to, a person's HIV viral load drops to an undetectable level, keeping

that person healthy and preventing onward transmission of the virus. But when a person is unable to take antiretroviral therapy regularly, the viral load increases, affecting the person's health, which can ultimately lead to death. Measures must be taken by the health sector to ensure that people living with HIV can access treatment and other essential services to sustain them during and after this pandemic. The COVID 19 pandemic must not be an excuse to deny people living with HIV their right to health services.

A coalition of civil society groups in Abuja in partnership with Education as a Vaccine (EVA) was among the organizations raising awareness on violence against women after a series of high profile rape cases sparked an outcry in Nigeria. This was a clarion call to the government of Nigeria particularly politicians, the police force and other policy makers to allocate resources to fight cases of sexual and gender based violence and hold the perpetrators to account. A formal petition was submitted to the Inspector-General of Police, who committed to prosecute the perpetrators of sexual violence and ensure access to justice is served.

She is a youth Advocate, program officer, African Community Advisory Board Youth Member Nigeria (AFROCAB). A young advocate passionate about adolescents and young people's rights and protection through Advocacy and access to Sexual Reproductive Health and Rights information. (YAG- PITCH AGYW) Nigeria

The Mantra of Sisterhood is keeping me alive

By Patricia Humura, Uganda

It has been more than nine months since COVID-19 was declared a pandemic and we still find ourselves in unprecedented times. An article: "The bridge on the river Choluteca" I read by Prakash Iyer, a speaker and a leadership coach, reflects on today's changing environment, and how businesses, organizations, and leaders of today should think about the future. Iver highlights that we tend to focus on creating the best solutions for a problem like the bridge on River Choluteca not thinking that the problem itself might change. He further notes that to adapt to the situation of the COVID-19 pandemic, we need to learn how to adapt to the new normal. Well, this has compelled me to stand with my shoulders high no matter what is happening and to continue pushing for sisterhood during the COVID-19 pandemic.

I was born in 1994 in a peaceful town in the southwestern part of Uganda called Kabale. Since childhood, I have never experienced a situation similar to the COVID-19 pandemic. This being a very cold and hilly district, we experienced some floods in early 2000 and since then, people have always tried to prepare to mitigate and manage difficult

and challenging situations. However, I have a memory of an outbreak of diarrhea in Kabale district when I was in high school. Half of the students were affected and I was among the first few affected students. I suffered from the diarrhea for two days and the medication that was provided to us was not effective. Each hour, every student was getting sick and this was very painful. In two days, I suffered from dehydration and loss of appetite despite my efforts to try and eat fruits and a lot of fluids. I still remember the care, attention, and comfort given to us while we were sitting for exams by the students who were not sick. It was that sisterhood that comforted and inspired me to read hard in such a period. On the third day, we were given another dose of medicine, which eventually worked. After the exams, I spent a few days in bed healing and recovering.

Since then, I have always been conscious of what it means to fall sick or be in a vulnerable position. It was really difficult to adapt to the COVID-19 pandemic because it was so strange. Before I published a blog "Staying Strong and on Top Amidst COVID-19", I had experienced fear and anxiety from social



media and different changes that were happening around me. Thanks to the sister networks I am part of including the Zamara Foundation's "Afrikan Feminists" online WhatsApp group, we discussed ways to adapt to the new normal and accessed online counseling from friends. It might appear insignificant but the different topics and conversations we held were very important for our awareness, self-care and wellbeing during the pandemic period.

Different sisters would check on me each day to find out how I was. I found the practice of sharing our experiences and how we tried to stay sane insightful. These practices compelled me to set goals and routines during the pandemic and take care of myself. My main goal was to acquire new skills; keep fit and read at least two books. I wanted to use this period to rest longer given the flexible schedule of my work. Much as I had thought of having a routine during COVID-19, I did not have a clue of how to implement it. I started jogging every morning and taking long walks in the evening. During the day, I would bake or prepare my favorite meals and sometimes I would read books. During one of the conversations in a group of young women, someone narrated to us about how she reads books with friends in a WhatsApp group. I created a group with only four women who worked within my networks. We read a book "The 4 Disciplines of Execution by

Patricia Humura is a committed SRHR advocate in Uganda. She works with Irise Institute East Africa as a Programme Officer – Partnerships and Policy Advocacy Officer. She is passionate about creating period friendly communities and institutions in East Africa.

