

Effects of COVID 19 on Women in Africa



Report





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The development of this report involved in-depth consultations with a wide range of stakeholders and Young women and Girls through interviews, consultative meetings, and media engagements.

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Introduction

01



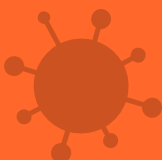
It has been proven historically that pandemics, epidemics and conflict have a greater devastating effect on women and children and leaves those in the minority even more vulnerable.¹ This is because of women's low economic status in the society.² The pandemic which in its nature is noble and evolving is more adverse to the elderly has not left Africa unscathed.³ The most affected countries are South Africa, Morocco, Algeria, Nigeria and Ethiopia.⁴

While COVID-19 has also had recoveries, it has devastating effect on deepening socio economic and physical inequalities in the society. Even more, the existing gaps and challenges that the most vulnerable in the society are experiencing are brought to the fore. The normal has changed with a total shift of countries' budget trying to address the

evolution COVID-19. The novelty of the disease is that it is carried by humans and in over 100 years the world had to shut down and use various measures; complete lockdowns, curfews, suspending all modes of travel globally and in country, in an effort to curb the infectious diseases without an apparent cure. The measures used effectively closed down economics of the world from informal to formal sectors. There are however countries that are slowly opening up, easing travel bans and that air travel is also starting to pick up.⁵

Clinically, COVID-19 has affected men and elderly people than women and younger people. It is estimated that 60 % of deaths and infections are among men and 40% for women. Critically, in developing countries 35% of women compared to 65% of men are affected.⁶

1 <https://www.nature.com/articles/s41591-020-0961-x> (Accessed on 7 September 2020).
2 <https://www.masimanyane.org.za/covid19-resources> (Accessed on 7 September 2020).
3 <https://ourworldindata.org/coronavirus> (Accessed on 7 September 2020).
4 <https://coronavirus.jhu.edu/map.html> (Accessed on 7 September 2020).
5 <https://www.unwto.org/news/tourism-restarts-40-per-cent-of-destinations-have-now-eased-travel-restrictions> (Accessed 7 September 2020).
6 <https://afro.who.int/news/who-concerned-over-covid-19-impact-women-girls-africa> accessed 7 September 2020. (Accessed 7 September 2020).



Despite the numbers, the vulnerability of adolescent, girls and young women (AGYW) in accessing different services has been greatly highlighted. It is estimated that cases of teen pregnancies, unsafe abortions,⁷ child marriages and female genital mutilation⁸ will increase as a result of lack of access to sexual and reproductive health rights (SRHR) services and commodities. AGYW mostly from under privileged communities

recommendations, as to what can be done to alleviate and deal with the current status of women and girls during and post COVID-19. AGYW, particularly under the ages 18 are challenged to access health services because of existing structural inequalities, discrimination and fear of stigmatization. Therefore the pandemic has exposed the vulnerabilities even more.¹⁰



Access to basic commodities like sanitary pads and contraceptives; condoms, IUDs, contraceptive pills, which have been a challenge in rural areas in Africa, have proved to be one of the areas that will see many young girls and women left behind in the response to COVID-19. It is made even difficult by

will suffer more and any improvements that have been made in SRHR will be backtracked particularly in Sub Saharan Africa.

The World Bank and the International Monetary Fund (IMF) estimates that the world will experience a wave of recessions and that Africa's efforts in fighting poverty will be back rolled back by 25 years.⁹ That being the case, many African countries will remain poor post COVID-19. The social and economic effects of COVID-19 have hit adolescent girls and young women (AGYW) hardest across the world and in Sub Saharan Africa in different ways.

Various development agencies, regional bodies and feminists have weighed in with different

lack of water and sanitation, cultural taboos, gender inequality and lack of basic services,¹¹ making menstrual cycle a biological process, a stigmatized and shameful process. Period poverty must be ended and underprivileged communities must be provided with commodities, clean water and sanitation to be able to meet menstrual health and hygiene management (MHM).¹²

It is estimated that one million girls in Sub Saharan African may not be able to return to schools after the pandemic, as a result of teenage pregnancy caused by sexual exploitation. Additionally United Nations Economic Scientific and Cultural Organization (UNESCO), estimates that schools closure can lead to as much as 65% of teenage

7 <https://www.maristopes.org/what-we-do/our-services/safe-abortion-and-post-abortion-care/> (Accessed 7 September 2020).

8 <https://reliefweb.int/report/burkina-faso/resilience-action-lessons-learned-joint-programme-during-covid-19-crisis-unfpa> (Accessed 7 September 2020).

9 <https://www.worldbank.org/en/news/factsheet/2020/06/02/world-banks-response-to-covid-19-coronavirus-inafrica#:~:text=Recent%20estimates%20show%20that%20COVID,population%20in%20low%20income%20countries>. See also <https://www.imf.org/en/Topics/imf-and-covid19> (Accessed 7 September 2020).

10 Ayton et al. Identification of adolescent girls and young women for targeted HIV prevention, a new risk scoring tool in KwaZulu Natal, South Africa [nature.com/articles/s41598-020-69842-x](https://www.nature.com/articles/s41598-020-69842-x) (Accessed 7 September 2020).

