ADVOCACY BRIEF

Confined by COVID-19: women and girls, HIV and SRHR

The challenges, the responses and calls to action

Southern and East Africa

DECEMBER 2020

Salamander Trust
ON THE RIGHT(S) TRACK

ITPC
INTERNATIONAL TREATMENT PREPAREDNESS COALITION

ABOUT ITPC

The International Treatment Preparedness Coalition (ITPC) is a global network of people living with HIV and community activists working to achieve universal access to optimal HIV treatment for those in need. Formed in 2003, ITPC actively advocates for treatment access across the globe through the focus of three strategic pillars:

- Treatment education and demand creation (#TreatPeopleRight)
- Intellectual property and access to medicines (#MakeMedicinesAffordable)
- Community monitoring and accountability (#WatchWhatMatters)

To learn more about ITPC and our work, visit itpcglobal.org.

ABOUT THIS REPORT

ITPC's *2020 Confined by COVID-19: Women and Girls, HIV and SRHR*, was prepared by Salamander Trust Associates and Making Waves members, with contributions from the women listed below, who also reviewed and commented on the draft paper. It was also reviewed by Tracy Swan, Wame Jallow, Helen Etya'ale, Gerard Best and Solange Baptiste from ITPC and Alice Welbourn, Founding Director of Salamander Trust. Click here to download this report from the ITPC Global website. Suggested citation: Salamander Trust and ITPC (2020) Confined by COVID-19: women and girls, HIV and SRHR. The challenges, the responses and calls to action.

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Contents

Abbreviations & Acronyms

ARVs . . . . . Antiretrovirals

COVID-19 . . . . Coronavirus disease 2019

CROI . . . . . Conference on Retroviruses and Opportunistic Infections

GBV . . . . . Gender-based violence

HIV . . . . . Human immunodeficiency virus

ICW-EA. . . . . The International Community of Women Living with HIV—East Africa

ITPC . . . . . International Treatment Preparedness Coalition

KESWA. . . . . The Kenya Sex Workers Alliance

LGBTQI+. . . . . An inclusive term representing Lesbian, Gay, Bisexual, Trans(gender), Intersex, and other sexual orientations and gender identities' sex, and other sexuality, sex and gender diverse people

NGO . . . . . Non-governmental organization

PPE. . . . . Personal protective equipment

SMS . . . . . Short message service

SRH. . . . . Sexual and reproductive health

SRHR . . . . . Sexual and reproductive health and rights

STI . . . . . Sexually transmitted infections

SWAGGA . . . . Swaziland Action Group Against Abuse (SWAGGA)

TB . . . . . Tuberculosis

UNAIDS . . . . . Joint United Nations Programme on HIV/AIDS

VAW . . . . . Violence against women

WHO . . . . . World Health Organization

Introduction

Women's and girls' access to sexual and reproductive health (SRH) services, including their ability to decide if and when to have sex, and if and when to have children, are central to gender equality. Yet the COVID-19 crisis and the response to it have exacerbated gender inequality and patriarchal norms that underlie the challenges women and girls already face in realising and maintaining their sexual and reproductive health and rights (SRHR).[1]

While more formal SRHR responses and services are redirected to, or hampered by, the response to COVID-19, women and girls are stepping up their work on SRHR in their communities and integrating efforts to address COVID-19. They are doing this at some risk to their own mental and physical health, with little or no support, recognition, or visibility, and often with their own resources. Even when women and girls are part of organisations that had pre-COVID-19 donor funding, they are often finding their budgets cut, or donors unable or unwilling to allow flexibility to redirect efforts to address urgent priorities emerging from the response to the pandemic and its impact on livelihoods, SRHR and access to services.

Countries in the region and globally have experienced COVID-19 differently, in terms of the number of people with confirmed cases of COVID-19, the number of people who need hospitalization, and the number of deaths from COVID-19. Most of the countries of focus in this article have undergone at least one lockdown, curfews, quarantining and social distancing, although the severity of these measures has varied. In some countries, national responses appear to have successfully kept COVID-19 rates and mortality low so far.

Despite these apparent successes, the COVID-19 pandemic—and responses to it—have impacted heavily on women and girls who were already affected by gender inequality and patriarchy. The original focus of this project was SRH and health service access. However, COVID-19 and responses to it have also led to loss of livelihoods, lack of money, access to food, education, medicine and increased domestic and community violence against women and girls. It has given rise to heightened rights violations, including mandatory quarantines which come with a hefty bill to pay for those quarantined, harassment by the police, denial of services (including SRH), forced disclosure and new confidentiality breaches. The combination of these are being referred to as 'non-COVID harms'.

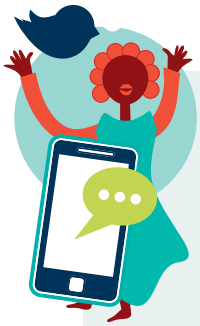
These 'non-COVID harms' rather than direct effects of the virus, may in the long-term reveal themselves as the deepest and longest lasting challenges to women's and girls' health, rights and well-being across the region and beyond.

This advocacy brief complements an earlier advocacy brief and presentation for the 2020 Conference on Retroviruses and Opportunistic Infections (CROI) on women, HIV and SRHR.[2]

Methodology

In August 2020, Salamander Trust and Making Waves[3] consulted with 30 women in 10 countries in Southern and East Africa. Ten interviews took place virtually, with women who are leading community efforts to address HIV and SRHR in Botswana, Kenya, Namibia, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. Four of these women conducted in-person or phone interviews with a further twenty women living with HIV—five each from Kenya, South Sudan, Uganda, and Zimbabwe.

For more information about the project behind this article and related resources please see the International Treatment Preparedness Coalition (ITPC) and Salamander Trust websites.



