Stories of Struggle and Resilience: Grassroots Voices from Women and Girls during COVID-19

Report compiled by Action on Child, Early and Forced Marriage
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Disclaimer: Action on Child, Early and Forced Marriage is not able to verify the accuracy of the stories contained in the report. The following accounts, photos and logos provided are the sole responsibility of the contributors and reflect their lived realities in the local context.
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Introduction

The year 2020 was expected to be a memorable one for women’s human rights. The international community was set to celebrate the 25th Anniversary of the Beijing Declaration and Platform for Action, the 40th anniversary of the Convention on the Elimination of Discrimination against Women (CEDAW), the 20th anniversary of Security Council Resolution 1325, the 75th anniversary of the United Nations, and 10 years of UN Women. This past year also marked the launch of UN’s “Decade of Action” to hasten progress on the 17 Sustainable Development Goals (SDGs) which aim to transform the financial, economic and political systems of the world and promote universal human rights.

However, as the year began, the world was reshaped in unimaginable ways following the appearance of the novel coronavirus which rapidly spread across the globe. The virus, which was declared a pandemic by the World Health Organization on 11th March, 2020 has to date infected almost 120 million people and killed over 2.6 million (WHO, 2021a). What started as a global health crisis soon became a global economic catastrophe and a humanitarian disaster with the greatest impact felt by those who were already vulnerable, including women and girls.

Millions of people lost their livelihoods, children were denied their right to quality education due to school closures, and access to health care services was reduced or non-existent. The lack of access to pre-natal care and sexual and reproductive health services further endangered the lives of many women around the world. Vaccination programs for children against other infectious diseases were also disrupted as parents avoided visiting hospitals and clinics for fear of contracting the virus. No health system was adequately prepared for this crisis.

The pandemic highlighted the inequalities, deprivations and discriminations which pre-dated COVID-19, including disparities in wealth, economic and financial security and access to health care, education, housing, water and sanitation and digital technologies. These inequalities became even more acute for already vulnerable populations in countries with weak health systems and those facing humanitarian crises. Women and girls who were already in precarious situations, including rural women, migrant women, displaced women, indigenous women, racial and ethnic minorities, disabled women, women with HIV/AIDS, LGBTQ women, older and widowed women, women in detention and those experiencing homelessness, were subjected to even greater suffering.

The measures taken by many governments to contain the virus – the closure of businesses, schools, shops, markets, public services, government offices, sporting events, restaurants, and hotels – brought economies to a standstill. These restrictions imposed on the movement of people and goods had devastating economic, social, political, and cultural consequences, pushing many countries into economic recession. The accompanying fall in remittances and demand for goods and tourism exacerbated the situation, especially in many developing countries.

Of the tens of millions around the world who lost their livelihoods, women and girls were among those most acutely affected. The mobility and social distancing restrictions imposed by governments were devastating for those working in the informal economy which employs around 62 per cent of workers globally but as high as 90 percent in some low-income countries (ILO, 2020). Moreover, women are over-represented in the informal economy in low-income countries, and many lack all forms of social protection (UN Women, 2020b). Women and girls who already shouldered the main burden of care for the family were further impacted by the prolonged stays at home which further increased the unequal distribution of unpaid care and domestic work, a major barrier to gender equality and women’s economic empowerment. The increase in financial strain as well as the isolation imposed during the pandemic negatively affected the mental health and well-being of millions of people as they faced unemployment, food insecurity, disrupted education and an uncertain future. Moreover, lockdown restrictions intended to save lives resulted in endangering the lives of many women and girls as abusers became confined to the home with their victims, resulting in a surge in gender-based violence (GBV), described as a “shadow pandemic” of GBV.

The pandemic disrupted, interrupted or completely stopped the education of 1.6 billion learners in over 190 countries. Inequalities in access to digital technology meant that while some students were able to continue their learning remotely, almost half the world’s students were unable to do so, due to the lack
of these technologies (UNESCO, 2020). Although some children without digital connectivity were able to learn during lockdown through radio and television channels, the closure of schools will likely have long-term repercussions for the vast majority of students without internet access. Malnutrition was also a threat for the approximately 370 million children who rely on daily school meals (WFP and UNICEF, 2020).

Many children already living in poverty suffered additional risks, including being forced to withdraw from school or entering into child labour. There is great concern that the millions of girls currently out of school due to COVID-19 may never return to the classroom after the pandemic and may instead be forced into early marriage or child labour as families attempt to cope with the long-term economic ramifications of the pandemic.

Finally, the pandemic highlighted the important yet undervalued role women play in healthcare and care work. WHO reported that women account for around 70 percent of key healthcare workers globally but are over represented in lower paid and frontline jobs with relatively few women serving in leadership positions (WHO, 2019).

2020 will indeed mark a critical anniversary in the history of women and girls’ human rights. However, instead of a celebration of the progress made to secure equality and dignity for all, 2020 will be remembered for the COVID-19 pandemic and its devastating consequences which have exposed entrenched inequalities particularly affecting vulnerable women and girls and which threatens to undermine decades of progress towards gender equality.

While COVID-19 has brought many challenges and had catastrophic consequences for millions of people, businesses, institutions, and economies, it is also a unique opportunity for States to reimagine a different future and build back better during recovery to address existing inequalities. The Sustainable Development Goals provide a comprehensive framework to achieve recovery by addressing 17 interconnected goals through building strong partnerships and multilateral cooperation. From precarious employment and educational opportunities to a lack of access to healthcare and social protection, the impacts of COVID-19 have been more pronounced for women and girls as a result of gender inequalities, compounded by the multiple forms of discrimination they face. Thus, in the recovery process, it is vital that women’s and girls’ voices are heard and acted upon and that they are placed at the centre of all relief efforts and decision-making processes as part of the global responsibility to build back better.

Objectives

This report showcases voices from women and girls at the grassroots level from some of the countries and communities hardest hit by the COVID-19 pandemic. While the coronavirus has affected all countries, the goal of this report is to privilege the voices of women and girls from grassroots organisations in some of the most underprivileged communities who would not otherwise be heard and to amplify their collective voices to influence policy makers.