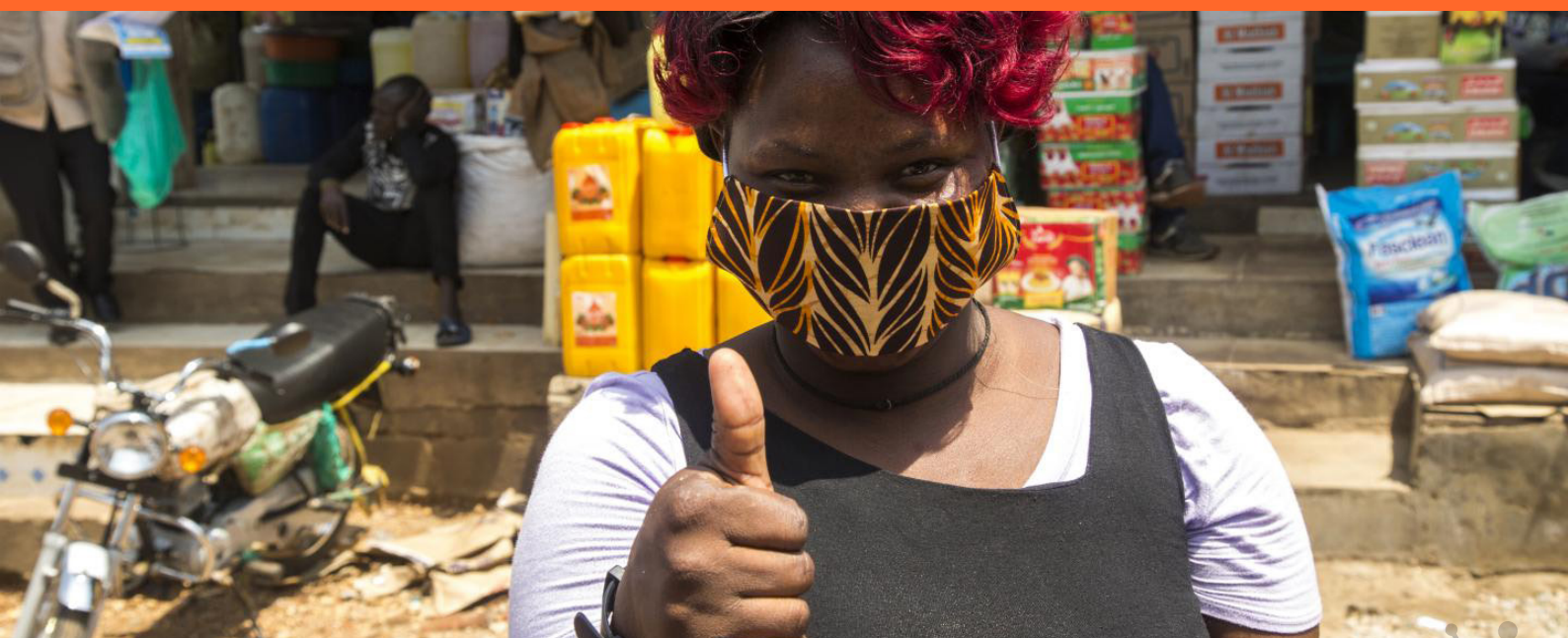
11 UNICEF Brief Mitigating the impacts of COVID-19 on menstrual health and hygiene April 2020 <https://www.unicef.org/media/69696/file/UNICEF-Brief-Mitigating-the-impacts-of-COVID-19-on-menstrual-health-and-hygiene.pdf> (Accessed 7 September 2020).

12 Ndawandwe Menstrual Rights: the WASH Dream COVID -19 <https://www.voicesofyouth.org/blog/menstrual-rights-wash-dream-under-covid-19> (Accessed 8 September 2020).



and adolescent pregnancies in the continent.¹³ Sub Saharan Africa has the highest numbers of teenage pregnancies in the world and the highest number of out of school children globally. It is evident that governments will face a major historical and future crisis of girls' education in Africa.¹⁴ Others countries like Tanzania have strict policies that prohibit adolescent mothers to return to schools¹⁵, meaning that with COVID-19 many girls will remain home and with a bleak future. Such decisions exclude and isolate girls and lead them to mental health issues and illiteracy.

In this analysis an intersection of feminist's response will be highlighted in the recommendations on the response to the challenges COVID-19 and what should be done post COVID-19 to include a gendered and feminist response by African countries, by using policy and law reform. The term girls and women will be used to refer to denote all women and girls of all diversities.



13 World View Report 2020 COVID-19 Aftershocks Access Denied https://www.wvi.org/sites/default/files/2020-08/Covid19%20Aftershocks_Access%20Denied_small.pdf (Accessed 9 September 2020).
14 Ibid 3.
15 https://www.equalitynow.org/tanzania_ban_sexual_violence_not_teen_mother_s_access_to_education?locale=ar See also <https://www.hrw.org/news/2020/04/24/tanzania-q-ban-pregnant-girls-and-world-bank-education-loan> (Accessed 9 September 2020).





Access to health services



The long-term impact of COVID-19 on women and girls in all their diversities depends on what responses African states and communities put in place regarding access to SRHR, gender equality, inclusion and diversity and gender-based violence as aspects to the right to health, dignity, autonomy, safety and enjoyment of fundamental human rights.

Access to health services in Sub Saharan Africa remains one of the major challenges encountered by the general population because of the volatile situation of COVID-19 and its infection traits. Hospitals have been open to deal mainly with COVID-19 patients and not much of any other diseases save except for life threatening diseases. Dr. Matshidiso Moeti, World Health Organization Regional Africa Director, has stated that there has been drastic reduction of access to health

services, particularly (SRHR). SRHR with its main components affecting adolescent girls and women especially access to contraceptives, abortion care, maternal health care and general reproductive issues has been adversely affected. The main consequences fall directly on women and girls. The intersection of SRHR and different diversities and abilities of women render a deep disintegration of access and women and girls lived realities even before COVID-19. The incidences of lack of access to contraceptives leading to unintended pregnancies have been widely reported in the continent as a result of cross border challenges of delivering health commodities.¹⁶ If women, girls and marginalized communities cannot access contraceptive care in this crisis, there will be a rise on unintended and forced pregnancies, an increase in sexually transmitted infections, including HIV, and, ultimately, a sharp rise in unsafe abortions.

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¹⁶ <https://www.afro.who.int/news/who-concerned-over-covid-19-impact-women-girls-africa> (Accessed on 7 September 2020).
¹⁷ <https://botswana.unfpa.org/en/news/new-unfpa-projections-predict-calamitous-impact-womens-health-covid-19-pandemic-continues-12>. A case example is Botswana which heavily relies on South Africa, has had dire contraceptive shortages. (Accessed 8 September 2020).



The impacts on women's and girls' lives now, and beyond this crisis, will be severe.¹⁸

Seeking an abortion in countries like South Africa where abortion is legal, has greatly affected women as a result of the existing discrimination around abortion. Lockdowns have deepened the lack of adequate access to such an essential SRHR service.¹⁹ It is even graver to women and girls who are pregnant and living in countries that abortion is deemed illegal. Adolescent girls have been left out of the response in many African countries during COVID-19 and are also suffering the consequences

susceptible to being infected from work and at home as care takers.

LGBTI and gender non-conforming persons have been mainly left out of the response of COVID-19 in almost all African countries, because of lack of inclusion of diversity. The lack of comprehensive health services that target people of diversity has not been included in the response to COVID-19. The idea that homosexuality is un-African and that it is mainly criminalized had dire effects in how people of diversity have always been excluded in any response.



of the pandemic by lack of access to SRHR services. Services like abortion and contraception are time sensitive and needs to be accessed timely.

Women and girls are a central figure in the pandemic from the care role in their homes and even from extended families to being the majority of responders as nurses in hospitals. As a growing concern there has been a lack of Personal Protective Equipment (PPEs) and this makes women

The lack of inclusion has led to violence against people of diversity, forcing them more back to the closet and conforming to the binary to secure their safety. LGBTI persons have been kicked out of their homes and others have been forced to endure violence as a result of non-tolerance for diversity. All the factors have untold mental health effects on LGBTI persons and the fact that they do not have avenues to see assistance makes their situation even dire.

¹⁸ Ibid.
¹⁹ <https://www.msf.org.za/stories-news/fieldworker-stories/south-africa-providing-safe-abortion-care-during-national-lockdown> (Accessed 8 September 2020).