Who was involved

The women involved are living with or affected by HIV, or working with women and girls living with HIV. They range in age from 17 to 54, and live in urban, rural or peri-urban areas. They include adolescents living with HIV, young women, pregnant women, women who have children and women who don't, women who are married, partnered and single, women living with disabilities and co-morbidities, women who are engaged in sex work, women who use drugs, LGBTQI+ women and women who experience racism.

Summary

In all of these interviews, women described the new challenges they face in living with HIV during this 'syndemic',[4] where the COVID-19 pandemic interacts with existing inequalities, including gender inequalities, violence against women and girls, and economic injustice— adding to the difficulties they already experienced before COVID-19. It was evident from the interviews that women and girls are stepping up to support each other, advocate, and deliver community responses to their peers. Their experiences illustrate that there will be no ethical, effective, sustainable response to COVID-19 without women being at the centre of decision-making around their SRHR.

This Advocacy Brief documents country voices and experiences, and presents seven key findings and seven calls for action.

KEY FINDINGS

1. Access to SRH and HIV services has been severely undermined during the COVID-19 pandemic.
2. The vital work of women and girls living with HIV on SRHR, HIV and COVID-19 in their communities is being ignored by governments and donors.
3. Women's access to food and money has been devastated by the pandemic.
4. COVID-19 restrictions have brought serious privacy and confidentiality concerns for women and girls living with HIV
5. COVID-19 has led to increases in violence against women and girls (VAWG).
6. Digital communications leave out many women and girls.
7. Before and during this crisis, funding has been in very short supply for organisations led by women and girls living with, and affected by HIV

CALLS TO ACTION

1. Uphold our SRHR as essential—even in a pandemic.
2. Urgently support the vital work of women and girls in their communities.
3. Ensure everyone has enough to eat, and women and girls living with HIV do not have to take ARV's on an empty stomach.
4. Ensure COVID-19 responses respect privacy and confidentiality for women and girls living with HIV.
5. COVID-19 responses must address and prevent violence against women and girls.
6. Our digital inclusion is vital—but make sure you meet our other priorities too!
7. Provide flexible, creative, accessible funding for organisations led by women and girls during and beyond this COVID-19 crisis.

Key findings

FINDING 1

Access to SRH and HIV services has been severely undermined during the COVID-19 pandemic.

Even before COVID-19, access to SRHR and HIV services for many women and girls was limited. Integrated or even basic care for people living with HIV has been further undermined during the COVID-19 response.

COVID-19 responses that do not integrate SRHR and HIV will deepen gender inequalities and ultimately increase the burden on health and other systems. Women and girls report that they are unable to get ARVs and viral load testing; are having difficulties with access to contraceptive/ STI protection services and cervical cancer screening; are facing challenges accessing antenatal clinics, maternity care and prevention of vertical transmission services, vital psychosocial support and are being told they cannot be accompanied by birth companions. Main hospitals are being turned into COVID-19 centres, HIV clinics are closed and community services have been cut back and constrained by regulations on gatherings and activities. In addition, women and girls living with HIV may be immunocompromised and afraid of contracting COVID-19, due to lack of information on the impact of underlying conditions. They may fear, and shy away from attending services in hospitals dealing with COVID-19. For women and girls living with and affected by HIV, the lack of access to SRH and other forms of health care, including access to antiretrovirals (ARVs) has caused serious challenges to, and dramatic declines in health.

SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Main hospitals are not attending to the usual health issues, since they have been turned into COVID-19 treatment centres. Contraception access is limited. Some women and girls are now opting for traditional herbs and methods, but their effectiveness is not certain. Sanitary wear is very expensive. To cope, some people are making reusable pads or using rags. The prices for sanitary pads need to be reduced so that they are affordable. Cervical cancer screening has been suspended for the time being, and blood pressure is not being checked when one goes to a health facility—this is due to COVID-19 fears.

—Anonymous contributor, Zimbabwe

1 UPHOLD SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

FINDING

Access to SRH and HIV services has been severely undermined during the COVID-19 pandemic.

CALL TO ACTION

Uphold our SRHR as essential.

How have different SRH and HIV services been affected?

HIV services

"People living with HIV are given their ARVs in an open space, there is no confidentiality, anyone can see. We also discovered that 6,000 people living with HIV have disappeared and were not able to be traced. This is because of the fear that they will be exposed."

—Anonymous contributor, South Sudan

Contraceptive and STI prevention services

"Women are not able to make decisions about sex and how or when to have children. It was also a problem before COVID-19—and during COVID-19 it meant even if people wanted to use a condom, they could not access it—so they couldn't use it."

—Anonymous contributor, Botswana

"Access to contraceptives was hard, as access to transport was not possible during lockdown. For those who did get to clinic, access to family planning was not the priority of the facility—COVID-19 was; and emergency services were more prioritised. So, if you come for family planning, they said please go home—we only do it once a week, and on that day they only take a certain number, so if you fall off the wagon you won't get it. If you do, you don't get a choice. Termination of pregnancy was not prioritised and appointments would take very long."

—Anonymous contributor, South Africa

Cervical smear and cancer services

"If I want to get medication, I am going to meet the police—what can I do. In 2 months and 2 clinics, 300 people have defaulted in adherence—they could not access medication. When talking cancer, pap smears—now these are even more out of reach for someone who cannot even get their medication."

—Anonymous contributor, Botswana

Menstrual hygiene

"Menstrual health and hygiene is still a challenge. Last year a bill was passed in parliament saying that there would be free distribution of sanitary pads, but in practice it is lagging behind. Most distribution is by CSOs—some people are reached and some are not. We still have a long way to go."

—Anonymous contributor, Zambia

Antenatal services

"I haven't even gone for antenatal at 7 months of my pregnancy, yet I am HIV positive. I would want to go to hospital, but I imagine walking is not possible because the facility is far and using my money savings to travel to hospital means I will not have food for my kids for 2 days and I can't risk it. I will use a traditional birth attendant. No one has even tried to visit me apart from you and your husband, who has also given us hope and courage to live every day. I might have challenges, but I got a new family in you, you have loved me and my kids."