Chris McChesney, Jim Huling, and Sean Covey which we successfully finished. I enrolled five more young women in the group to read books on leadership. In addition, I started baking cakes with my brother. In my family, we like celebrating birthdays and having a home baked cake for those occasions was more meaningful.

In my professional life, I became busier. I worked with colleagues to report cases on gender based violence and refer survivors to shelters where they can seek refuge. I also participated in many virtual meetings that involved decision-making processes and engagement of youth in COVID-19 response mechanisms.

As days go by, I have learnt to stay alert and support anyone using my own means. Checking on the sick, comforting and having constructive discussions is important to me. With the new normal, we can't adapt to the situation in isolation. We need people who love and care about us. We need to be empowered to take up initiatives that are important in this journey and be affirmed. If we move together in sisterhood, we shall make it further.

The Journey of Young Woman During COVID_19 pandemic

By Sesilia Shirima, Tanzania

The first time I heard about coronavirus, I thought it was just a disease that will end where it starts. As African people, we heard about bird flu on the other side of the world. I didn't think that COVID 19 pandemic would be like the Ebola disease or HIV that has killed many Africans. The world was comfortable and assumed it was a disease that will not spread.

Strict measures were put in place including closing of borders, school closure, working from home, partial or total lockdown and closure of businesses. These measures were unprecedented and many people were unprepared. This created anxiety, fear, loss of livelihoods and depression in society.

As a young woman leader, I started learning to work from home and use social media to share information of COVID 19 prevention practices, and address mental health issues for young women and girls, sharing information on pregnancy prevention and consent for sex. As a leader, we had a number of meetings to share information on COVID 19 and to keep my team together. It was the hardest learning moment for me as a team leader.

When my country Tanzania stopped reporting the numbers of cases, I was shocked. The dilemma and confusion started when Tanzania was declared to be corona-free. It was hard for me to establish a self-coping mechanism, re-strategizing our work in our organization, and ensuring innovation and motivation within the team. In Tanzania, life is back to normal, hand washing is still insisted in some places while wearing masks is observed only in very few places. However, the indirect effects of COVID 19 are still affecting me as a leader. There is a decrease in access to funding opportunities because many funds have been channeled towards COVID 19 recovery plan in my country.

Sesilia Shirima is a co-founder and Chief executive officer of Young and Alive Initiative, a youth-led organization that works on advocacy for Sexual Reproductive Health and Rights, Gender-based violence, youth leadership, and development in Tanzania.



COVID 19 News Impact

By Winnie Lozi, Kenya

I am that person who follows local and international news keenly. I had been following the Covid-19 pandemic in Wuhan, China and Italy and watched all the graphic videos circulating on social media of dead bodies being dumped in mass graves with no families just the police force. I don't know about the legitimacy of those videos but I was scared, I wasn't even scared for myself but for my family. I am that person who cares less about what happens to me but will do everything to protect my family.

I silently prayed every night that this pandemic doesn't reach our country. I also yapped on social media about how our government should close all borders. I call it yapping because my message wasn't directed to any policy maker hence no impact would have come from it, but I yapped anyway. I even had "keyboard fights" with friends who were arguing in favor of the economy and I was in favor of life; what is the economy without life? But nature has its own ways of testing humans, 12th March 2020: the most dreaded news hit our country. The first case of Corona Virus was confirmed in the country. I was angry at the government, I thought if only they had closed the borders this would not have happened. But I came to realize later whether the borders were closed or not, our borders are porous and the virus would have entered the country anyway. So, the virus is here and the only way to go about it is to heed the government's directives to keep ourselves safe.

My worst fear was the disease hitting my home county in Kilifi. Ironically, Kilifi county was among the first counties to be hit by the virus. My dad has both diabetes and hypertension and my mum suffer from other diseases that come with old age. This means their immunity is not very strong. Furthermore, my dad still had to work and he relied on public transport, which put him at high risk of infection. It was a scary moment for me; I would call my parents every hour to ensure they are adhering to the Covid-19 guidelines set by the government.