In South Africa where homosexuality is legal and in Botswana, discrimination, lack of access to SRHR and basic health service has driven the community into the closet.²⁰ While there is visibility and call for inclusion the progress remains very slow.²¹ Targeted interventions must also be specific for transgender and intersex persons who may have very peculiar needs from lesbians and gay people.²² Another group that is adversely affected is sex workers in their diversity.²³ Their means of financial source has been cut off because of the limitation of interaction which has resulted in loss of income and business.

Poverty

The face of COVID-19 is women, as front liners and care takers. Apart from economics, women human rights are neglected in the COVID-19 response and many women and girls in the African continent will suffer tremendously. National budgets have completely shifted to fight COVID- 19. While this is legitimate, an inclusive and functional response must be met so that communities continue to have dignity and have access to different essential

services. The reliance of economics on benefitting and building from the hard work of women in informal sectors in Africa has also been highlighted, with over 70% of women in informal sectors or informal labour unable to make a living because of the restrictions. In Africa this will be inclusive of markets, spazas, selling from streets and from makeshift stalls.²⁴

Brief country Analysis

All countries as will be discussed below have over the last months-imposed movement restrictions such as lockdowns and curfews to curb the spread of COVID-19. For instance, countries like Kenya, Nigeria and Zimbabwe imposed curfews unlike Botswana and South Africa which have had periodic total lockdowns. Various data shows that other countries are testing people effectively and others are lagging behind in mass testing, thus COVID-19 data for Africa remains inconclusive.²⁵

²⁰ <https://www.hrw.org/news/2020/05/19/lgbt-africans-share-challenges-life-during-pandemic> (Accessed 8 September 2020).
²¹ <https://www.coe.int/en/web/commissioner/-/covid-19-the-suffering-and-resilience-of-lgbt-persons-must-be-visible-and-inform-the-actions-of-states> (Accessed 8 September 2020).
²² <https://www.worldbank.org/en/news/feature/2020/05/15/estigma-cuarentena-covid-lgbt> (Accessed 8 September 2020).
²³ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31033-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31033-3/fulltext) (8 September 2020).
²⁴ Ibid.
²⁵ <https://www.bbc.com/news/world-africa-53181555> See also <https://www.bbc.co.uk/news/resources/ids-4a11d568-2716-41cf-a15e-7d15079548bc> (Accessed 8 September 2020).



A rise in the number of reported Gender Based Violence (GBV) cases has been widely reported during the 3 lock downs that the country underwent. In Botswana over 66% of women and girls have experienced GBV.²⁶ In April 2020 when the President of Botswana declared a State of Emergency (SOE), the responsible Minister of Gender Affairs did not have a responsive plan for GBV. With a lack of shelters and safe homes for women and children some civil society organization rallied public support to assist with homes for evacuating victims. As a result of public demand the government committed to assisting the local organizations with support. Toll free numbers for counselling were put in place and there has been an uptake.²⁷

Access to sexual and reproductive health services has been limited as only urgent and COVI-19 cases have been the focus. It is notable that since the borders were closed, Botswana relies heavily on South Africa. Contraceptives were in shortage and

this has put AGYM at risk of contracting HIV, Sexually Transmitted Infections (STIs) and unintended pregnancies. There are no youth friendly clinics in Botswana and that has put adolescent girls at high risk of vulnerability in accessing SRHR services, which is almost non-existent.

With its lack of safe spaces and shelters and an appropriate GBV responses, it is still to be seen how the government will respond to this crisis. A group of civil society organizations has taken the lead to assist those who are experiencing GBV, with limited resources.²⁸ All ministers were given an opportunity to present to the public the interventions and roles their ministries will play during the pandemic, the Minister of Nationality Immigration and Gender articulated all the areas except for gender issues and gender based violence. GBV remains one of the most neglected issues in Botswana. During the lockdown a policeman was reported to have murdered his wife.²⁹



26 <http://www.undp.org/content/dam/botswana/docs/Gov%20and%20HR/GBV%20Indicators%20Botswana%20report.pdf> (Accessed 10 September 2020).
27 <https://botswana.unfpa.org/en/news/much-more-needs-be-done-ending-gender-based-violence-botswana> (Accessed 10 September 2020).
28 <http://www.dailynews.gov.bw/news-details.php?nid=55625> See also <https://www.mmegi.bw/index.php?aid=85253&dir=2020/april/16>
29 <https://www.mmegi.bw/index.php?aid=85253&dir=2020/april/16> (Accessed 10 September 2020).



Kenya

Kenya did not impose a restrictive lockdown like other countries but has been under a curfew. Travel as with all countries has been banned of air, rail and train services.

On 16 March 2020, schools closed leaving many adolescents girls having to stay home. An increase in teenage pregnancies, sexual exploitation and transactional sex for survival has been observed. This is despite that Kenya has made progress in creating policies and laws for access to SRHR services by AGYW. This was heavily influenced by international conferences like Women Deliver 2019 and Nairobi ICPD Summit. These led to creation of youth friendly services and representation of SHRH needs at national level. However COVID-19 has slowed down the effectiveness of such centers. This will have even more devastating effects in future. Women have been affected from different areas as articulated in the introduction.

Apart from the limitations of restrictions of COVID-19 women have failed to access health care because of lack of hospital fees. It is estimated that Kenya has 18 % unmet needs for contraception which in effect affects mainly adolescent girls and women. Unplanned pregnancies and lack of access to SRHR

facilities by vulnerable groups will be experienced more during COVID-19. In Machakos County, 4000 girls were found to be pregnant within the first four months of the pandemic. This is as a result of pre-existing inequalities and that girls are exposed to their perpetrators and are taken advantage by older men and engage in survival sex. Similarly in Ghana in the Krachi West region, and other sub Saharan countries and teenage pregnancy statistics have gone up since COVID-19.

At the fore front of assisting pregnant girls and women are midwives who are at high risk of contracting the virus. Protocols on COVID-19 around pregnancy are not developed and midwives are expected to assist and guide pregnant women. Many women are attending at health facilities late and sometimes they give birth to still born babies, are experiencing neo natal and maternal deaths.

In other cases pre term cases have been reported. Kenya has the highest maternal mortality rates in Africa, which will be aggravated by the restrictions of the pandemic. Thorpe et al states that the 18% does not factor more vulnerable groups like adolescents girls, women within certain tribes, in rural areas, low education and socio economic classes. Thus

30 Thorpe J. The reproductive health fall- out of a global pandemic Sexual and Reproductive Health Matters 28:1.

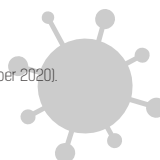
31 Ibid.


32 Ibid.

33 Odada K Adolescent girls and young women have a right to know: Accessing information on sexual and reproductive health and rights in the wake of COVID-19 <https://africlaw.com/> (Access 20 October 2020).

34 <https://en.unesco.org/news/adolescent-pregnancy-threatens-block-million-girls-across-sub-saharan-africa-returning-school> (Accessed 23 October 2020).