—Anonymous contributor, Uganda

"Antenatal care for pregnant mothers has been very limited—there is not a full service. And health personnel are now focusing on COVID-19, so it is very difficult for women and girls to be attended to with reproductive health issues—this is a major issue with COVID-19. Spaces that would have been used to give reproductive health services to women, but they are now isolation centres."

—Anonymous contributor, South Sudan

Maternity services

"During the lockdown from March-July, women could not even arrive at facilities, and were delivering on the way. We couldn't believe this was happening. No-one was supposed to move without a letter allowing you permission. So if a woman starts labour during the night,

she isn't supposed to move. So we also lost a lot of women during that time, not only women living with HIV, but generally, because they couldn't get to services. I really want to know how women who gave birth during lockdown experienced it. Some of them were not even able to get medicines for their babies, especially those who are HIV-positive—these are things that are real. Those women needed to have attention to protect their babies, and for their own treatment."

—Anonymous contributor, Uganda

"Maternity services were affected as well, because there was limitation of transport. Women had to be turned back home and you could only access [them] when really about to give birth. You couldn't have your partner there. Even when the child is born, registration was affected—Home Affairs was not coping. Maternal health as well—women would give birth at home. Ambulances were not available to take them to facilities. Women could not even go for antenatal visits during COVID-19." (South Africa)

—Anonymous contributor, South Africa

Youth-friendly services

"For me it has never been easy, because my facility is a catholic facility, I cannot access any form of contraceptives including condoms since I am expected to abstain till marriage. When I go to other facilities, I get embarrassed because of my age, I am a student and also because of my current condition. The doctors look at me imagining how I have sex with my leg not able to move. With COVID-19, now I am out of school and have a boyfriend. So contraceptives are important. So usually I go to the chemist to get condoms because it is less stigmatizing. And I choose one which is away from home. I won't get asked questions and I will take a very short time there. But it is very expensive for me since I do not have work."

—Anonymous contributor, Kenya

Services for sex workers

"Sex workers are trying to access HIV services, which has been complicated, but now in a few places services are trying to do outreach to reach people. Some of the services that are starting to come in are the services we trust, but also some are the ones we don't trust. But because we need them, we think, so what? We will try them, so that we can just move on with life."

—Anonymous contributor, Kenya

Harm reduction services

"For now, the harm reduction is really suffering. There is no longer a health care worker at the drop-in centre who would support with substances, needles, whatever. Within the methadone clinics, they only give methadone. One needs to wear a mask—you buy one for 3000 Shillings and you enter. If you don't have the mask, you have to get the hell out of it. Some women don't have the money to get the mask."

—Anonymous contributor, Tanzania

Healthcare and medication for other condition

"I take Nifedipine for hypertension—2 tablets a day. Nifedipine costs USD 1.00 for 10 tablets, which means I need USD 3.00 for a month's supply. Because I am not able to get the money all the time, I sometimes opt to halve my dose and take one tablet a day. I also have teeth problems but have no money to go to the dentist."

—Anonymous contributor, Zimbabwe

FINDING

2

The vital work of women and girls living with HIV on SRHR, HIV and COVID-19 in their communities is being ignored by governments and donors.

Fundamental sexual and reproductive health and rights (SRHR) are being neglected in the response to COVID-19, particularly those of adolescent girls and young women. In countries where health systems are fragile and strained, women and girls' organisations and groups, which are already so vital to SRHR work, are having to urgently fill the gap as crucial formal services and community activities are scaled back or shifting focus from SRH to COVID-19. Women are delivering ARVs, medicines and sanitary pads. They are providing food and money to women, girls and their families who have lost income. They are distributing personal protective equipment (PPE) and information about COVID-19. They are offering protection and support for women and girls experiencing violence, psychosocial support, and support for women and girls to access SRH services and information. All this is at risk to their health and lives—and often without recognition or support from donors.

So COVID-19 has really taken away self-love. Last week I was in the islands, meeting the women who are living with HIV and pregnant, and I was trying to ask how are you dealing with this, and women said I just hate my life, I wish I could no longer live. Some of the men ran away. It has really been very emotional for me, and I am trying to see how I can help and guide these women during this time, to move on and look after themselves and their babies. I am thinking about the long term, I was looking out for how we give them long-term food, support them to continue looking after themselves after this is all done. [...] What they really need is psychosocial support right now.

—Anonymous contributor, Uganda

There is no support for self-care. I feel that someone needs to listen to me—I am overburdened but we have nothing. We do this not because we are paid—we use our own resources. We have to do it, we have to go out there. And this is a serious problem. Sometimes we ask for food for others, but we don't have food ourselves.

—Anonymous contributor, Botswana

2 SUPPORT THE WORK OF WOMEN AND GIRLS

FINDING

The vital work of women and girls living with HIV on SRHR, HIV and COVID-19 in their communities is being ignored by governments and donors.

CALL TO ACTION

Urgently support the vital work of women and girls in their communities.

Support us! Women leading local responses to HIV, SRHR and COVID-19

Each example below highlights the community and advocacy activities of the women who were interviewed for this article.

Botswana

"We are implementing a three-month programme of work for COVID-19 and HIV. There are 45,000 people in the region. Myself and 8 Community Health Workers are assisting clinics, including during the lockdowns. We could go into clinics and get the list of people who had not accessed medication and go and fetch them. Where a person needs a refill and they are adhering reliably, we gave that person a 2- to 3-month supply of ARVs so that they don't have to frequent the clinic. We are distributing condoms at the moment, and TB medication. We are documenting the lives of people living with HIV and non-communicable diseases so we can say to government to look at them holistically. As we speak, the biggest hospital has COVID-19 cases—nurses, doctors and patients are COVID-19 positive. As Community Health Workers, we are putting our lives on the line."