These accounts from 18 countries offer glimpses into the lived realities, perspectives and needs of women and girls who are most vulnerable to the impact of the coronavirus. Many stories will resonate the world over – the loss of livelihoods, especially for agricultural workers and others working in the informal economy, the lack of food security, an increase in violence against women and girls, disruption to education from primary school pupils to university students, and reduced access to critical health care ranging from sexual and reproductive health care to mental health services.

Although these narratives highlight some of women’s and girls’ daily struggles, their stories also reveal their immense resilience, resourcefulness and compassion in the face of adversity. Many women and girls in this report share how they found local solutions to protect one another and help their communities to survive and thrive through the pandemic and beyond. It is also hoped that the sharing of these stories will encourage a cross-pollination of ideas and best practices amongst grassroots organisations.

For ease of access, the narratives in this report have been categorised under 10 broad headings, but it is acknowledged that the impacts of COVID-19 on women and girls are interrelated and do not occur in isolation. The following narratives are organized alphabetically under the themes of child marriage, disability, economic vulnerability and economic empowerment, food insecurity, health, informal settlements, mental health, technology, violence against women and girls and water and sanitation.
COVID-19 is likely to contribute to an increase in cases of child marriages in peri-urban and urban communities in Uganda. Increasing poverty due to the loss of income resulting from the closure of businesses has made an already challenging situation even more complex. In Uganda, many women earn a living from roadside food vending which is mostly carried out in the evenings. Unfortunately, since March 2020, the travel restrictions and curfew imposed on everyone to prevent the spread of COVID-19 have left many women in peri-urban settings with no income. Roadside food vending businesses have been particularly affected because of the difficulty in maintaining social distancing. COVID-19 has also led to the closure of schools which has put children, especially girls, at greater risk of negative sexual and reproductive health (SRH) outcomes, particularly when parents are unable to provide them with food and other basic needs.

Schools are instrumental in protecting girls from child marriage as teachers play a vital role in providing age-appropriate sexual reproductive health information and enabling children, especially girls, to make informed SRH related decisions. Furthermore, when schools remain closed, girls are at greater risk of child marriage. It is at this point that parents need to start having discussions about sexual and reproductive health that will enable girls to make informed decisions about their sexuality.

Child Marriage

Child marriage in which one or both spouses are under the age of 18 affects 12 million girls each year and remains a major obstacle to gender equality. Because one or both parties are too young to give their consent, child marriage is a human rights violation. Child brides are often further denied their right to education, robbing them of their childhood and pushing them into early sexual activity, pregnancy and motherhood. Education for girls is widely accepted as one of the most important strategies to prevent child marriage as it allows young girls to remain in school and avoid child marriage and it also provides them with valuable skills which will help them in their adult lives.

Over the past decades, the prevalence of child marriage has decreased globally, with the most progress seen in South Asia. However, during the COVID-19 pandemic, school closures and economic hardships are likely to increase rates of child marriage, threatening to reverse hard-won progress and prevent the achievement of the 2030 Agenda for Sustainable Development.

COVID-19 is silently fuelling child marriages

By Harris Namutebi, Uganda

COVID-19 is likely to contribute to an increase in cases of child marriages in peri-urban and urban communities in Uganda. Increasing poverty due to the loss of income resulting from the closure of businesses has made an already challenging situation even more complex. In Uganda, many women earn a living from roadside food vending which is mostly carried out in the evenings. Unfortunately, since March 2020, the travel restrictions and curfew imposed on everyone to prevent the spread of COVID-19 have left many women in peri-urban settings with no income. Roadside food vending businesses have been particularly affected because of the difficulty in maintaining social distancing. COVID-19 has also led to the closure of schools which has put children, especially girls, at greater risk of negative sexual and reproductive health (SRH) outcomes, particularly when parents are unable to provide them with food and other basic needs.

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Amina walks to the well to fetch water to start off her day by washing last night’s dishes before she can embark on washing the family laundry. She has her day planned out as has been the case ever since the government closed all learning institutions in the country due to COVID-19. Her new routine means that anything to do with school and books are not among her priorities since there are more pressing needs to be met, including taking care of her younger brother.

Any thoughts about her books are essentially locked in the tattered bag that her mum threw under their makeshift bed. The books will lie there until the government announces through radio that schools have been reopened.

She is just one of many students living in rural areas who do not have access to quality education and whose education is further disrupted by school closures due to COVID-19.

The pandemic has created great uncertainty in the world and has affected everyone. Although lockdown was only introduced a few months ago, it already feels like a lifetime. Remote and vulnerable communities will face greater challenges in terms of social and economic well-being than most. Pastoralist communities which already face many uncertainties on a daily basis, may find the pandemic and its restrictions will make their lives even more difficult.

There is still only limited awareness of the coronavirus in Kenya with most people here believing that the coronavirus will never reach them, and that they are safe, and life will continue as usual for them. However, the world is preparing itself for the pandemic and the government has already put certain measures in place, including the closure of schools.

In communities where education is not a priority, especially for girls, we might wonder what the impact of COVID-19 will be on their learning. Even before the pandemic, millions of girls were out of school, including many who are young mothers, divorcees or widows. Much needs to be done in these com-
Communities to provide equal opportunities for quality education, but COVID-19 has made an already difficult situation even worse. After this period of coronavirus, statistics will surely show an increased number of school dropouts of adolescent girls due to early and forced marriage.

The school has been a safe haven for vulnerable girls, with some girls even living in boarding schools with government protection to support them. But now that these young girls are confined to their homes, what will happen? Most girls have no food, no basic supplies like sanitary towels and no resources or space to study from home.

This lockdown period will unfortunately likely also expose girls to harmful cultural practices such as female genital mutilation and early and forced marriage. In some areas, girls become engaged as early as four years old. Some girls are given the opportunity to attend school just long enough to learn the basics; some are lucky enough to learn up to grade eight, but that opportunity will surely now be taken away.

In my community, March, April and September are traditionally the months when weddings take place. In Kenya, students have been at home during these months. It is likely that during government restrictions on social gatherings, a few family members in the same remote village will come together to sell off their daughter without anyone in authority being aware of this, thus many girls will be forced into early marriage.