35 Pallangyo et al The impact of COVID-19 on midwives's practices in Kenya Uganda and Tanzania: A reflective account Midwifery 89 (2020) 102 2775.





some facilities have failed to provide and maintain access to contraception for women and young girls in need. This is because of the reduced hours of hospital operational hours, availability of medical health care practitioners and a steadily decreasing patient attendance at hospitals because of fears of COVID 19.

With an active mobile industry there has been a visible attempt by the government and civil society to incorporate trainings for health professionals. The Ministry of Health introduced Wheels for Life which is a partnership with other service providers like Health Africa and AMREF, taxis operator Bolt,

to save pregnant women during the current situation. There has also been advocacy for the triage method in communities to assist the process of child birth. The challenge is that tele-medicine has not been used effectively and the State and partners must work together to save lives of pregnant women. Additionally in Kisumu, the Kisumu Medical and Education Trust (KMET), provides an essential service to front line workers as the factory there produces masks. Essentially KMET has a 24 hour line which is used to give SRHR support to adolescents and young women particularly abortion care services.

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Thorpe et al.
<https://apnews.com/2e1a7d8b8401e4c06df52085994cf4ba> (Accessed 11 September 2020).
Supporting women and girls in times of crisis <https://iwhc.org/women-and-girls-covid-19/> (Accessed 11 September 2020).



Nigeria

Apart from the discussed issues that also affect the continent similarly, Nigerian girls and women realized a growing a pattern during the pandemic of high levels of sexual and gender based violence of women in their households, markets and general communities. Heightened psychological and mental health issues have been noted.³⁹ Child marriages, pregnancies and maternal deaths are also challenges faced by women and girls during the pandemic.⁴⁰ There has been pressure on public hospitals as they generally provide poor services and additionally that patients have to pay fees before being attended. With the SRHR vulnerabilities that AGYM experience and face, this comes as a disadvantage to them.⁴¹

Femicide cases also increased with little action from the State. As a result of those violations in and around April and May 2020 Nigerian and South African activists and feminist organized a continental campaign against femicide and called out their leaders to pay attention to the systematic discrimination and violence against women. The pressure yielded positive response in Nigeria where the Federal government declared GBV and rape a state of emergency,⁴² and that strategies and laws will be put in place to protect women and girls against all forms of gender based violence.

Feminists in Nigeria have also responded to filling in the gaps that have been seen as a lack of gender inclusiveness to COVID-19 by their federal government. In their policy brief awareness raising, proving online support services like counseling and in other cases proving pro bono legal services so that AWGY are included in the response for inclusion.⁴³ The Spotlight⁴⁴ programme is a collective effort by feminists across the world to fight and highlight GBV and uses the #withher which Nigerian Feminists have been actively using.

Feminist organizations through a policy brief⁴⁵ to encourage the Nigerian government to be inclusive. Of the many recommendations it made, it called for effective communication to youth girls and adolescents to lessen their worries during the pandemic, prioritizing access to health care, recognizing that women and girls carry the burden of care in families and that GBV needs to be addressed.



39 <https://www.partnersnigeria.org/the-impacts-of-covid-19-on-nigerian-women/> (Accessed 15 September 2020)

40 Ibid.

41 Charmaine Pereira Confronting the tale of the big equalizer feminist perspectives and responses to the pandemic <https://www.fes.de/en/africa-department/more-posts/confronting-the-tale-of-the-big-equal-izer-feminist-perspectives-and-responses-to-the-pandemic> (Accessed 22 October 2020).

42 <https://www.globalcitizen.org/en/content/nigeria-state-of-emergency-gender-violence-rape/> Ibid.

44 <https://www.spotlightinitiative.org/> (Accessed 22 October 2020).

45 https://docs.google.com/document/d/1DsUt_mmmG0lhg3YNVNUmsClvKnre_5Pg5MqDG8fe6dc/edit (Accessed 22 October 2020).

South Africa

One of the leading economies in Africa has experienced the highest number of deaths in the region including deaths of female front liners, mainly nurses and doctors have been reported.⁴⁶ In some provinces the hospitals did not have PPEs and there were instances where nurses declined to assist patients to avoid high risk of infection.⁴⁷

Apart from the lock down and loss of mostly informal jobs, girls and women who work as helpers, hotel cooks,⁴⁸ cleaners and baby sitters have been adversely affected. The grave inequalities of women as breadwinners for their families have deepened the violence, harassment and inequalities that they experience. While South Africa has very liberal laws that include the right to dignity, water and sanitation and housing, Many AGYW live in shacks and in Eastern Cape shacks were destroyed by the Cape Municipality. This left families vulnerable without shelter, which exposed AGYW to vulnerabilities like sexual abuse and exploitative sex.⁴⁹

This has exposed women and girls to violence from the State and from men. South Africa has one of the highest rape cases in the world as a woman is raped every 3 minutes. The restrictions of COVID-19 have not seen any decrease in the statistics. Disappearance and femicide⁵⁰ of women and girls has escalated and perpetrators mostly being intimate partners or men who have known these women and girls in the past.⁵¹ One the local organizations in South Africa, Masimanyane⁵² which is community based and advocates against gender based violence aligned its strategy during the height of COVID-19. It turned to providing a 24 hour help line, for legal assistance and continued to operate a 24 hour rape crisis center and a shelter for survivors.⁵³

Abortion is legal and free in South Africa and women have been found to be challenged to access health centres for the fear of contracting COVID-19. Moreover, there was no preparedness to response to needs of unrepresented communities. The response of COVID-19 though is on a revolving basis excluded such vital services.⁵⁴ All access to SRHR services by women and girls have been affected.⁵⁵



46 <https://ewn.co.za/2020/04/07/sa-healthcare-workers-battling-emotional-strain-of-being-on-covid-19-front-line> (Accessed 10 September 2020).
47 <https://www.africahealthexhibition.com/en/media/covid-19-updates/frontline-health-workers-are-great-risk-due-lack-adequate-ppe.html> (Accessed 10 September 2020).
48 <https://news.trust.org/item/20200424082353-4bxpq/> (Accessed 11 September 2020).
49 <https://www.newframe.com/evictions-leave-airport-park-residents-stranded/> (Accessed 11 September 2020).
50 <https://news.cgtn.com/news/2020-06-20/South-Africa-s-femicide-rate-spikes-as-coronavirus-lockdown-lifts-RskMmKKcus/index.html> (Accessed 11 September 2020).
51 <https://news.cgtn.com/news/2020-06-20/South-Africa-s-femicide-rate-spikes-as-coronavirus-lockdown-lifts-RskMmKKcus/index.html>. See also <https://www.voanews.com/africa/south-africa-struggles-second-pandemic-violence-against-girls-women> (Accessed 11 September 2020).
52 <https://www.masimanyane.org.za/covid19-resources/> (Accessed 12 September 2020).
53 Supporting women and girls in times of crisis <https://iwhc.org/women-and-girls-covid-19/> (Accessed 11 September 2020).
54 <https://www.safeabortionwomensright.org/blog/south-africa-a-space-of-many-contradictions-and-now-covid-19/> (Accessed 11 September 2020).
55 Ibid.