"We are also using multiple sources to get information out—creating groups on WhatsApp and sending SMS and calling people on phones who don't have WhatsApp. We are using radio and going door-to-door and house-to-house. We are trying to combine all this. We are going on radio so we can speak in their languages, as most information materials are in English. UNAIDS helped us produce a pamphlet about HIV and COVID-19 and we translated it to local languages. And we are distributing it to those who can read. In the process we are also trying to come up with champions among the community who are able to help us take the messages out, go on the radio, distribute printed materials and talk to people about their experiences."

Eswatini

"Violence has been there. We have WhatsApp groups because of COVID-19, which were there before but we have strengthened them. We have had issues of sexual violence against young women. We were able to refer, and the matter is being handled by police under the domestic unit. We were able to refer, and the matter is being handled by police under the domestic unit. Also there is Swaziland Action Group Against Abuse (SWAGGA), which deals with violence against women. In a very high-level meeting, I asked what systems have been put in place during COVID-19 for us to know what is happening on GBV on the ground. They maintained you can use the toll-free line. But I said, 'who is the person specifically looking at statistics on GBV, have people who reported it been visited, received a response?' I haven't heard any messages on GBV—nothing is in place."

Kenya

"We did a small survey to monitor challenges sex workers are facing. We realised food was an issue—so we opened up a contribution mobile account where people can contribute—we got around $500, and we also did some resource mobilisation. We bought foodstuffs. We have given food (or supermarket vouchers) to over 6,000 sex workers in Kenya. Some of our member groups were able to resource on their own, and they bought food for their member groups, so we only bought for sex workers who were not reached, were most in need, and who did not receive from any of the donors. They knew there was COVID-19 but they did not know what it was. So we came up with a media campaign for sex workers about COVID-19 and ran it for 30 days. We've been doing virtual trainings on COVID-19 in each county, so sex

workers can get the information and are able to share with those who can't come virtually. We've also been trying to distribute face masks and sanitiser to sex workers countrywide. We got support from UNAIDS for Dettol soaps to wash hands, which have been distributed to sex workers in all the country."

Namibia

"The current lockdown came as a shock to everybody. I work with vulnerable youth who may be subjected to sex work as a means of survival and LGBTQI+ youth who may face discrimination due to their sexuality. The few that get permits, you take everyone else's health passports and collect all the medication for others, and they give you consent to collect their family planning, ART, or whatever. So we are working together and trying to minimise costs. When someone has to attend services in person, for example if they have an STI, they rely on allies in the police. We did a sensitisation workshop last year with the police, and one policewoman was promoted later, so mostly we go to her and she is very forthcoming."

> This example from Namibia demonstrates how women's and girls' ongoing work (before COVID-19) sensitising service providers, promoting gender equality and women and girls' rights helps ensure their rights are upheld during times of crisis.

South Africa

"I have not even recovered from the damage COVID-19 has done to me personally and to women I have worked with. I work with an organisation of Community Health Workers (CHW) and most of them were at the forefront of COVID-19. They were the people doing the screenings, assisting in ARV clubs and clinics, and the majority of them were women, but they were not part of the recognition by government when Health Care Workers were given a pat on the back and given tags to be prioritised in services. CHW were not even mentioned there, yet they were putting themselves on the line, making sure people get medication, and doing screenings in clinic lines before people attend services. It took a lot of toll. I oversaw 22 staff members and yet no one is giving attention to us as people giving support to others—who is supporting us?"

"During COVID-19, when you are an activist you don't think of yourself. So my focus was not on me, it was the young women—if I am this scared, how much more are the young women and other women I work with? It completely changed lifestyles. They were confined in homes with children, some had relied on school feeding schemes. Now they are at home, it's empty, there is no food for them. The social grants had queues outside, and women spent nights outside these offices which could have placed them at risk of rape and being violated. So we opened WhatsApp groups, where women could share this. We had a Facebook page called We Can Conquer, where people who have had COVID-19 are able to motivate others and tell how they survived COVID-19, and people felt solace in those support systems that we as women created for ourselves."

South Sudan

"We raise awareness of service provision, HIV and COVID-19. Many women do not know what COVID-19 is and what are the impacts for people living with HIV. So we try to make sure and send the right information about COVID-19 and give information about HIV prevention, medication, and access to service providers. This is what we do with the support group. Young people are at home without alternative learning opportunities, so we provide empowerment programmes with different organisations that conduct workshops on health, economic empowerment and women's empowerment—we link people to these opportunities. We have young people already engaging in use of drugs and this has accelerated the spread of HIV and STIs,

due to sexual behaviour that happens in such environments, so we raise awareness about use of condoms, sexual behaviours, we make them busy, we run awareness campaigns. We provide condoms to young people, as we know they are sexually active."

"Our organisation, as part of a consortium or organisations, also participates in mentoring young girls in making reusable sanitary towels, as now especially they are very expensive. So we empower people in these life skills, and give information on HIV to sexually active young people, coupled with a lot of creativity where young people can pass a message through dramas and roadshows."

"This week we will be having an assessment in different communities in Juba, to know what kind of services adolescent girls and young women and people living with HIV have in those locations, and what are the challenges for accessing those services—and what the communities are doing. This will help the organisation to do certain things through lobby and advocacy, to create youth friendly centres for reproductive health services in their communities."

Tanzania

"I founded a women-led organisation after seeing women's voices not being heard or represented and women losing their own spaces. We engage with women in the bars, the road sides, in our community. I can go and see my community, some are in the ghettos where there are not even windows. I have to make sure I have my mask, sanitiser, wash my hands. I need to take preventive measures."

Uganda

"The first thing I did was sit down with my partner, because I didn't want him to think it was a bad thing. He was very excited and wanted to support me. I said I only need your psychosocial support. The women I am going to meet need a lot of counselling. So I used my salary for March to buy food for 8 women I visited, and in April and May the number increased, and I reached out to one colleague who also helped, and then I got that grant that ended in July."