I remember when we were young girls in primary school, some of us were engaged at a very young age; we had no resources but luckily our parents gave us the opportunity to go to school and learn up to eighth grade. We looked forward to being in school because that was the only place we could get food and basic items like sanitary towels. School was the only place we could prove ourselves worthy and escape from harmful practices. We looked forward to social gatherings, particularly in the church because that is when we were allowed to play with our friends and get support. It was also the place we started to work together as a group of teenagers and received stipends to support ourselves. Because my story is the same as that of so many other vulnerable girls today, I am concerned for them. I am also worried about my own future, but theirs will be even more uncertain. How many girls will be allowed to go back to school after this pandemic?

We must continue to advocate for girls’ rights and ensure that we talk about the importance of keeping girls in school over this period. Educating girls has produced exceptional gains in areas such as health, infant mortality and the economic wellbeing of a family. It is therefore vital that every child returns to school once this lockdown ends and all children have access to universal education so that they can have a healthy transition into adulthood.

Christine Sabdio is the Founder and CEO of The Better Generation Africa, a Kenya-based initiative that works with vulnerable adolescent girls, women and youth in marginalized communities on mentorship, capacity building and economic empowerment.
The Youth Coalition for the Consolidation of Democracy in Malawi (YCD) is a grassroots, female-led organisation composed of victims of child, early and forced marriage which promotes civic engagement and advocates for the prevention and elimination of child, early and forced marriage. The coalition’s work includes protecting children and women and creating spaces for their effective participation in democratic governance and decision-making processes in Malawi.

Malawi has one of the highest rates of child, early and forced marriages in the world with 42 percent of girls marrying before 18. Within Malawi, there are regional variations in the rate of child marriage with Chikwawa, Thyolo, Mulanje, Zomba, Phalombe and Nsanje districts having the highest rates and are thus the communities in which we target our projects. These districts are characterized by high levels of poverty and hunger, poor school enrolment, high rates of gender-based violence, fistulae, child and maternal mortality among adolescent mothers, and high levels of HIV infection among women and girls.

Child, early and forced marriage hinders the development of girls, their communities and the nation at large. It is an obstacle to the implementation of the UN Sustainable Development Goals which address issues such as poverty and hunger, universal quality education, gender equality and child and maternal health.

Since 2013, we have successfully implemented projects to help teenage girls avoid child marriage, and we have helped many street children and teenage mothers.

Examples of our projects include:

1. Make Girls Matter Again Project (2017 – 2021) in Thyolo district funded by the Public Health Institute through the RISE-UP which combats child marriage and violence against women and girls through development of a standardized curriculum for both boys’ and girls’ traditional initiation camps.

2. Choosing Our Future – Adolescent Sexual and Reproductive Health Rights Project in Chikwawa District (2020 -2021) to increase availability, accessibility and utilization of SRH services for girls during the COVID-19 pandemic, funded by Hivos. This project aims to reduce teenage pregnancies and child marriage.

3. Adolescent Girls Development Project, a five-year project to combat child, early and forced marriage through building capacity of violence reporting systems. This project includes organising group counselling sessions, providing school scholarships, uniforms and business starter packs to victims of child/forced marriages. Through this project, YCD successfully developed a sexual and gender based violence monitoring, documentation and reporting tool which was adopted by the NGO Network in Nsanje and Chikwawa districts for monitoring, documenting and reporting cases of SGBV including child/forced marriages in the district. This project is funded by the Pamodzi Tingathe Switzs Fund.

A rise in child marriage and early pregnancies due to COVID-19 in Malawi

By Francis Folley, Malawi
4. 50:50 Campaign (2018 -2019) in which YCD with funding from the Royal Norwegian Embassy implemented a project called a 50-50 Campaign Project in Nsanje district that sought to increase the number of women in parliament from 20 percent to 50 percent. The project also reduced violence against women during elections in Nsanje district from 43 cases to just 4.

However, despite all our efforts to prevent child marriage and early pregnancies, we have been alarmed by the significant increase in the number of child marriages during the COVID-19 pandemic.

We felt it important to quantify the increase in child marriage and conducted a survey in five districts. The data below shows the number of child marriages in each district between March and July, comparing the data from 2019 and 2020 during the COVID-19 pandemic in Malawi. These figures show a significant increase in all surveyed districts with the number of child marriages increasing over three fold in Thyolo district compared to the same period in 2019.

<table>
<thead>
<tr>
<th>District</th>
<th>Months</th>
<th>2019</th>
<th>2020</th>
<th>Percent Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phalombe</td>
<td>March – July</td>
<td>2,051</td>
<td>5,447</td>
<td>+165%</td>
</tr>
<tr>
<td>Nsanje</td>
<td>March – July</td>
<td>2,245</td>
<td>5,010</td>
<td>+123%</td>
</tr>
<tr>
<td>Thyolo</td>
<td>March – July</td>
<td>1,300</td>
<td>5,800</td>
<td>+346%</td>
</tr>
<tr>
<td>Mangochi</td>
<td>March – July</td>
<td>6,379</td>
<td>7,444</td>
<td>+17%</td>
</tr>
<tr>
<td>Mulanje</td>
<td>March – July</td>
<td>2,520</td>
<td>4,480</td>
<td>+78%</td>
</tr>
</tbody>
</table>

We believe that the COVID-19 pandemic has compounded an already existing problem in Malawi where cases of child marriage and teenage pregnancies were already high. One of the driving factors is the dominant Malawi culture and socialization processes that portray marriage and married life as the highest achievement in life. Boys and girls are socialized into the belief that kukhala pabanja (being in marriage) is the highest achievement in life, and they all aspire to it, the earlier the better. This cultural concept is reinforced by religious beliefs, both Christian and Islamic.

Our field data suggests that there is no common ownership of the child marriage problem by local communities. Child marriage is not viewed as a social evil, let alone as a crime, and does not attract social sanction. Adolescent children are sometimes encouraged to marry as a matter of survival or to improve their parents’ financial situation. Most official interventions address the effects rather than the causes of child marriage and teenage pregnancies. This can be attributed to many factors including the lack of a comprehensive sexual and reproductive health rights (SRHR) approach to fighting child marriage and teenage pregnancies, silence on (or discouragement of) the use of contraceptives by teenage girls and boys, lack of alternative activities for out-of-school adolescents and the belief that marriage is an easier option than school.