Zimbabwe

Countries like Zimbabwe have felt the consequences of COVID-19 harshly. With an almost a non-existent health system, a non-functional economy and a volatile political environment, it has been a pain to note deliberate human rights violations taken against civilians. GBV, rape and lack of access to SHRH services are amongst challenges faced by AGYW.

Maternal mortality rates are very high. According to a WHO report pregnant women have had challenges in accessing C sections to deliver.⁵⁶ Before COVID-19 Zimbabwe had a failing public health system with doctors and nurses remaining unpaid for months by the State. Thus already the lives of women and children are at high risk as result of the failing systems and results of the epidemic.

Education in Zimbabwe, which has remained difficult to access, has come to a halt because of COVID-19 and fears of the government of risk of infections among students.⁵⁷ There has been an attempt to do online teaching and as not all families have funds to purchase phones, laptops and data it has come as a burden to families. Many students do not have the necessary support to continue with their education during the lock down as not all students are able to access online platforms.⁵⁸

One of the worrying factors in Africa generally is the militarization of the response to COVID-19 during lockdowns and curfews. The militarization puts women at a risk as they suffer bodily harm, humiliation and indignity. Women are adversely affected as they are the ones who are in the streets trying to make a living. Loss of profits, stock and daily business has been apparent. In South Africa and Kenya this has been reported in squatter camps.⁵⁹

While the state response could have factored this in, it is devoid of safe and secure response as would have been thought.⁶⁰ The bearing on mental health and economic vulnerabilities of women and girls in communities has increased. There needs to be interrogation and analysis of the harmful effects of state sponsored violence perpetrated against women. Various recommendations have been made to counter effect the consequences of COVID-19 and post COVID-19 effects on AGYW.



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<https://www.amnesty.org/en/latest/campaigns/2020/04/the-devastating-effects-of-covid19-on-maternal-health-in-zimbabwe/> (Accessed 11 September 2020).

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<https://reliefweb.int/sites/reliefweb.int/files/resources/Zimbabwe%20Education%20Cluster%20-%20Humanitarian%20Response%20%26%20COVID-19%2C%20Sitrep%2025%20June%202020.pdf>

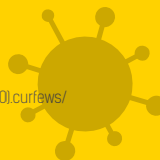
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<https://plan-international.org/case-studies/fearing-girls-safety-kenyas-informal-settlements>

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<https://edition.cnn.com/2020/04/28/africa/kenya-police-coronavirus-curfews/index.html>. See also [https://edition.cnn.com/2020/04/28/africa/kenya-police-coronavirus-\(Accessed 20 October\). 2020\).curfews/index.html#:~:text=Nairobi%2C%20Kenya%20\(CNN%20Perched,struck%20him%20in%20the%20stomach.](https://edition.cnn.com/2020/04/28/africa/kenya-police-coronavirus-(Accessed 20 October). 2020).curfews/index.html#:~:text=Nairobi%2C%20Kenya%20(CNN%20Perched,struck%20him%20in%20the%20stomach.) (Accessed 20 October 2020).

60



Since there has been backtracking of some of the progress made in the last 25 years in Africa, there are gaps that have been highlighted which can be effectively implemented to make the lives of AGYW better. Feminists in Africa have called for sustainable and resilient solutions which are women and girls centered so that women and girls are not left out of the response of COVID-19. As a group that has been adversely affected, it is only appropriate that a feminist approach and strategies are employed to save and promote the lives of AGYW. Therefore gender sensitive and feminist forward data must be collected to ensure specific impact of COVID -19 on AGYW not only in Africa but worldwide.⁶¹

One of the impacts of COVID-19 is that it will have devastating mental health consequences on communities and people. AGYW as discussed have many structural, cultural and policy challenges in accessing services and been included in the COVID-19 response. According to World Health Organization (WHO), mental health is varied in adolescents and is vulnerable to mental health issues and disorders because of their formative years, poverty, abuse and negligent environments.⁶²

Therefore in the response to COVID-19 specific services for psychosocial and mental support for adolescents must be provided to alleviate depression, suicide and anxiety amongst others. Adolescents, who do not get assistance early on, will carry such in to adulthood which will have a great impact on their health and wellbeing.⁶³ Lockdowns, lack of travel, association, closure of schools and vulnerability of AGYM particular in resource deprived, poor and rural areas will lead to mental health issues. The response must be sustainable and resilient to meet the needs of AGYM.⁶⁴

Historically women in Africa have organized to be given space and protection and the contrast with COVID-19 is that there is limitation of movement, the number of people who can gather at the same time and the social distancing. Thus the measures to curb the virus have drastically limited the way women can organize to claim their rights. While that can happen in small groups, the militarization of the response to COVID-19 will be harsh on any group that may make protests. Also women and girls as care takers are afraid to contract the virus as the burden of care in families' fall upon them.

Vulnerable communities must be provided with adequate shelter sanitation and clean water to lessen the risk of diseases and cross infection. The right to life and dignity must be factored to explore the many ways of alleviating women and children from poverty and its dire consequences. Lack of transport to reach health facilities by AGWY have led to high mortality rates, home births which are not safe,⁶⁵ therefore government must make mobile clinics and access to health care should be top of the priorities in response to access to SRHR and COVID-19.

61 Thorpe et al.
62 Adolescent mental health <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health> (Accessed 20 October 2020).

63 Ibid.

64 Owen et al Child and adolescent mental health in sub-Saharan Africa. A perspective from clinicians and researchers [Child_and_adolescent_mental_health_in_sub-Saharan_.pdf](#) (Accessed 20 October 2020).

65 BBC News Africa The Breakdown EP 27: How do we push for gender equality in the post COVID era? <https://www.facebook.com/BBCnewsafrika/videos/2738871213052059/> (Accessed 23 October 2020).

e Sustainable Development Goals (SDGs) speak to different areas of equality between genders and the progress that must be attained by 2030. The pandemic has in many ways led to the SDGs being unattainable in 2030. This being the case, the inclusive efforts made by countries particularly developing countries will count more than countries that will not make any efforts to include women and girls in their response.

The education of adolescent girls must be inclusive as more schools are using technology to teach learners during the pandemic. While young girls in cities and urban areas may have access to internet and other modes of learning, the same cannot be said of girls who live in hard to reach areas, who are poor and have no access to internet. Integrated community support and education can be useful so that no child is left behind in their education.

Different methods like radio broadcasts,⁶⁷ WhatsApp and offline mobile applications should be used to make it possible for learners to complete their cycle of study. In Niger, Voix du Sahel⁶⁸ together with 9 local radio stations have in response to lack access of information by young people, aired a soap opera to raise awareness around child marriage in the Sahel region. A mobile App has been developed in Togo called InfoAdoJeones⁶⁹ to provide quality SRHR information to youth. Mozambique, Sierra Leon and Uganda also have a mobile App called U-report, which was collaboratively launched for young people to share information and questions around SRHR and child marriage. It has a reach of 200 000 adolescent with youth friend information. Such developments are a vital as a response to AGWY.