Zambia

"We've been using electronic media and print media. Where we are not able to reach as an independent organisation, we do have other organisations we can quickly run to. It's a good thing that organisations are no longer working in silos but are coordinating. We even have a WhatsApp group for the civil society stakeholders within our district, and people post whatever opportunities they have on the platform. One might say, 'We are going to this area, if you have adolescents there let them benefit from this activity.' We do not have a budget line, so rely on WhatsApp groups, Facebook, and the various information, education and communication materials that are available."

"We've also been doing some advocacy interventions. In June and July we had some radio programmes with messages with a key focus on GBV, as there was a rapid increase on GBV cases. It was also shared on our Facebook page, but the challenge came with funding—for us to continue with the radio programme we needed to pay for that space and we don't have the funds anymore. That programme is sponsored by another organisation, and we featured 13 episodes."

Zimbabwe

"Information is spread through texts, and I also give information during the time I support the local community-based organisation in food distribution. The CBO is giving food to children living with HIV, teen mothers, and sex workers. This gives me a chance to engage at family-level, where we discuss COVID-19 prevention measures, HIV and STI prevention and treatment, adherence support, and combating stigma."

FINDING

3

Women's access to food and money has been devastated by the pandemic.

Women and girls struggle to get enough food during this time, as their access to sources of income and exchange are devastated by the response to COVID-19. The pandemic has also seen a rise in the cost of transport and commodities. For women and girls living with HIV, not having enough to eat is causing problems with adherence to ARVs and, consequently, physical and mental health problems. Not providing food for partners can also increase domestic violence in abusive or exploitative relationships. Women go out to try to get food, which can put them at risk from community and police harassment. Women in communities are trying to support each other by identifying sources of food and money for their peers. These vital efforts provide some relief, but this chronic challenge is taking its toll.

I survive on vending, while this gives very little income in stable times, the venture has been severely curtailed due to COVID-19. The community I live in and serve is in a very sad situation. I get triggered emotionally by the issues. There is no food, especially for children. There are some families where both parents and all the children are HIV positive and on ARV treatment. Things are also dire for young women, as there are a lot of unintended and unwanted pregnancies.

– Anonymous contributor, Zimbabwe

I could support them in food and hygiene, and they said 'wow how cool, now our souls can relax a bit because we can put food on the table. We don't have to go out and sell. Our guys were not bringing anything home, and some partners were not permanent, and if they just pop by, they say I can't come round these days because business is so bad. Most people rely on part-time jobs and manoeuvres in town, and this is all down because there is no circulation.

– Anonymous contributor, Tanzania

3 ENSURE ACCESS TO FOOD AND MONEY

FINDING

Women's access to food and money has been devastated by the pandemic.

CALL FOR ACTION

Ensure everyone has enough to eat, and women and girls living with HIV do not have to take ARVs on an empty stomach.

FINDING

4

COVID-19 restrictions have brought serious privacy and confidentiality concerns for women and girls living with HIV.

Where permission from the authorities is needed to travel during lockdowns, there have been frequent violations of confidentiality. The difficulty and cost of travelling to services has increased under COVID-19. Adaptations to services to take account of COVID-19 restrictions, including moving services to communities, expecting people to queue outside for services, providing them in open spaces or delivering them to people's homes, can limit privacy and confidentiality. This puts women and girls off accessing vital SRH and HIV services, including contraception and ARVs—it is especially off-putting for young women and girls who may experience particularly judgemental attitudes One of the most disturbing repercussions of breaches of confidentiality and privacy is increased violence against women and girls.

One of the biggest challenges was accessing treatment. In the first month of April, it was time to go for my medication. I used public transport. When you go out they demand proof you are going to hospital. I met the police along the road as I was about to reach town and they demanded proof that I was really going to the hospital. I said 'what kind of proof, the only proof I have is my ART card, and I can just tell you'. They said 'no, we want to see it'. I said it is a very confidential document. We were at loggerheads and they pulled me off the bus. I tried to call UNAIDS—they had said we need to take care of forced disclosure of HIV and chronic illness, and people having to disclose to police."

– Anonymous contributor, Eswatini

4 PRIVACY AND CONFIDENTIALITY

FINDING

COVID-19 restrictions have brought serious privacy and confidentiality concerns for women and girls living with HIV.

CALL FOR ACTION

Ensure COVID-19 responses respect privacy and confidentiality for women and girls living with HIV.

FINDING

5

COVID-19 has led to increases in violence against women and girls (VAWG).

Reports of intimate partner violence, incest and coercion, including child sexual abuse and rape, have risen during COVID-19 as women and children are confined to households. This confinement also undermines their access to and information about rights and services that are provided through schools and community work. Violence outside the home has also increased, including discriminatory and abusive behaviour by authorities, landlords/ladies and health care staff against women and girls, in all their diversities. For sex workers, curfews and bar closures have increased the need to seek and take clients to secluded places, where women are less safe. Within the community, women and children face harassment for not wearing masks, or just being out trying to access services or make a living. Response mechanisms to violence have collapsed and the pandemic has led to service closures, restrictions and indefinite postponement of justice.

For schools, only examination classes are attending right now. For others, they are staying home. So there is an increase in sexual abuse cases—the number has really spiked [..] Others have been abused by their guardians. The lockdown and everything else means they have no one to run to, no one to talk to. We are seeing teenage pregnancies increased, GBV cases going up—those are some of the negative impacts we have experienced as a country.

– Anonymous contributor, Zambia

5 END VIOLENCE AGAINST WOMEN AND GIRLS

FINDING

COVID-19 has led to increases in violence against women and girls (VAWG).

CALL FOR ACTION

COVID-19 responses must address and prevent violence against women and girls.

FINDING

6

Digital communications leave out many women and girls.