Francis Folley is the Executive Director of the Youth Coalition for the Consolidation of Democracy in Malawi.
Disability

According to the World Health Organisation, about 15 percent of the world’s population – over a billion people – live with some form of disability (2020). Many of these people need assistive technologies such as low-vision devices, wheelchairs or hearing aids.

Women are more likely to experience disability than men, and older people more than young. Low- and middle-income countries have higher rates of disability than high-income countries. The impact of disability on people in poorer areas is exacerbated by issues of accessibility and lack of health care services. Indigenous people, internally displaced or stateless persons, refugees, migrants, people experiencing homelessness and prisoners with disabilities also face particular challenges in accessing services.

Our understanding of disability has moved from a biological view of disability to a social one that takes into account a person’s physical, social and political context. Disability arises from the interaction between a person’s health condition or impairment and the many environmental factors which influence how it is experienced. Although significant progress has been made in making the world more accessible for people living with disability, it is clearly insufficient.

“I can’t hear you”: The cry of a forgotten group in a masked world

By Arrey- Echi Agbor- Ndakaw, Cameroon

A few weeks ago, I needed an internet recharge bundle as my internet bundle for the month had just expired. So I went to the local office for a refill. I entered the office wearing my face mask after applying hand sanitizer. I waited in the queue, standing at a safe distance from the person in front of me.

When it was my turn to be served, I removed my mask so that I could speak more easily and the person attending to me could hear me speak. Although the person was speaking to me, there was a problem. Being hearing impaired, I could not hear anything she said with her mask on. She may as well have been on a different planet! My attempts to signal her to remove her mask to allow me to read her lips or for her to write down what she was saying to me so that I could read and understand her proved futile.

Suddenly, another lady, perhaps her boss, came towards me. She was shouting that I should keep my mask on. She was wearing a mask, so of course, I could not hear or understand what she was saying. Eventually, I understood from her hand gestures that I should keep my mask on. What could I do? I wish I could put on my mask and communicate behind it easily like everyone else, but I could not. Finally, I took a piece of paper and wrote down my message, apologizing to the person serving me and explaining my predicament. I found myself thinking, Relax! I am not here to infect you with the coronavirus. I just wish I could hear you and be heard!

Thankfully, that seemed to work, but that incident sadly, was not the first or the last that has taken its toll on me during this era of the COVID-19 pandemic. Almost every day in my dealings with someone, I have to smile sadly behind my mask, wishing I could keep the lines of communication open like everyone else, without a million thoughts flowing through my mind, wondering how I could politely ask
the person I may be talking to, to momentarily remove their mask so that I could read their lips and understand what they were saying.

Being hearing impaired and depending so heavily on lip reading to communicate, I feel that people like me have been forgotten in a masked world during this COVID-19 pandemic. Of course, I understand the need to wear a mask for protection and to keep us all safe. But we must also understand that life has to continue, and we need to be able to lip read to understand what is being said so that we too can go about our daily lives just like everyone else.

It is a real effort to keep removing our masks each time we speak to someone to make sure that we are heard and understood. It is also tasking having to politely ask people if they could take off their masks for us to ‘hear’ them as we have to ‘hear’ by lipreading. We hope that the other person does understand but sadly, it is not always the case. Those who may be willing to write down their message or temporarily remove their mask are few and far between.

At work, at the beginning it was also a singsong. While some of my colleagues are more aware and readily take off their masks to make communication easier, I still have to constantly remind others to please take off their masks when talking to me. “I can’t hear you from behind my mask” is still a refrain for some. I am grateful for those who are considerate and understand my problem, making sure to remove their masks when talking to me. For others, I still have to keep repeating “I can’t hear you behind your mask!”

All this made me start thinking about how much thought is given to the deaf and those with hearing impairments when products are manufactured. Are their needs considered or are they ignored, and the problems and challenges only come to light in moments like now, when we are forced to cover our faces like everyone else. It is very frustrating, so we are forced to speak and cry out to ensure that our needs are also met during the current and any future pandemics.

I discovered an innovative design idea for a mask made by a woman who had obviously thought about the deaf and those with hearing impairments. She had made a mask with a transparent cover which would help us to communicate more easily without the need to remove our masks. The transparent cover is an ideal solution as it allows us to lip read, communicate and stay safe. However, while this is laudable, it is still limiting because even if I or people in the deaf and hearing impaired community wear a transparent mask, the people around us must also wear such masks with transparent lip covers for communication to flow in both directions.

When widespread protective measures are imposed such as the wearing of masks, the needs of those with hearing impairments and other disabilities should also be considered and met. It is important for decision-makers to be inclusive. It is okay to decide that masks should be worn for everyone’s safety, but how will this policy affect those who depend on lip reading to communicate? What measures are being taken to ensure that these decisions are inclusive of all? I think these are questions decision-makers should be asking themselves. For as long as this pandemic continues, I believe the cry of the deaf and hearing-impaired community will be “We can’t hear you behind your mask!”

Arrey-Echi Agbor-Ndakaw is a blogger and sickle cell warrior who is passionate about gender and disability issues and sickle cell advocacy. She uses her platforms to raise awareness and share stories from her home country of Cameroon.
We as a society often forget that people with disabilities have different needs and different ways of responding to those needs. As experts on their own disability, it is important to increase the participation of people with disabilities at all levels of development and humanitarian programming from initial planning and implementation to monitoring and evaluation. This will help to ensure that the needs of all types of disabilities are met. It is difficult if not impossible to know what a person with a disability needs unless you ask them.

People with disabilities also need greater access to information through videos and sign language interpreters for those with impaired hearing, braille for the visually impaired and pictures to communicate with children with disabilities.

The COVID-19 pandemic is new to everyone but has created greater risks for persons with disabilities and especially women and girls. The pandemic has affected their socio-economic lives and with little help from the government, they are forced to stay at home and often have to rely on humanitarian assistance. This results in reduced family income. People with disabilities face many challenges in maintaining social distancing, especially with their caregivers, accessing health facilities and having access to accurate information about COVID-19. Consider the case where a woman or girl with a disability becomes infected with the coronavirus and has to be quarantined: How accessible are the quarantine centres? Is she to be quarantined alone or with her caregiver? How accessible are the toilet facilities of the quarantine centres?