Girls clubs should be formed as a structure to support girls to interact and support each other during the pandemic. Communities where harmful practices against the child are prevalent like children marriages and female genital mutilation (FGM) are prevalent should be sensitized about the importance of education of girls.⁷⁰ States must also take stern measures during the pandemic to sanction and charge those who are marrying young girls off, as they are seen as a burden in some families and also as a way of families to mitigate poverty. Provision of access to comprehensive sexuality education must be incorporated in the various responses and messages during COVID 19 to meet the CSE needs of AGYW.⁷¹

For many girls schools and universities serve as a safe space for girls to be able to gain education without the fear of being married off. Since schools are inaccessible, there needs to be a response that focuses on education facilities serving as safe places for girls. That in epidemics those who are afraid to go back home, must be provided with such safe spaces. Post COVID-19 strategies must be about to provide quality and accessible education even during pandemics.

Gender based violence remains of the catalyst of the disempowerment of women and girls across the world. In Africa the numbers have soared during the pandemic as victims are in confinement with their perpetrators. While the rest of the world was not prepared for the pandemic, issues of GBV in Africa were not

66 <https://www.un.org/sustainabledevelopment/sustainable-development-goals/> (Accessed 23 October 2020).

67 Bissioanath R addressing the impact of COVID-19 on girls and women's education in Africa <https://www.globalpartnership.org/blog/addressing-impact-covid-19-girls-and-womens-education-africa> (Accessed 20 October 2020).

68 Ibid.

69 Ibid.

70 <https://girlsnotbrides.org/wp/wp-content/uploads/2020/04/COVID-19-and-child-early-and-forced-marriage/> (Accessed 12 September 2020).

71 <https://equipop.org/for-a-feminist-response-to-covid-19/> (Accessed 20 October 2020).

ctored in the response. Provision of emergency services to victims must be provided for, community safe places and public shelters should be made in available even in remote areas.

There should be contact number for women and children to contact for mental health and GBV counselling and reporting along-side of the COVID-19. National campaigns must be held to highlight the importance of a free Gender Based Violence for women and children (child abuse) and toll-free lines be made accessible in case of distress and needing support and counselling. States must acknowledge and link the historical institutionalization of male dominance to gender-based violence and work towards eliminating the hurdles to women's right to a dignified life.⁷²

Where there are courts, clinics and health posts the same structures must be used to facilitate and be shelters for women and girls.

Free mobile applications, secret coding provided by mobile networks can assist with the spaces that AGYW can use to report their perpetrators. The exploitation of young girls during the pandemic remains high as those who live in the streets are greatly exposed. Solutions must be inclusive of the contribution of women and girls's thoughts and ideas of how they can be assisted when such structures are set up.

Cyber and online bullying against women and girl children must be guarded against it as it may also promote GBV and human trafficking. There must be an interaction between the community, learning institutions and health centres to be active partners in curbing the high numbers of gender based violence. There is a continuous call to include men and boys in the response against GBV, and all the strategies must factor awareness raising and educating men and boys about GBV.

Access to police and health facilities for victims of gender based violence must be made easier and assuring for victims. While many health facilities are condoned off for COVID-19 responses, those who are experiencing GBV must access rape kits, medical attention from trauma of violent sexual assaults and the ability to report without being fearful of contracting the virus and suffering untold trauma without assistance. Countries must as a matter of urgency provide counseling and psychotherapy services to survivors of gender based violence.

Tele education and tele-medicines must be adapted in each country to minimize the effects of pandemics and epidemics in the continent. States must provide necessary equipment for the front-line workers and provide remuneration and counselling for workers.⁷³

Access to contraception and abortion services by AGYW must be treated as urgent and essential services so that SRHR services are met. Additionally countries must also make it part of their solutions that the supply chain of SRHR commodities and services is not disturbed.⁷⁴ Women and girls should have access to SRHR facilities such as family planning pills and sanitary ware to ensure that they have enough supply during the pandemic. Easy access should be enabled so that they don't face any difficulties.

72 <https://www.aljazeera.com/opinions/2020/7/30/african-women-face-two-pandemics/> (Accessed 12 September 2020).
73 Thorpe et al.
74 Ibid.

the core of COVID- response is open, transparent and gendered response which must be inclusive of AGYW and other vulnerable groups. Information from the government must be clear and open so that those who are vulnerable are able to understand. Countries are urged to collaborate with the media and civil society so that inclusive information is disseminated to various platforms while factual and informative. People should be provided with up to date information on COVID-19 situation in their countries and counter measures used to protect the population.⁷⁵ Involvement of the media as a way of reaching to the masses is to enable them to also send out correct messages and may integrate informative ways of including AGYW in their messages.

Civil Society Organizations are able to send out messages to different communities that they serve. Therefore the two are integral to the COVID 19 response.⁷⁶ In West and North Africa 72% of civil society organization had by April 2020 had organized to raise awareness without sufficient funds. Response must include supporting organizations that are working with those who are marginalized.⁷⁷

Access to contraception must be treated as exercising the right to autonomy and safety. Governments must provide easy and effective access to contraceptives without the limitation of parental consent and stigma.⁷⁸

Menstrual commodities like pads and tampons must also be treated as essential commodities and be part of relief food or non-food pack which are distributed to people.⁷⁹ Where practical and possible governments must encourage and support women's business which produce re-usable pads and sell reusable menstrual commodities in local communities. Thus such response will be responding to dignity and enjoyment of full SRHR as the right to health.

Sexual and reproductive health rights must be treated as human rights and their intersectionality be treated as a right to health and life. It must be considered in line with fundamental human rights and be promoted and protected.⁸⁰ Government must be fully accountable to SRHR rights by beneficiaries without any restrictions. Policies, laws and structural reforms by governments must be part of the accountability process. Additionally as a matter of priority feminist movement must be funded⁸¹ to be able to adequately respond as collaborators and partners with their governments as they have the technical know-how and have access to the cohort as well as they have knowledge of issues that affect AGYW without discrimination.

COVID 19 data needs to be segregated by sex, age, race, ethnicities and in this context AGYW so that their lived experiences and vulnerabilities are highlighted and paid attention to. There must be integrated in the response as essential services. The principle of leaving no one behind must be fully applied in the response of COVID-19 of which will have long lasting historical effect on adolescent girls and young women in Africa.

75 <https://femnet.org/2020/04/inclusivelockdown-key-practical-recommendations-by-african-women-girls/> (Accessed 17 October 2020).

76 https://www.unaids.org/sites/default/files/media_asset/20200909_Lessons-HIV-COVID19.pdf

77 Ibid.

78 Odada K Impact of COVID-19 on young people's access to contraceptives and contraceptive services <http://www.srhm.org/news/the-impact-of-covid-19-on-young-peoples-access-to-contraceptives-and-contraceptive-services/> (Accessed 20 October 2020).