It became worse when I couldn't go home every weekend from Mombasa to Kilifi County to prevent exposing my parents and siblings to the virus. My workplace closed down and we had to work from home for 3 months. It was a very lonely moment for me, naturally I am an outgoing person, so having to stay indoors for 3 months without seeing my family and friends took a toll on me. I think I fell into depression at some point. I am learning to live with the virus; hopefully all this will be over sooner than later.

Winnie Lozi Mwangiri is a Monitoring and Evaluation Expert and Policy Enthusiast in the Coast Region, with extensive experience in project monitoring, evaluation and learning. She is also a strong policy advocate in Mombasa and Kilifi Counties in matters Governance, Adolescents and Young people Sexual Reproductive Health and Rights, currently together with other youth advocates in Kilifi County, she is advocating for the domestication of the MHM policy and the establishment of youth friendly centers in Kilifi County.

Make the space safe for women

By Evelyn Odhiambo, Kenya

Gender equality is a global fight. In Africa and specifically in Kenya is a fight for equity and justice for women and girls in all sectors: leadership, health, education, and employment. Although the deeply rooted inequality accelerates stereotypes that are representing a society's collective knowledge of customs, myths, ideas, religion about women, the fight to having women voices hasn't been easy due to societal stigma, discrimination and even violence.

I am a young woman from a community where males are the dominant beings. The scariest thing is that women and girls are often seen as sex objects. The existing gender stereotypes continue to disadvantage the girl child who is three times likely to miss out on education compared to boys her age. These stereotypes constantly question the capabilities of women and girls conditioning them to behave in a certain way.

I recently read an editorial, a complete symbol of my society now. It was artistically drawn out of a woman's burden with a whole family responsibility from feeding to clothing. It's a societal decay and acceleration of patriarchy continuing to shape societal perceptions about sex, gender, sexual orientation where women and girls are sexually objectified.

As a young Afrikan feminist, I have learned that colors aren't necessarily what we see. One has to look deeper to identify the symmetry and the cohesion making the color what it is. My quest to

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champion women's and girls' rights haven't been easy. Because a woman with a mind of her own is a society's worst enemy. Your voice is not to be heard. Society expects young women and girls to cook, clean, and care for the entire family.

The COVID 19 pandemic exacerbated the impact of gender inequality. Women and girls are most affected, this is reflected in the increased number of teenage pregnancies being reported, and the high cases of gender based violence and deaths from unsafe abortion. The constant abuse of women is a result of discriminatory social gender norms in our traditions including regulating women and airls at home, schools and in the community.

I have had sleepless, tear-drowned nights where I had some of the weirdest vivid thoughts but still creating an illusion in my soul in the pretext of peacefulness. Deep down, I battle anger and hatred for some men, the community's ignorance and blindness to her (women and girls) cry for HELP. I have had to stand out and speak up strongly for women and girls with dark rage in my heart. This has made me not be gentle in my words. But as I continue to learn and especially being inspired daily by Chimamanda's words on feminism, "a fight for equality of all sexes," Women are more vulnerable to gender biases, and forced to endure societal stigma, violence, discrimination and control over her health, life and body without auestion.

Ms. Evelyn Odhiambo is a Undergraduate Student pursuing a BA in journalism and media studies option development communications. Currently, she is the youth coordinator at Reproductive Health Network Kenya RHNK and also supports the SheDecides Kenya local movement as the advocacy and communications officer.I am a Sexual and Reproductive Health and Rights trainer4life with Dance4Life Foundation, a young person representative in the Africa Free of New HIV infections AfNHi steering committee, and a strong and passionate advocate on youth, women, and girls comprehensive SRH.

COVID-19 in Senegal

By Aïcha K<u>â, Senegal</u>

I'm Aïcha Kâ, a Senegalese champion for women's and girls' rights as well as a Sexual and Reproductive Health Consultant. I promote awareness about informal women entrepreneurs while integrating communities in the battle against early marriage through sponsorship programs for access to education through the NGO "waloude jiguen." As an e-health Consultant, I provide sexual and reproductive health information and services to women around the world.