The pandemic's restrictions on movement and face-to-face contact has widened the gender digital divide. Many women and girls are not on social media and have no access to digital devices. Even for those who do, buying data may not be affordable when money is needed for food and medicine for them or their children. Digital inclusion just feels out of reach for many women and girls, particularly in rural areas. While digital media cannot replace face-to-face interaction, without phones, devices, airtime or data, women and girls can miss out on consultation, support and networking. Information on COVID-19, health and SRHR often revolves around online support, social media-based services or hotlines. The findings show that women, in recognition of these challenges, are adapting their activities, combining the use of digital technologies with media (e.g. TV and radio), text messaging, printed material, and face-to-face work.

Women and girls' involvement in policy and programming is fundamental to a successful response to HIV, SRHR and COVID-19, yet this also relies on digital skills and access. Yet donors do not build in the cost of women and girls' digital participation.

We are expected to be in these online meetings, but data is very expensive. You need to bring in women's issues, young people's issues, but you don't even have money for this, and you will be logged off. I was attending a Global Fund meeting to do a presentation but just 10 minutes into my presentation I ran out of data.

– Anonymous contributor, Eswatini

6 DIGITAL INCLUSION IS VITAL, BUT SO ARE OUR OTHER PRIORITIES

FINDING

Digital inclusion is vital yet feels out of reach for many women and girls. Buying data competes with buying food and medicine.

CALL FOR ACTION

Our digital inclusion is vital – but make sure you meet our other priorities too!

FINDING

7

Before and during this crisis, funding has been in very short supply for organisations led by women and girls living with, and affected by HIV.

During 2020, we have seen moves by donors to respond to the need for feminist funding, and funding for women and girls affected by the COVID-19 pandemic. Some funders have established emergency COVID-19 response funds, and there has been talk of increasing funding flexibility, provision of core funding, and prioritising funding for women-led organisations. This is all very welcome, but in many cases it still does not address the challenges women and girls have with accessing funding and support for their work, including donor requirements for organisations to be legally registered; have a bank account or fiscal agent; and have 3 or more years of existence. These requirements ignore major gender and power inequalities faced by women's and girls' organisations and fail to acknowledge that our efforts often coalesce around a crisis, or in response to urgent needs within our communities. COVID-19 has dramatically highlighted the importance of flexible, rapid responses led by women, for women and girls' urgent needs and rights in a crisis. By requiring grantees to be registered and in existence for several years, funders undermine their sometimes-stated claim to offer flexible funding to small womens' and girls' organisations.

You know that donors are decreasing funds. We had a major blow with our programmes, we couldn't implement them as we had money cut in the middle of nowhere—they said 'you don't need much money because you can do things online, you don't need to go to people at community level'. We couldn't even provide food packs or hygiene packs.

– Anonymous contributor, Eswatini

With regards to funding, in certain instances, because we have activity-based funding, the funds were specifically meant for another programme and the guidelines and measures put in place mean we can't go ahead with our interventions. Sourcing money for the new interventions and having a shift in our programming is a challenge—the funds come with specified conditions and for specific programmes. It's crazy like that.

– Anonymous contributor, Zambia

7 PROVIDE CREATIVE AND FLEXIBLE FUNDING

FINDING

Before and during this crisis, funding has been in very short supply for organisations led by women and girls living with, and affected by HIV.

CALL FOR ACTION

Provide flexible, creative, accessible funding for HIV organisations led by women and girls during and beyond this COVID-19 crisis.

What did women say in each country?

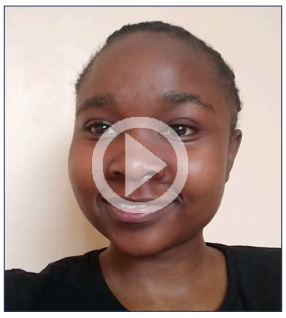
Women in different countries talked about the challenges to service access that they experienced or knew about from women they work with. While this does not necessarily reflect the general situation in any one country, and should not be used to make assessments about any one country's response, it is interesting to note some of the specific issues that women highlighted by country.

Botswana

SRH services were completely neglected during the first lockdown which happened very suddenly, with strict enforcement by soldiers and police. People could not access services, and many people were not able to get their HIV medication as a result. For the second lockdown, people and service providers (including community workers) were better prepared. However, contraception, pap smear and cancer services are now even further out of reach than they were before COVID-19. Lack of access to youth-friendly services is also an ongoing issue.

Eswatini

One of the biggest challenges has been accessing ARVs during travel restrictions, with descriptions of forced disclosure to police, who were demanding proof of the reason for travel with no regard for confidentiality. While ARVs have been available, including through community distribution (which comes with its own challenges of involuntary disclosure), there has been no integration of other SRH needs such as contraception, antenatal care, cervical cancer screening and care, or treatment for non-communicable diseases and other conditions. COVID-19 has affected supply chains, and there have been stock-outs including of the ARV lopinavir/ritonavir (Kaletra), as well as drugs for multidrug-resistant tuberculosis. People are finding that their drug regimens have been changed without notice. There have been cases of violence against women, including rape and incest, and it is not clear how good the response is. Maternity care appears to have been relatively unaffected and is now reported to be back to normal.



CLICK TO VIEW

Three video clips of Joyce Amondi Ouma summarising the key points raised in her interviews with young women

Kenya

Women talked about the difficulty accessing services because of reduced capacity to allow for social distancing. Some services require a negative COVID-19 test as a condition for service access. However, tests are expensive and unaffordable for many women. Women also fear being found to have COVID-19 and being quarantined. As a result, they are not accessing services which require a COVID-19 test. They mentioned doctors and nurses who are not being paid because of the crisis, and the withdrawal of some donor funding. Contraceptive services delivered at community level are avoided by young women because of the stigma of being seen to be sexually