79 UNICEF Brief, Ibid.

80 <https://equipop.org/for-a-feminist-response-to-covid-19/> (Accessed 20 October 2020).

81 Ibid.



Lack of commitment and political goodwill by African governments and corporates to fund CSOs

African governments and civil society continue to rely on the Global North for development purposes. AGYW human rights issues are funded by the west and during this period, funds have been curtailed to suit donors' needs. This has placed women and girls in a precarious position that they do not have the necessary support that they have been getting from civil society organizations.

This presents a gap that African governments and philanthropist must step in and support community and women's issues so that the responsibility is a continental one than other foreign based donors. Thus a multi sectoral approach must be used in the COVID-19 response. The gag rule by the American government is a direct example of how donor interest can dictate access to abortion services in donor recipient countries. Funding for Program of Action of the Cairo International Conference on Population Development and the Beijing Platform of Action must be funded to continue to do the work that they have been done. Failure of which will lead to regression of the improvements that have been done in access to SRHR among AGYW in Africa.⁸²



82

<https://www.countdown2030europe.org/index.php/news/building-back-better-gender-equality-and-sexual-and-reproductive-rights-core> (Accessed 21 October 2020).



Laws policies and any other instruments that are meant for inclusion of AGYW women and access to SRHR services by women and girls must be reviewed and focused on the needs of all women of diversity as one size fit approach does not work. Women living with HIV, women and girls living with disabilities, women in conflict zones, internally displaced persons, rural and indigenous women must also have specific strategies that will assist them to be part of communities to lessen effects of COVID-19 on them.

The lessons that African countries are learning through COVID-19 are lessons that if turned into action and focused they could enable the continent to respond better to epidemic and natural disasters. Such lessons have highlighted what civil society organizations have been advocating for. It is an opportunity for the continent's leadership to right its mistakes and non-responsiveness and neglect of women and girls rights. Corruption, lack of corporate government and lack of clear laws on improving lives of women and girls is very visible during the epidemic and it is only with the political willingness and inclusion of women and girls can durable, sustainable and resilient solutions can be made. Gender sensitive responses must be incorporated during the consistency and post COVID- 19 responses.⁸³

AGYM voices must be centred in decision-making both at the national and community level and services – from medical-legal and psychosocial assistance – expedited to mitigate gender-based violence within COVID-19 response plans. A continent-wide response is necessary and urgent.⁸⁴ It's time for us Africans to start thinking about solutions that are not based on the legitimate fears of other nations, but on our own established realities. Women should be included in the tasks force of covid-19 to have a voice for women and children. It is important to be inclusive of all groups.⁸⁵ The principles of leaving no one behind and for us by us must be deplored by governments in Africa to be able to respond sufficiently to AGYW's needs during and post COVID 19 and into the future.⁸⁶

83 <https://africappractice.com/how-does-covid-19-make-a-case-for-gender-sensitive-policies/> (Accessed 20 October 2020).

84 <https://www.aljazeera.com/opinions/2020/7/30/african-women-face-two-pandemics/> (Accessed 20 October 2020).

85 <https://femnet.org/2020/04/inclusivelockdown-key-practical-recommendations-by-african-women-girls/> (Accessed 17 October 2020).

86 Coronavirus Disease (COVID-19) Pandemic UNFPA Global Response Plan Revised June 2020 https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Global_Response_Plan_Final_Revised_June.pdf (Accessed 23 October 2020).

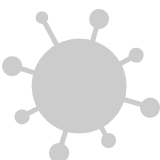


Words from African Feminists on various human rights issues and COVID-19 in Africa

03

As evident all countries mentioned in the report, have courageous girls and women who have been active on social media to bring the plight of their individual countries to the attention of leaders and the world. The role they have played and continue to play is of a watch dog which is a critical role in the continent.

Various organizations held twitterthons and other Social Media Engagements on African Feminists and their Thoughts on What could be done better as an integrated inclusive AGYW response. The responses below capture the voice of an African Feminist Zamara Foundation took a lead early in the year to discuss on Twitter about Feminism SRHR and COVID- 19.



Evelyn @Eve_odhis · 01 May
Replying to @Zamara_fdn @atuheiremartha1 and 13 others

1. Governments, civil society must bring together efforts to ensure universal access to SRHR
2. Ensure health care is accessible and that there is support on SRH to ensure availability of essential health supplies, such as contraceptives.

#AfrikanFeminists
#COVID19SRHR

8 10

Evelyn @Eve_odhis · 01 May
Replying to @Zamara_fdn @atuheiremartha1 and 13 others

3. Implement programmes tailored to respond to the different sexual health needs and challenges including comprehensive sexuality education, family planning, and safe abortion services.
4. Have domestic violence hotlines and centers run 24/7 to support survivor.

#AfrikanFeminists

Zamara Foundation @Zam... · 01 May
Replying to @Zamara_fdn

Q.3 Are services being provided to #AGYW? @atuheiremartha1 @Eve_odhis @Katsoga @jowery96 @DaizieMuzira @csayosays @Adhyambo_mickey @WendyObel @thee_anoointed @nenemariou @atuheiremartha1 @WGNRR @YouthLineForum @ruraltoglobal @EVA_Nigeria @yc_kenya #COVID19SRHR #AfrikanFeminists

Question: 3
Are SRHR services being provided to #AGYW now during pandemic and if so how?

17 14 15

Evelyn @Eve_odhis · 01 May
Today we saw @rhnkorg launch a hotline #NenaNaBinti 077553117 that will ensure referrals and connecting of women, girls, and young people to service health providers and you friendly facilities to access the services they need.

Muzira daizie @DaizieMuz... · 01 May
Replying to @Zamara_fdn @atuheiremartha1 and 13 others

There are some volunteers that are helping in delivering ARVs to those who need them..but their still a big gap in ARV refills due to lack of transportation.

3 6

Wilter @wilter_sarah · 01 May
Replying to @Zamara_fdn @atuheiremartha1 and 14 others

1. A well coordinated system that will allow AGYW to access healthcare services eg maternity , modern contraceptives , HIV treatment , immunization
2. Prioritise to educating mwananchi that other services are still been delivered to despite of #Covid19

6 6

Wendy Aura @WendyObel · 01 May
Replying to @Zamara_fdn @atuheiremartha1 and 13 others

Ensure sanitary pads are adequately accessible in schools.
Include SRHR in the class curriculum.

4 10

Hallima Nyota @thee_ano... · 01 May
Replying to @Zamara_fdn @atuheiremartha1 and 13 others

The free sanitary towels program should go on even in the midst of the pandemic. This will help stop sex pads manace!