In Senegal, a lockdown was never instituted, for lockdown is not adapted to the socio-economic context of the country. However, in March 2020, a curfew had been imposed, transforming the lives of people from all social stratospheres. The curfew, the mask, and the announcement an unknown disease which was majorly dangerous and detrimental to old people triggered fear, questions, guilt. Senegal's population is composed at 60% of people who are under 25. Paranoia too. New cultural behaviors were also imposed. In Senegal, people are close to one another. That's a cultural fact. In Senegal, people say hi to each other on the street without knowing each other. In Senegal, weddings and gatherings happen every single day, in every single region. The Government informed us that those habits were to be no more and we had to welcome new ones. The Covid-19 regulations put not only the economy at risk, it exposed our lifestyles and disturbed our social behaviors. Along the way, it also brought so many doubts, questions, and emotions. The concept, the definition and the feeling of safety was being questioned.

In addition, with more than half of the population being part of the informal sector, new ways of providing services had to be thought t<u>hrough and</u> implemented. Informal women found themselves having to adapt, while having to maintain trust and credibility as to the health measures that had been taken. E-health became a necessity. Many women had to reach out to digital services for safe access to sexual and reproductive health services or information. Many girls, had to stay at home, as schools were closed and found themselves being confronted to working with their parents.

For women, children and men, it meant more than wearing a mask, it meant approaching life differently. We had to rethink our approach, reshape our organizations and keep moving forward. One on one interactions had to be replaced with digitally available services while digitally available services had to be remodeled to be able to provide a response that is adapted to the scope of the Covid-19 situation. The Covid-19 also brought a positive light into the lives of many, with street children being sent back to their homes. An initiative that should have been taken way before the covid-19 pandemic? All the while, we all stand strong, we keep going, amid the challenges.

My hope remains on many organizations standing together to find new ways to offer support to women and girls. With the well-being of people being at the core. With masks made readily available by the Government, schools reopened, public transport allowed to resume although with a lower carrying capacity, authorities encouraging people to observe the standard operating procedures (SOPs), it's about a new outlook on life in general. I remain optimistic that we will keep improving our offers, and keep re-adjusting while implementing our programs. At the end of the day, we will keep fighting.

Aïcha Kâ – Consultant, Women health & SRHR in Senegal. Aïcha was born and raised in Senegal. She has a masters degree in International Management from MDI Gurgaon, India and ESCP Europe, France. She intervenes on key issues regarding women's sexual and reproductive health.

COVID-19 Trauma Anonymous

I am a twenty-one-year-old lady. I live with my parents in Kibra, a bustling slum where I was born and nurtured. Life was difficult before the epidemic, with my parents trying to send my brothers and me to school on their meager salary. We were fed challenges from hand to mouth.

Things took a turn for the worst when COVID-19 arrived. My father was laid off. We were struggling to stay alive and satisfy our basic requirements. Food became scarce and costly, and we could only eat one meal each day if mother was lucky. We experienced a water shortage as well. Water was rationed at home, and everyone was limited to just one jug of water each day. Taking a proper shower was getting increasingly difficult. It was considerably worse when I was on my period. Because I couldn't acquire sanitary towels for months, I couldn't get enough water to clean my underwear and adequately clean my vagina.

Everyone at home was miserable and home was filled with hatred and resentment that radiated to us as the children. Mum and Dad kept quarreling and screaming, and I could feel the great strain and misery that became a part of our family. We have survived by grace, and we are still surviving with very little money in our home.

Discovering My Entrepreneurship Skills By Jowery Namulondo, Uganda

Uganda had its first case of COVID 19 on 21st March 2020. This sparked a number of actions from the Ministry of Health to halt the spread of the disease; among which included massive testing and quarantine of all people who returned to the country in the month of March. I had returned to the country on 1st March from Zimbabwe after attending the Sixth Regional Forum on Sustainable Development Goals. This instilled fear in me as I had to self-isolate for 14 days. I must admit that I got depressed at a certain point and this worsened when public and private transport was banned.

Hit by boredom and anxiety, my phone and television became my only companions. Watching frequent presidential addresses and news about new COVID 19 cases, my mental health deteriorated by the day. As a coping mechanism, I enrolled for online French lessons, listened to podcasts, exercised and developed a business plan. I attended a number of zoom meetings and webinars to keep myself informed but also to keep the advocacy candle burning. My mentor Anne Sizomu also recommended some life coach training by Helen Kithinji which helped me a lot in regaining my momentum in life and strategizing how to survive throughout this COVID 19 period. The Zamara Foundation and the African Young Women's Leadership and Advocacy Alliance (AYWLAA) organized several twitter chats which I actively participated in. The hashtags #AfrikanFeminists #FeministVoices trended on a weekly basis with the aim of advocating for access to SRHR

services including contraception, sanitary wear, SRHR information to young women and girls throughout the lockdown period. This was my happy place every week, contributing to these rich conversations on the different effects of COVID 19 and where adolescent girls and young women could seek solidarity.