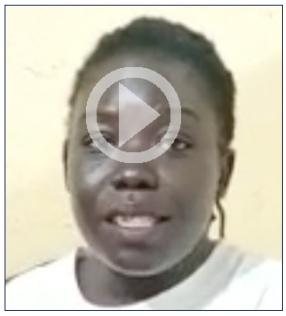
active. Young women with disabilities have particular issues accessing contraceptives, because of other people's preconceptions. The closure of bars and other places with vending machines that sell condoms has also had an impact on women and girls who prefer to buy them anonymously. Some women and girls are opting for traditional herbs and contraceptive methods. There has been a rise in teenage pregnancies. Abortion is illegal in Kenya, and it is expensive to buy medical abortion pills. Young women and sex workers talked about unsafe abortion as the only option. For sex workers, access to services is severely hampered—by the travel restrictions and the effect of the lockdown on income, and by the switch to virtual outreach in many cases. In normal times, maternity services prioritise women who attend with husbands, which can be challenging for sex workers, young women, women in abusive relationships, and anyone attending without male partners. Under COVID-19, maternity care and vertical transmission prevention has been deprioritised, and many women have been unable to access these services. Violence against women and girls has increased, with reports of intimate partner violence, rape, child sexual abuse and incest. ARV adherence has been affected, with women who have been sick because of having to take medication on an empty stomach because of lack of food, including sex workers who were unable to work during lockdown.

Namibia

Women reported that many clinics were turned into COVID-19 centres, meaning women and girls have to travel further to reach services. Permits from village headmen or police are needed to travel, which means there is no confidentiality for women wishing to attend SRH and contraceptive clinics. Contraceptives and pap smears are not being prioritised, and women describe things going backwards in terms of SRHR. COVID-19 tests are required before entry to services, so women are sent away to get a test and then do not go back. Sanitary pads are an issue for women, including their sources of income and have to prioritise food and medication. There have been shortages of ARVs in the country, and women (including young women) have become critically ill because of not being able to get their medication. The gap in access to medication and services has widened between those able to pay and those who are not.

South Africa

SRH services and HIV testing were already challenging for adolescent girls and young women before COVID-19, and there were already shortages of contraceptives and lack of access to sanitary pads, but now these services have been seriously affected by the pandemic. The price of sanitary pads has gone sky high with COVID-19 restrictions. There has been a huge shortage of condoms. COVID-19 and emergency services have been prioritised, so women attending facilities for contraceptive services were told to go home. Termination of pregnancy services were also not prioritised, and it has been taking a long time to get an appointment. Maternity services were described as particularly difficult to access: women could only attend when they were about to give birth, partners were not allowed to be with them, and birth registering, infant growth monitoring and child vaccination have all been affected.



CLICK TO VIEW

Video of Ade Nunu Diana Alison summarising the key points raised in her interviews with young women

South Sudan

Before COVID-19 people had access freely to the main referral hospital where the HIV centre is. But COVID-19 restrictions, misinformation

about COVID-19, and turning hospital facilities (including antenatal and maternity facilities) into isolation and treatment centres for COVID-19—all this has scared people away from accessing these services, and there are no alternative services at the community level. We have Primary Health Centres at community level, but they do not have enough SRH services. If you have malaria, these health centres will only give you painkillers, because they do not have enough services in place. These are some key issues young people face in regard to these centres in South Sudan. It is more difficult for young people to have access to ARVs, because with COVID-19 transport to urban areas is very difficult and very costly. So it becomes very hard for women and girls who do not have money to go and receive their ARVs on time. There are also fears about confidentiality being breached under new ways of distributing ARVs, and many people have stopped taking their ARVs as a result. Service access requires a COVID-19 certificate, which takes time to process. Women who are sent away to wait for their test results find it expensive and difficult to come back to get the services.

Tanzania

School closures due to COVID-19 have meant a rise in pregnancies among school-age girls. Sanitary pads are expensive and out of reach of many women and girls. Harm reduction has suffered because of changes in donor priorities: needle exchanges have been de-prioritised, though methadone is available at methadone clinics. However, these services require clients to wear a mask, which must be paid for at a time when money is particularly scarce, meaning some women are not able to access them. Even before COVID-19, women and girls faced many challenges to access SRHR, and these are now exacerbated. It is difficult to get SRH services, particularly for adolescent girls and young women, as often when they go to health care facilities, they will be questioned about whether they are married. Younger girls who are still school age can face abusive language or stigma, and discriminatory words will be used, such as questions about why they want the meds. Sex workers who demand SRH can also experience the same, or at times when they go to give birth, they will be abused by being asked how they can be giving birth always while not married. Sometimes they will be asked to bring their partners or husbands in order for them to get services, especially when they have a sexually transmitted infection (STI). How on earth can a sex worker who doesn't have a partner bring a partner to the health care centre when it is well known that she is a sex worker? Women accessing maternity services are required to bring their own equipment, and if surgery is needed, they have to pay, which puts facility-based maternity care out of reach of many, especially those who are living under one dollar a day. Women who are in rural areas have to travel long distances to access maternity services or any other health services, as there are no good health facilities within the villages.

CLICK TO VIEW

Two video clips of Jacquelyne Alesi summarising the key points raised in her interviews with women

Uganda

Women said that even before COVID-19, SRH services were scarce, and there were lots of misconceptions around contraceptives and HIV, which put women off accessing services. Many services have shifted their focus to COVID-19, including pap smears and contraceptive services, and there is no integration of HIV and SRH services as a result. COVID-19 transport restrictions severely affected access to maternity services, with women in labour unable to travel to services without an official permit. After advocacy to change this, led by The

International Community of Women Living With HIV (ICW) East Africa, this is no longer the case. However, women talked about having been put off from accessing services, including antenatal and 'prevention of vertical transmission' services, for reasons such as lack of money for transport and lack of trust in services—which are felt to have abandoned women when they needed them.

Zambia

It is mandatory to have a COVID-19 test before accessing health services. Young people, in particular, are turning away from accessing services as a result. Some services are still available in health centres, but the major focus on COVID-19 means that SRH and contraceptive services are neglected. It is still possible to find contraceptive and condom services, but people are not accessing them as they were before. For young women and girls who are confined at home due to COVID-19, access is difficult if they cannot talk to their parents or guardians about their need for such services. Reports of cases of COVID-19 among health workers have caused some people to fear accessing services, especially those with HIV and co-morbidities or other underlying conditions.