During the COVID-19 pandemic, advocacy must continue at all levels to increase the participation of persons with disabilities, especially women and girls. We must raise awareness in communities of their rights and promote the protection of all persons with disabilities and empower these women and girls through formal and informal education. People with all types of disabilities are often considered as beneficiaries in most projects or humanitarian interventions, but people with disabilities are wonderful people with special abilities and capabilities which are often overlooked.

Carine Fola is a Programs Officer with the Associations of Persons with Disabilities (CUAPWD) in Bamenda, Cameroon.

Economic empowerment for women with disabilities is essential during the pandemic

By Regina Afanwi Young, Cameroon

Women with disabilities suffer vulnerability twice, both generally and through the many myths which surround disability. The coronavirus pandemic has increased the burden on women, and gender-based violence is on the rise, partly because many men are losing their jobs and expecting the women to completely shoulder the responsibility of feeding the family. Most homes rely on women to supply the
equipment and products used to prevent the spread of COVID-19 such as sanitisers, hand washing buckets, face masks and soap. That burden also falls on women with disabilities.

The North West Association of Women with Disabilities brainstormed on how it could help these women and decided that one solution was to provide women with disabilities with training in economic empowerment in three areas in Bamenda. The package included training the women in the prevention of COVID-19, gender-based violence, basic bookkeeping and income generating activities such as groundnut candy production, soap-making and the production of body lotions.

The women were taught how to make and market groundnut candy and were also given demonstrations of correct handwashing practices and proper sanitising techniques to help prevent the spread of COVID-19. Sign language was used to interpret what was being said for those with a hearing impairment. At the end of the training session, some food items were given to the participants, and the next step will be to provide these women with financial assistance to help them start their own businesses.

Although there have been widespread awareness campaigns about COVID-19 through different media, this information is not always presented in a way that can be understood by those with hearing impairments. One of the women with a hearing impairment who had been trained on COVID-19 prevention measures, used this knowledge to produce a video in sign language to share with others. Other information videos were also translated into sign language. A group messaging forum was created for those with a hearing impairment to share information videos and picture messages to ensure that they were kept up to date on the pandemic.

During lockdown our organization distributed face masks, sanitisers and liquid soap to over 30 people with hearing impairments which were generously donated by the Cameroon Baptist Convention. We also offered advice to the local hospital dealing with COVID cases on how we provide services for persons with disabilities. We are very proud of our sisters in the healthcare profession who have been on the front line of this pandemic and hope that our knowledge can help them better care for those with disabilities.

Regina Afanwi Young is the Founder of the Association for the Empowerment of the Deaf and Vulnerable Persons and works with her team to promote awareness of disability issues and ensure acceptance and full participation of persons with disabilities.
I have seen gun shootings, large-scale and indiscriminate killings of women, children and girls, of unarmed people with disabilities and perpetration of different forms of violence.

Over time the crisis has become worse and our lives are in even more danger, items become more expensive, and life is very uncertain. Children drop out of school, people lose their businesses, jobs and livelihoods. We are forced into displacement, and most of the time live in very crowded rooms alongside men. Sexual and gender-based violence is at its peak, and we can only watch and pray over our children. Little girls have become sex objects, and teenage motherhood is the talk of the day.

We had not even managed the shock of the humanitarian crisis in Cameroon when another kind of crisis appeared called the coronavirus. I call it «Queen Corona» because of its powerful influence as it has forced the whole world into lockdown.

During this pandemic, women and girls with disabilities have faced greater challenges in practicing the preventive measures put in place by the World Health Organisation and the Government of Cameroon. As persons with disabilities, we have a lifestyle which often involves touching or gripping objects and people to gain stability. How then can we maintain social distancing? We live on a low income; how can we afford soap, sanitizers and masks? Due to the restrictions on movement, we are forced to stay at home which means facing additional health risks of putting on weight. To me, COVID-19 is worse than the humanitarian crisis.

Given the many challenges women and girls with disabilities face during this pandemic, I have been working with partners to help meet their needs. Women and girls with disabilities have been given advice on COVID-19 preventive measures, including having only one personal assistant most of the time, applying sanitiser to assistive devices such as crutches and white canes, and washing hands more often with soap and water instead of using sanitisers. This group has been taught how to produce liquid soap, hand sanitizer and bars of soap in their own homes which is more cost effective and sustainable. They distribute this in their communities which helps to raise awareness of people with disabilities in the community and encourages people to be more inclusive of them.

We have also provided these women and girls with reusable sanitary pads, bars of soap, detergents and disinfectants, accessible information on COVID-19, face masks, liquid soap and sanitizers. Thanks to these provisions, their fear of COVID-19 has been partially reduced, and we look forward to continuing to support and empower women and girls in our communities.

Veronica Ngum is the Founder and CEO of the Community Association for Vulnerable Persons based in Bamenda, Cameroon. She has been living with a disability since 2016 when the Anglophone crisis started.
Economic Vulnerability and Economic Empowerment

In addition to the public health crisis, the COVID-19 pandemic quickly became an economic crisis as measures imposed to prevent the spread of the virus shuttered businesses, halted travel, and reduced the demand for consumer goods. The World Bank’s June 2020 report estimated a 5.2 percent contraction in global GDP in 2020, representing a global recession of a severity not seen in decades.

Women and girls—who are overrepresented in the informal economy—have been especially affected by national shutdowns. However, women have also demonstrated exceptional resilience from creating and adapting their small businesses and scaling up food production to balancing their families’ budgets. Many have also worked to support their communities, often by empowering other women to develop skills, start their own businesses, or seek gainful employment.

According to the United Nations Development Programme (2020), women’s economic empowerment is vital to achieving gender equality and sustainable development. Women are important contributors to their economies as producers of food, entrepreneurs, employees and also providers of unpaid care and domestic work. Women’s economic empowerment has long been recognized as a key strategy for local economic development and it is essential to mitigate the effects of the pandemic and support economic recovery post-COVID. According to the World Bank (2017), economic empowerment refers to any activity which supports women’s power and agency in all economic domains and market-related interactions—earning, spending, and saving income; buying, owning, and selling assets; holding and inheriting wealth; starting and operating a business; acquiring a bank account or credit; and participating in or leading a union or other form of economic collective action.