Through my initiative called Zenith Pads, I donated a number of reusable sanitary pads through the #PadThruCovid campaign to support girls in vulnerable situations access sanitary wear.

Although the government lifted the lockdown, the idea of working from home continues, as people do not feel safe to move around. Subsequently, I established an online clothing line where I deliver ladies and gents clothes. It is now three months since its inception and this business has witnessed rapid growth and provided me with a sustainable income for my personal expenses.

I must say that COVID 19 is affecting everyone in every sector but it is equally important to note that one has to come up with a coping mechanism in order to survive. I am glad that my survival strategies have and are still working effectively for me.

I acknowledge that I would not have made it throughout that situation without the help of my family and friends

Jowery Namulondo is a development professional with years of experience working with adolescents, women and young people. Her passion lies in SRHR, Adolescent health, feminism, sexuality education and meaningful youth participation. She is also a member of the African Young Women and Advocacy Alliance Member African Young Women and Advocacy Alliance (AYWLAA) Member

Effects of COVID-19 on a Young Mother

By Lavender Akinyi, Kenya

The pandemic has always been and continues to be a big stumbling block for everyone. People out here are doing everything they can to survive the epidemic in the hopes that things would improve at some time. Even though it's never easy, we must persevere.

My name is Lavender Akinyi Odhiambo, and I am a 24-year-old mother with a four-year-old son. My day-to-day existence takes place in Kibra, where I live. Before the epidemic, I could never claim things were simple. I can only say that things have become worse, but what can I do about it? As a mother, the pandemic's outbreak has forced me to seek for ways to ensure my life and that of my son, as well as that of my family.

Prior to the pandemic, I volunteered as a mentor/facilitator at POLYCOM DEVELOPMENT PROJECT, where I performed girl's mentoring. At the very least, I had something to take home with me (to my son). My parents, on the other hand, were and still are reliant on melt wasn't as if I wasn't getting enough. As the firstborn, I had to take care of something, whether it

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was purchasing food or assisting with school expenses.

There was a moment when I was depressed because I couldn't help myself. That circumstance where there is no food at all and you have a child to feed; my family has gone hungry on occasion, and my siblings have been sent home due to school expenses. And the worst thing is that we were on the verge of getting evicted from our home because we couldn't pay our rent. All of this has forced me to work both day and night shifts in order to survive.

I'm now working both throughout the day and at night. During the day, I volunteer at the Polycom Development Project to mentor young women. In the evenings, I work at SAMASOURCE on Mombasa Road, doing data entry. Since then, it has been a part of my everyday routine, and it is impacting me in some way. I hardly ever have time to spend with my family, let alone rest. My mental health isn't in the best shape. Not any longer.

Lavender Akinyi Odhiambo Is a Young mother from kibra, community volunteer, mentor, facilitator and a peer educator. She is part of polycom Development Project organization as a mentor. Currently she is much into advocating for girl's rights and also a GBV champion. She is also much into script writing and acting where she express every single situation around Gender equality. She is aswell into a teen muma project, mentoring the young mothers within kibra.

Feeling Broken and Rising Above

When you feel broken, sad and the realization that nothing is working dawns on you, what do you do? I remember feeling that way after years of building a career I love, being out of a work and not doing what I really love because of COVID 19. I felt alone, rejected and unnoticed, many opportunities that were looking promising fell into cracks because of Covid 19.

So back to my question what can you do when you feel broken, overwhelmed and tired? The first step is acceptance; get a therapist that you can talk to when you have reached your limit. Appreciate what you have achieved and get a support system. I have channeled my energy into building a young feminist Organization called Zamara Foundation whose focus is on adolescent girls and young women in all their diversity. At Zamara Foundation, we create space for adolescent girls and young women, adolescent girls and young women (AGYW) to thrive, amplify voices, challenge oppression and inequalities, advocate for young women and girls' bodily autonomy and integrity to influence policies. Our online work has reached over ten million people and has grown on twitter to over 2,800 followers.