CLICK TO VIEW

Video of Martha Tholanah summarising the key points raised in her interviews with women

Zimbabwe

As elsewhere, the pandemic has highlighted social and economic inequalities and injustices, including structural racism. Violence against women and girls is rampant, including sexual abuse and rape of adolescent girls and young women within their homes by family members. Women described violence at the hands of police and soldiers who are armed and patrolling making sure people are adhering to COVID-19 restrictions, and the difficulties and costs of going to collect ARVs and having to disclose their reasons for travel at roadside checkpoints. One woman talked about side-effects from a new ARV combination, and being unable to access help for this because of the focus on COVID-19 and the closure of some HIV clinics. The lack of income under lockdown has meant women do not have money to buy medications for other conditions (e.g. hypertension) and for dental treatment. In some places, cervical cancer screening has been suspended for the time being, and blood pressure checks are no longer being conducted because of the fear of COVID-19. Contraceptives are not expensive, but even so are now out of reach of many women and girls because of the cost. The same is true of sanitary pads, with many women and girls using rags which are difficult to keep clean because of lack of water and soap.

Our call for action to donors and governments

1 **Uphold our SRHR as essential!**

SRHR should never be deprioritised, even in a pandemic. Continuing to ensure provision of SRHR and HIV services during a pandemic is not negotiable, and this must be done in ways that feel safe for women and girls living with HIV.

2 **Urgently recognise and support the vital work of women and girls and their organisations in their communities**

Be flexible! Allow funds to be re-orientated towards a more holistic, integrated response to COVID-19 that embraces women's and girls' SRHR and vice versa.

3 **Ensure everyone has enough to eat, and women and girls living with HIV do not have to take ARVs on an empty stomach**

Governments and NGOs must ensure women and girls have enough to eat, through emergency food provision and/or financial support. Support and fund women-led organisations that are already distributing food and money to our peers, as well as advocating for economic empowerment. Beyond the current situation, ongoing economic empowerment and sustainability must be in place to enable women and girls to weather future crises, realise our potential and thrive.

4 **Ensure COVID-19 responses respect privacy and confidentiality for women and girls living with HIV**

Ensure that all COVID-19 adaptations to HIV and SRHR service delivery and transport arrangements to access such services fully respect privacy and confidentiality, offer women and girls choice about how to access services, and ensure we are not left without ARVs and contraception. Consult with women and girls on more innovative ways of providing essential services without breaching privacy and confidentiality.

5 **COVID-19 responses must address and prevent VAWG**

Fund VAWG response services and prevention activities, and consult with women and girls on more innovative ways of providing essential services without breaching our rights. This includes consulting us on conducting VAWG work with men and boys. Check with women and girl-led organisations to ensure COVID-19 policies do not increase or exacerbate potential violence against women and girls in all our diversities, in the community and elsewhere, or expose us to new sites of violence or vulnerability. Ensure that addressing VAWG is integrated into your institutions and the programmes you support.

6 Our digital inclusion is vital - but make sure you meet our other priorities too!

Donors, governments and international organisations, please recognise that our face-to-face community work is still vital, including provision of basic needs like food and medicines. Ask us what our priorities are! Further, if you are supporting digital services, involve women's and girls' organisations as we understand better how to engage our peers. Budget to provide devices, digital skills training and ongoing (advance) payments for data bundles for women and girls and our organisations. This will ensure we can connect, coordinate and feed into policy and programme discussions, and bring our community expertise and lived experience to all COVID-19 responses. In the longer-term, country-wide provision of free public internet services would help address the gender digital divide.

7 Funders

Provide flexible, creative, accessible funding for organisations led by women and girls during and beyond this COVID-19 crisis. We call on funders to recognise that women-led and girl-led organisations are doing vital work during this crisis, and we call on feminist funders to recognise that women living with HIV are a key part of the feminist response to COVID-19.

We ask all funders to:

- Provide core funding that is flexible and long-term, to support work led by us as women and girls in our diversity. Avoid providing project-only funding that does not recognise the work that goes into building and maintaining organisations.
- Fund our organisations, even those that are not necessarily legally registered or formally constituted.
- Recognise that while community representation in governance is very important, requirements for boards and governance structures may feel like an expectation that community members must work for free (as Trustee positions are not paid roles). Women do enough unpaid work!
- Think creatively about how you can support organisations that do not have a bank account.
- Fund new organisations, without a requirement of years of existence.
- Be accountable to communities of women and girls living with and affected by HIV.

Those who are close to pain should be close to power. Let people with HIV in spaces where decisions are taken. I am not in these spaces and any information I collect will be wasted. Going forward we need to show the government we are here and we are capable of doing the work and capable of taking decisions. They should not see us as tools, but as decision-makers and allow us around the table so they can make work easier for themselves [if women are involved]. We are in the frontline. We are as any doctor out there and any minister, police or soldier. We are doing more health work than them. When are they going to wake up and realise that? We need to negotiate to be in that space.

– Anonymous contributor, Botswana

Endnotes

1 AfricAid, ICW- EA, ITPC, Salamander Trust (April 2020). Women, HIV and their Sexual and Reproductive Health and Rights: Are we Meeting WHO Guidelines? A focus on contraceptive rights, inclusion, access, research in the context of HIV: Some voices from the community.

2 See https://salamandertrust.net/project/tracking-the-effects-of-covid-19/

3 Making Waves is a small international collective of women who had previously connected under Salamander Trust, and who will together take forward some of Salamander Trust's research and advocacy on HIV. See makingwaves.network.

4 Horton, R. (2020) COVID-19 is not a pandemic. The Lancet, Vol 396, Issue 10255, p874, September 26, 2020.

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