How the COVID-19 pandemic has increased community acceptance of widows and teenage mothers

By Esther Natukunda Tendo, Uganda

During COVID-19, I saw the need for water and soap for handwashing to prevent the spread of coronavirus, particularly for the most vulnerable in the community. In response to this, I came up with an idea for a local project in which we trained teenage mothers and widows to build hand washing systems and to make soap to be distributed to homes in their community. This was important as it was also a way of making these groups of women and girls who are normally neglected and marginalised more socially accepted by their communities through helping prevent the spread of the virus. Distributing these handwashing facilities to the local communities during the pandemic changed the communities’ perceptions of widows and girls, and some participants were even reconciled with their families. This activity also helped to build the esteem of teenagers, widows and teenage mothers, and it was a useful way to involve and occupy teenagers during the lockdown and to equip them with valuable skills during school closures.
Teenage mothers, widows, and community leaders were trained in each of the 105 villages in the local community, amounting to a total of 1,155 people being trained to make the water dispensing system. Many were also trained in soap making from which some were able to earn a living. Even though I did not even have enough food to feed my own two children, I have learned and shared valuable new skills which will keep the community safe and, in the longer term, help families to put food on the table. The best part of learning new skills such as soap making during this crisis is that these skills will help communities to earn a living long after the coronavirus has disappeared.

My community refused to sit back and do nothing in the face of this pandemic, and instead they came together to protect everyone from the coronavirus. Our projects have given the community hope as they were able to put food on the table, learn valuable new skills and help marginalised groups such as teenage mothers, widows, the elderly and the disabled to become more accepted by the community.

Our latest project aims to change further the lives of the widows in our community as widows in Uganda are often denied their inheritance rights to land and are forced to use other people’s land to grow their food. Given this problem and the increased food insecurity caused by the pandemic, we hired a communal garden which widows can now use to grow their own food.

The widows are highly appreciative of this gesture and have started straight away to clear the land ready for planting. Some of the women in our community and young girls who are out of school due to lockdown have also learned brick laying skills to help generate income at this difficult time, and during Christmas time, we distributed festive hampers to the widows in our community.

I believe that women and girls are gifted with skills, ideas, resources, talents, connections and visions that can be shared and applied during the lockdown and beyond. One advantage of the lockdown has been that almost everyone was available and willing to share or learn new skills, so this was an ideal time to make a positive change in the community by working together.

Esther Tendo is a Director of Hope on The Rock Ministries in Jinja, Uganda which is a home for teenage mothers and widows and also helps the most vulnerable in communities such as the elderly, orphans and people with disabilities.
Malawi’s economy is only $5.1BN with a minimum wage is $33 per month. The disruption to the economy and services due to COVID-19 has particularly affected those with low income, many of whom were out of jobs without any pay. No stimulus package was available to support those affected by the new COVID measures, so people had to go for months without pay until the restrictions were lifted.

Now the minimum wage earners are the ones who buy the products off those working in the informal sector of the country, many of whom live on less than a dollar a day. The COVID-19 restrictions have also affected those working in private firms as well as street vendors who have fewer opportunities to sell their bananas, mangoes, and tomatoes in the streets to earn a living. Although those who work for the government are protected in terms of their salary, they still have a great impact on the informal sector because they were not going to work and therefore not buying products off street vendors and others. Those who run small businesses were forced to stay at home and were unable to look after their crops which eventually lead to the loss of their small business and ultimately starvation. Yes, many people have starved during this season, and I am talking about both children and parents. Young girls are unable to afford toiletries due to the financial hardship; parents are unable to afford a balanced meal for their children or to take care of the elderly. The coronavirus has not only affected our health, but it has also robbed us of our cultural expressions and opportunities for members of our community.

Currently, school closures, the economic hardship and uncertainty are causing higher rates of gender-based violence in Malawi, including forced and early child marriage, sexual exploitation and child labour. Just like many other countries, COVID-19 has kept children out of school, and in Malawi many girls have been put to work. This, combined with growing poverty and disrupted efforts to end child marriage, is likely to result in an increase of child marriages over the next few years. We have been doing our best to support young girls and boys in their educational pursuits, but the pandemic has made this difficult, and our own future as a grassroots organisation is currently uncertain.

Ponelo Kalonga is a passionate advocate for girls’ education and women’s empowerment in Malawi and works with the Save the Village Youth Foundation. She is interested in issues of economic power and the intersection of women’s rights, peace and security.
The COVID-19 outbreak in Jamaica meant that many industries such as the hotel and call centres slowed their operations and terminated contracts of many Jamaican women, affecting their ability to earn. The government then introduced stringent restrictions such as community-wide quarantine and nationwide curfews to control the spread of COVID-19. While necessary to prevent the spread of the virus, these measures contributed to increased rates of domestic violence.

The government, private and social sectors embarked on many initiatives to provide immediate food relief to poorer households, but a strategic and long-term solution was also necessary.

The Girls to Women Development Foundation understood that addressing both the practical and strategic needs of women to solve domestic violence and loss of income was important. It was on this premise that during the pandemic we sought funding to implement the Women’s Economic Empowerment Project.

The WE Empowerment Project targeted 15 women from a poor community outside the city. The women were trained in entrepreneurship, gender issues and gender-based violence. Each entrepreneur received a grant to purchase equipment, raw materials, stocks or technical services for their business, and two one-to-one sessions with a Business Development Officer. They were also trained in business management, entrepreneurship and how to develop a business plan. A support group was created to keep all the women connected so that they could support each other. All the women were given start-up capital to set up their businesses with a view to making better life choices for themselves and their children. Although COVID-19 has brought many challenges, it has also provided opportunities for resilience for Jamaican women and women all around the world.

Stacy-Ann Gavin works at the Girls to Women Development Foundation and is dedicated to engaging and enabling vulnerable girls and women across Jamaica to realize their full potential.

Remittances are extremely important as they help underprivileged, marginalized and vulnerable communities and groups, particularly women and girls, the disabled, and the elderly, to live better and decent lives. These new and decent lifestyles are typified by improved daily consumption, access to health care, water and sanitation, acquisition of land and investment in micro-enterprises, which contribute not only to the well-being of the individual recipient household but also accelerate the achievement of the SDGs and other development initiatives.
Remittances here refer to money transferred by Africans in the diaspora communities to families back home to help meet their primary and basic needs, livelihood, education, health subsistence and general welfare. This money is not only a source of sustainable income to many Sub-Saharan African families but also an important and stable source of development finance in the region. Remittances to Sub-Saharan Africa households flow in from foreign countries, including the United States, Canada, China, UK, Italy, Germany, United Arab Emirates and Japan among others.