I am not healed yet, I feel overwhelmed but it does hurt less, crying and accepting that I am not emotionally okay has really helped me. Be brave enough to say that out loud and start the journey of healing. It takes time, it takes a village. You are not alone; you are Brave, Smart, Amazing, Awesome and Whole. We shall weather this COVID 19 pandemic or storm as I call it together!

With love and in solidarity, Esther Kimani



Prioritize health, education of refugees even amidst pandemic

By Lucy Kombe, Kenya

Article

Migrants and refugees are among the demographic classes most affected by the COVID-19 crisis, facing some of the most serious social and economic effects. More than 80 million people have been forced to escape their homes due to conflict and persecution around the world.

The pandemic has also raised the insecurity of refugees and asylum seekers in urban, agricultural, and tent settings, as well as harmed humanitarian aid.

Aid workers are at the frontline of the pandemic, delivering critical services such as health, cleaning, domestic work, agriculture and food processing, and maintaining the stability of supply chains across the World.

World Refugee Day, marked on June 20th, celebrates the resilience and bravery of refugees while also raising public awareness and support for those who have been forced to escape their homes due to conflict or natural disaster.

According to UNHCR, Kenya is currently host to some 500,000 refugees and asylum seekers from over 15 countries in the region mainly situated in the Dadaab camp in Garissa County and Kakuma camp in

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Turkana County, as well as in various urban centers of which 65,000 live in informal settlements in Nairobi and its environs, Mombasa and Nakuru counties.

Majority of refugees and asylum seekers in Kenya originate from Somalia (54%). Other major nationalities are South Sudanese (24.6%), Congolese (9%); Ethiopians (5.8%). Persons of concern from other nationalities including Sudan, Rwanda, Eritrea, Burundi, Uganda and others make up 6.8 % of the total population (508,033 as of the end of January 2021).

Almost half of the refugees in Kenya (44%) reside in Dadaab, 40% in Kakuma and 16% in urban areas (mainly Nairobi), alongside 18,500 stateless persons. Nairobi alone hosts about 81,000 refugees. (Source UNHCR)

As a signatory to a number of international treaties applicable to individuals seeking asylum and protection, Kenya is expected to safeguard the welfare and protect the rights of those taking shelter within its borders.

For instance, it acceded to the 1951 United Nations Convention Relating to the Status of Refugees on May 16, 1966, and its 1967 Protocol in 1981. Kenya is also a state party to the 1969 African Union (AU) (formerly known as the Organization of African Unity, OAU) Convention Governing the Specific Aspects of Refugee Problems in Africa, which it signed in September 1969 and ratified in June 1992.

Kenya also acceded to the 1984 Convention against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment in February 1997. Of particular relevance to refugee issues is a provision in the Convention on non refoulement, which states that "[n] o State Party shall expel, return ('refouler') or extradite a person to another State where there are substantial grounds for believing that he would be in danger of being subjected to torture. (Source Refugee Act 2006)

The World Refugee Day is a recurrent reminder to honor the fortitude and resilience of refugees, the challenges they have overcome and the new lives they have made. Its is a great opportunity to unite in an extraordinary display of human solidarity and goodwill. We must unite in favor of the resettlement program and policies that support refugees in rebuilding their lives.

Lucy Kombe is a young woman who is growing her career as an advocate for the Sexual and Reproductive Health and Rights (SRHR) of young people. She has a keen interest in enabling young people to empower themselves with the knowledge and skills they need to facilitate their enjoyment of their SRHR. Lucy is currently the Program Assistant At Zamara Foundation.

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Given the opportunity, refugees will continue to contribute to a world that is stronger, safer, and more vibrant. This year, we are advocating for more refugee inclusion in health care, education, and sports. We can only recover from the pandemic if we work together.

The shared experience of COVID-19 has shown us that we only succeed if we stand together. We have all had to do our part to keep each other safe and despite the challenges, refugees and displaced people have stepped up.

It is therefore our role as communities and the government to include them in health care, education, and sports now more than ever.