#AfricanFeminists
#FeministsVoices

SHILA SALIM @Ukumbini · 01 May
Replying to @Zamara_fdn @atuheiremartha1 and 14 others

Accountability to commitments made
Implementation of given guidelines and policies should just be left to the shelves put in work
Invest in resources both financial and human

#Afrikanfeminists
#COVID19SRHR
#KEVolunteersAgainstcovid19

1 4 7

Ogabirwe Katusiime @Kat... · 01 May
And more to that there should be agencies or bodies that are meant to interpret the policies put in place.

1 3

Innocent Indeje @ian_indeje · 01 May
Replying to @Zamara_fdn @atuheiremartha1 and 14 others

It has to ensure sexual and reproductive health services, goods and facilities are available to all women throughout the country, physically and economically accessible, culturally appropriate, and of good quality.

Mugeni Mumuli @mugeni... · 01 May
Replying to @Zamara_fdn @atuheiremartha1 and 14 others

There are girls who have not been able to access even the very basic of these services. If their are adolescent girls missing these services then No! services are not available for the adolescent girls.

#FeministVoices
#AfrikanVoices
@AkiliDada @kamathi_d @Katekruchkin

Question: 1
What are the urgent needs for young women and adolescents SRHR needs during COVID19?

27 21 22

SHILA SALIM @Ukumbini · 01 May
Timely and affordable medical care sensitisation on the accessibility to services centre most of them think that the hospital/facilities arent operational due to the covid pandemic

@WaweruJackline @Ysd_kilifi @csayosays @TwahaMaimuna @Zamara_fdn
#COVIDSRHR
#Afrikanfeminist

2 3

Olivia @254Favor · 01 May
Men involvement on matters sexuality and also providing the right information on sexuality to #AGYW.

#Africanfeminist
#feministvoices

Maliza Martha @atuheire... · 01 May
Honestly with a ban of public transport in Uganda, We keep seeing maternal deaths of #AGYW, Negligence at a high rise. The Uganda police beats everyone they meet on the roads, many young womem are girls can't access #srhr services.

Zamara Foundation @... · 01 May

Q.3 Are services being provided to #AGYW? @atuheiremartha1 @Eve_odhis @Katsoga @jowery96 @DaizieMuzira @csayosays @Adhyambo_mickey @WendyObel ...

Show this thread

Question: 3
Are SRHR services being provided to #AGYW now during pandemic and if so how?



Waweru Jackline @Wawer... · 01 May

Replying to @Zamara_fdn
@atuheiremartha1 and 14 others

Availability of the services has become a challenge some of the health facilities have prioritized #COVID19KE hence not providing Srhr services. Most #AGYW are scared of going to the health facility due to misconceptions around this pandemic

#AfricanFeminist
#FeministVoices



4



8



Muzira daizie @DaizieMuz... · 01 May

Replying to @Zamara_fdn
@atuheiremartha1 and 13 others

There are some volunteers that are helping in delivering ARVs to those who need them..but their still a big gap in ARV refills due to lack of transportation.



4



8



Jojoz @jowery96 · 01 May

Replying to @Zamara_fdn
@atuheiremartha1 and 13 others

Due to the ban on private and public transport, AGYW are unable to access SRHR services from health centers. This is mainly affecting AGYW living with HIV and those that need contraception



6



7



Youth Changers Kenya(YC... · 01 May

Replying to @Zamara_fdn
@atuheiremartha1 and 13 others

Many organizations are providing sexual health information & services online(WhatsApp, live chats,Facebook, and apps) or by use of telephone:-

- ✓Aunty Jane
- ✓CREAW
- ✓Youth Changers Kenya
- ✓NENA
- ✓LVCT- One2One



3



4



Mugeni Mumuli @mugeni... · 01 May

Replying to @Zamara_fdn
@atuheiremartha1 and 14 others

One thing that is in place is the SRHR information that is available in the abortion clinics. Information is important before one decides to have an abortion. They also have post abortion care and this is taken in stride. #COVID19SRHR #FeministVoices #AfrikanVoices @AkiliDada



3



4



Mugeni Mumuli @mugeni... · 01 May

Replying to @Zamara_fdn
@atuheiremartha1 and 14 others

When abortion is free and legal then young women and girls do not need to have back door abortions. Which are unsafe and cause the deaths of many young women and girls daily @AkiliDada #COVID19SRHR #FeministVoices #AfrikanVoices @Zamara_fdn @Joy_Zawadi @Rasinelly @Katekruchkin



Zamara Foundation @Zam... · 01 May

Tell us more about today's launched #NenaNaBinti what services are they offering. We are so excited about this new addition for young women and girls in terms of accessing SRHR information. #FeministVoices #AfrikanFeminists #COVID19SRHR @rhnkorg @nellymunyasia @Eve_odhis



4



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Evelyn @Eve_odhis · 01 May

#NenaNaBinti Nena Na Binti is a hotline that will ensure uninterrupted access to comprehensive SRHR information and services by adolescent girls and young women during the COVID-19 outbreak period and beyond. #AfrikanFeminists #COVID19SRHR



2



6



6



Hallima Nyota @thee_anoi... · 01 May

Well noted
#AfricanFeminists
#FeministsVoices
#COVID19SRHR



Evelyn @Eve_odhis · 01 May

Replying to @Zamara_fdn
@atuheiremartha1 and 13 others

With the pandemic, we've seen a lot of funding and resources redirected to fight Covid19, thus sidelining SRHR, this cut short the supply chain especially on commodities making it difficult to offer essential services to many.

#AfrikanFeminists
#COVID19SRHR



9



11



Evelyn @Eve_odhis · 01 May

Replying to @Zamara_fdn
@atuheiremartha1 and 13 others

This has also led to the closure of youth friendly facilities thus adolescent and youth have no access to services due to the lockdown, and curfew. Although @rhnkorg @YourAuntyJane @FHOKenya are working to ensure women and girls can access these services. #AfrikanFeminists



Youth Changers Kenya(YC... · 01 May

Replying to @Zamara_fdn
@atuheiremartha1 and 13 others

Major challenge remains adolescent girls & young women from rural & Peri urban settlements do not have access to online services. Few of them own phones & many are in spaces where there is network is limited.

#COVID19SRHR #AfrikanFeminists



7



12



Waweru Jackline @Wawer... · 01 May

Replying to @Zamara_fdn
@atuheiremartha1 and 14 others

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3. Implement programmes tailored to respond to the different sexual health needs and challenges including comprehensive sexuality education, family planning, and safe abortion services.

4. Have domestic violence hotlines and centers run 24/7 to support survivor. #AfrikanFeminists



8



11



SHILA SALIM @Ukumbini · 01 May

Replying to @Zamara_fdn
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Accountability to commitments made Implementation of given guidelines and policies should just be left to the shelves put in work Invest in resources both financial and human

#Afrikanfeminists
#COVID19SRHR
#KEVolunteersAgainstcovid19



4



7





www.zamarafoundation.org



info@zamarafoundation.org



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[@Zamara_fdn](https://twitter.com/Zamara_fdn)