Unfortunately, the global lockdown due to the COVID-19 pandemic and the disruption of remittances has impacted recipient families in a myriad of ways, including but not limited to, a decline in living standards, a decrease in labour productivity, unemployment and a deceleration of growth rates. And like any other disaster, women and children, have been hit hardest by the fall in remittances.

According to the World Bank (2019), remittances to Sub-Saharan Africa and other low- and middle-income recipient countries were projected to increase to over US$50 billion in 2020 and 2021. However, this forecast will not be met due to the COVID-19 pandemic. The contribution of remittances to the Gross National Income (GNI) of recipient countries, the provision of a stable influx of cash, the access to start-up capital and their multiplier effects cannot be over emphasized. Hence, the extended confinements, the lockdown of businesses and other measures implemented throughout the world to contain the pandemic have led to the loss of income for members of the diaspora supporting their families. Thus financial flows from such remittances have been disrupted with serious consequences for recipient households, especially women and girls depending on them for their survival.

I know first-hand of the impact of the decline in remittances in Cameroon and all of Sub-Saharan Africa. Mama Mary’s house that was due for completion in May 2020 has been suspended for an indeterminable period of time; so too is the community water project which was expected to reduce the burden of trekking long distances to fetch water for women and girls, as well as reducing the risk of them being assaulted especially in the ongoing armed conflicts in the Northwest and Southwest regions of Cameroon. One woman died in July because the money she was expecting for her surgical operation failed to come through as her brother George contracted coronavirus in the USA and has not worked since then. The small businesses promised by siblings to their parents failed to materialise due to job losses. Due to COVID-19, eight women in my community now mourn the death of their children who had been their main source of financial support from the diaspora. As a result of the lack of remittances, many planned projects are now on hold including wheelchairs promised for the disabled and computers for a youth-led women and girls’ empowerment centre. The pandemic has further exacerbated the already challenging living conditions due to the ongoing crisis in anglophone Cameroon.

Nicoline Wazeh is the Founder and CEO of Pathways for Women’s Empowerment and Development (PaWED).
During the COVID-19 pandemic, Usbin IT Concept has impacted the lives of a hundred women and girls in my country by giving them training in information and computer technologies and other vocational training such as paint production, chalk, shoe, wig and bag making and head tie designs.

We also provide web design training and a range of other training programs related to ICT use and e-business skills for women. We are planning to train over a thousand women and girls in our state if we can secure the necessary resources and a venue.

This project enhances development through stakeholder involvement, women's empowerment and providing sustainable solutions. We work to inspire women and girls to challenge stereotypes and follow their dreams and ambitions in the area of innovation and ultimately hasten progress towards gender equality. We are fully committed to working with women and girls in Nigeria and around the world to enable them to have the same opportunities as men to fulfil their potential.

Usman Binta is the Founder and CEO of Usbin IT Concept, a Nigerian NGO dedicated to contributing to the eradication of poverty through the empowerment of women.

The lockdown was so sudden and came as a surprise to us all. But for the Young Women's NGO (Suubi Teen MOPS Uganda), it brought much fear. How would our 35 women survive with their children? How would we be able to pay for food and rent? How would our business operate?

The impact of coronavirus has been felt across Uganda, but especially in our manufacturing sector. I say this because I am a manufacturer; I have a small workshop that manufactures natural mosquito repellent soap. Closed borders during lockdown resulted in supply chain disruptions for manufacturers in Uganda because of our dependence on imported goods. We now face delays, raw material shortages, increased costs and reduced orders. With the widespread nature of the virus, it is difficult to envisage how supply chains can be adjusted rapidly to meet demands. These issues have highlighted the importance of supporting local businesses and developing local supply chains to make our products.

Despite the uncertainty and challenges we faced, our group did not give up. Instead, we were able to buy food, raw materials to make soap and material to make cloth face masks in our homes. Even though the workshops had to be closed down due to the pandemic, we organized the group into small teams to ensure that food and
working materials would reach all the women and girls. We partnered with another NGO to provide each family with an efficient charcoal stove which enabled them to cut their cooking fuel expenses by half.

However, despite our efforts, we witnessed much tragedy around us. Our neighbours cried out with hunger pains at night, and couples fought with each other. A mob killed a man in our area because he had stolen some sweet potatoes. A neighbour died in childbirth because she had no transport to get to the hospital in time. Another woman in our group was pregnant, and we worried about her in case she had any birth complications. Sometimes, we shared food with our neighbours, but we could not share much as we barely had enough for ourselves, and this added an emotional strain on us.

The pandemic also affected us in other ways. We were not able to continue some production, as the materials we had used before became too expensive. The schools were closed, so children were at home with their mothers, which made it difficult for mothers to work from home. Tutors were hired to help some of the children, but neither the women nor their children were able to work or study as before. When we were finally allowed to sell our products, our customers were unable to afford our soap or face masks. Although we wanted our customers to be locally-based, we were unable to rely on local revenue, so we sold some of our masks to the United States and Europe for higher prices and used the profits to sponsor soap and mask giveaways in the slums of Kampala.

Several hundred seniors were given kits consisting of three facemasks and one bar of mosquito-repellent soap. The families were grateful, but they suffered grief in many ways. We met a family where one of their daughters had turned to prostitution in order to survive and families where the elderly were just waiting to die. One man tried to solicit sex from one of our female workers, but our women became more confident through their work and were able to stand up to any abusive behaviour. Our group worked hard to help others, so that they could empower their community, even in the face of adversities such as COVID-19.

Nantongo Sylvia is a mother, wife and CEO of Suubi Teen Mothers’ of Pre-Schoolers Community Based Organisation which gives teenage mothers living in the slums of Kampala skills in soap making, sewing and urban agriculture.
Food Insecurity

In a recent UN report, David Beasley, Executive Director of the World Food Programme, commented that the socio-economic impact of the pandemic has been worse than the disease itself for many families: “Many people in low- and middle-income countries, who a few months ago were poor but just about getting by, now find their livelihoods have been destroyed.” He further noted, “Remittances sent from workers abroad to their families at home have also dried up, causing immense hardship. As a result, hunger rates are sky-rocketing around the world.”