A conversation with Buky Williams Executive Director Education as a Vaccine and Esther Kimani of Zamara Foundation (ZamaraFdn):



Young Women Mobilizing for Change in Nigeria: The State of Emergency in Nigeria, how it all started

Esther: Kenya and Nigeria have the highest number of sexual and gender based violence, why do you think is the reason behind this SGBV rise especially in Nigeria?

Buky: In Nigeria, according to NDHS spousal violence increased from 25% in 2013 to 36% in 2018. So the lockdown and restrictive measures in response to Covid 19 led to an increase because women and girls were trapped with their abusers. According to UN in Nigeria and UN Women Nigeria, within the first 2 weeks of the lockdown reported an increase in incidences by 56%. And we know that Covid 19 just amplified the inequalities that existed in our societies and gender inequality, which is at the root of SGBV, is a major one. The lack of access to information and services at the beginning of the crisis was a serious issue. We only have the numbers reported so we can imagine that the incidences are much higher. What we saw was an escalation of an existing crisis.

Esther: What are the drivers of the rising cases of sexual and gender based violence in Nigeria?

Buky: So from the unpaid labor and domestic work of women and girls, which increased during Covid 19 on which our economic systems rely on, to harmful traditional practices, the rights of women and girls are not upheld in our societies. The rights of women and girls to be enshrined in laws and policies are recent wins, that is why we recognize the importance of #Beijing+25 and the adoption of some of its provisions by national governments. Based on new and revised laws and activism by feminists and women rights organizations in communities that violence against women and girls is not normal and should not be supported by religion or culture, the various drivers including conflict will still be considered acceptable.

Esther: What actions have countries like Nigeria taken to end violence against women and girls?

Buky: We are seeing countries with a push from civil society start to take this issue seriously. Many activists and organizations had been calling for action and the reports during Covid 19 showed an escalation of violence that could not be ignored. Nigerian activists and civil society rallied with advocacy and service provision. Many like Mirabel Center Nigeria Dory Manze who continued working throughout the crisis to provide support to survivors. Many of us were referring and advocating for the need for SGBV services.

The unfortunate rape and assault that led to the death of Uwa in Edo state and Bakarat in Oyo state was a turning point in our advocacy. The call for a #Stateofemergencygbv could no longer be ignored by government officials. There were protests, phone calls, social media action. So in Nigeria, we saw the formation of an inter-ministerial committee on GBV, resolutions and review of laws from the legislature, state governors declaring a state of emergency on GBV and some states domesticating the Violence Against Person Prohibition Act and the Nigerian police force releasing guidelines on addressing SGBV. Those are just a few of the responses. They are not enough and we need more concerted and sustained actions building on these. We will continue to push and advocate until it happens.

Esther Kimani: What interventions are needed to end and prevent violence against women and girls? What has been done so far in Nigeria to address violence against women?

Buky: From prevention to response and accountability, a lot of interventions are needed. However, these interventions need to be funded and considered essential by governments at the national, state and local level. A good example is Abuja Municipal Area Council, with support from Abiodun Essiet, the Special Adviser to the Hon Chairman of AMAC on ICT/Donor Agencies and Civil Societies. We need laws, which is why one of our key asks is the domestication of VAPP and CRA in all states because they are comprehensive as well as provide protection and redress. We need law enforcement agencies and the justice system to SGBV cases reported seriously. Victims and survivors are often treated and handled like criminals and the violence treated as a domestic matter. This must stop. We need more survivor-centered and accessible services, medical and psychosocial services that

are accessible, available and free for the most vulnerable. And we also need frontline responders protected from harassment and supported. We also need community-based interventions that are focused on the prevention of violence against women and girls. From working with the community and religious leaders, to creating safe spaces for girls and for community dialogues to take place.

Esther: What are the recommendations moving forward to ensure SGBV is addressed and what is the role of the government in this fight against GBV? What is your organization doing right now to protect women and girls during this time?

Buky: Governments need to prioritize the prevention of and response to SGBV. This means laws, funding and support. They must go beyond promises and actually strengthen and invest in the response. And they need to integrate gender and sexual and gender based violence into the COVID response.

We will also continue to refer cases that are reported to us, work with youth advocates for implementation of laws in Kaduna and Benue, push for the domestication of VAPP in Kaduna and Benue States and strengthen the response system in Nasarawa State and lastly support our partners in Imo and Gombe State for the passage of the VAPP act.





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