According to the World Bank, the main risks to food security are at the country level. As the coronavirus crisis unfolds, disruptions in domestic food supply chains, other shocks affecting food production, and loss of incomes and remittances, are creating strong tensions and food security risks in many countries. Despite generally stable global food prices, numerous countries are experiencing varying levels of food price inflation at the retail level, reflecting supply disruptions due to COVID-19, currency devaluations and other factors. Rising food prices have a greater impact in low- and middle-income countries since a larger share of income is spent on food in these countries than in high-income countries. For those who have lost jobs and livelihoods as a result of the pandemic, these rising prices can soon lead to food insecurity and hunger.

Agriculture in rural Kenya in the midst of the COVID-19 pandemic

By Leonida Odongo, Kenya

COVID-19 has impacted all sectors in Kenya including transport- both ground and airlines, agriculture, industry, trade and education. During lockdown, 17 million Kenyan students from primary school to university level stopped attending learning institutions due to government-imposed closures in a move to contain the virus. Economically, millions of Kenyans lost their jobs due to the closure of businesses and movement restrictions.

The global pandemic has greatly affected rural women both socially and economically as they are at a greater disadvantage than their urban counterparts. The majority of Kenyans live in rural areas where poverty levels are higher than urban areas and there are fewer economic opportunities leading to high rates of rural to urban migration.

When the first case of COVID-19 was identified in Kenya, many rural parts of the country were already fighting climate change such as flooding and mudslides as well as desert locust infestations. COVID-19 came into an already precarious situation for rural farmers. Kenya relies heavily on agriculture which contributes 27 percent of GDP. Many crops that were destroyed by the locusts resulted in small harvests and hunger.

COVID-19 also brought restrictions on inter-county movement as well as lockdown of
counties such as Mombasa, Kilifi and Kwale. This meant that populations living in these areas could not move and had to rely on local reserves to survive. As supplies of food dwindled, the prices of basic commodities increased.

In Kenya, women are the main producers and sellers of food. The closure of markets in response to COVID-19 meant that millions of Kenyans female farmers and sellers did not have an income. Most of the markets were closed and even in the markets which were allowed to stay open, sellers had to provide hand washing facilities and soap for customers which was an added cost they could ill afford to pay and was increasing the cost of production.

Rural women were hit hard by the pandemic as rural communities rely heavily on public transport to take their food to markets. The cost of public transport increased as vehicles were forced to carry fewer passengers. In addition, the border dispute between Kenya and Uganda over COVID-19 cases meant that food producers could not transport their food to neighbouring countries. The lack of income meant many families either went hungry or had to find alternative ways to survive.

In Kenya, the night curfews imposed were detrimental to rural farmers as they had to stop selling their produce earlier in the day and couldn't transport their produce during the night to sell at markets the next day. Night markets for farm produce were also adversely affected due to the curfew.

The loss of jobs and closure of businesses in many urban areas meant that the flow of remittances from urban to rural households stopped due to COVID-19. Remittances were often used to pay farm labourers and to lease land, but the movement restrictions meant farmers who had leased land in other counties were unable to travel to work on the land and were forced to leave their land untitled for many months until the restrictions were lifted.

Police brutality was also observed in markets during lockdown; in some markets, police threw teargas into markets to scatter buyers and sellers and in other areas the police disrupted a cattle market using teargas which led to the loss of the cattle, with some cattle sellers being arrested and forced to pay money to secure their release.

The job losses due to COVID-19 meant that families which depend on daily wages e.g. construction workers lost their income. The disrupted income streams resulted in more cases of gender-based violence in the country, attributed to stress and the inability to cope. It was difficult for families to be quarantined in small rural homes where maintaining social distancing was difficult or impossible. COVID-19 also brought about stigma in rural communities in response to a family member testing positive which forced families to quarantine. This resulted in some people refusing to buy their products for fear of contracting COVID-19.

The pandemic has shown us that we can stop going to school, stop travelling at home or abroad but we cannot stop eating. It is therefore vital that rural women and rural communities are supported in the post COVID-19 recovery period so that they can continue producing and selling their food.

Leonida Odongo works with Haki Nawiri Afrika to defend the rights of rural women in Kenya and works on issues of food justice and climate change through the lens of social justice education.
Already living in conditions of extreme poverty, the coronavirus resulted in a national lockdown which led to the closure of many business activities with devastating consequences. Even before the pandemic, many Congolese men were job-less. The coronavirus also stopped women from carrying out their daily activities, so food became scarce, leading to thousands of families going hungry. However, local women developed new income generating activities which allowed them to provide food for their families. Some members of Femmes Unies pour la Promotion Agricole et Sociale (FEUPAS) Grands Lacs had already started to grow vegetables such as maize which was then harvested during lockdown and shared to help feed local families. Now, vegetable growing has been scaled up and women are growing food to help fight the hunger resulting from the economic shock of the coronavirus lockdown.

The water needed for handwashing to stop the coronavirus from spreading was also difficult to access. To provide some context, the Democratic Republic of the Congo (DRC) has over 50 percent of the African continent’s water reserves, yet 33 million people in rural areas still lack access to clean water. Around half the population has access to an improved water source, and only 29 percent have access to proper sanitation facilities. To clean the toilets, rural communities use ash because they have to walk too far to fetch water.

Populations living near lakes or streams just use the water from these sources for all their household needs including sanitation. However, they do not have access to water purifiers which would help prevent waterborne diseases which commonly occur causing severe sickness. FEUPAS is one of the grassroots organisations which are trying to help find solutions to these water and sanitation problems.

The pandemic has negatively affected the lives of women and girls, especially those living in rural areas. FEUPAS members are playing a very important role in the fight against the COVID-19 pandemic and other diseases endemic to this region.
Good health and well-being is a fundamental human right, yet for many women and girls, access to health care during the pandemic has been further limited by lack of resources and widespread shutdowns. With resources diverted to fighting the COVID-19 pandemic, the routine health care needs of women and children, especially for sexual and reproductive health care, have often gone unmet. While countries in the developing world have recorded fewer COVID-19 cases per capita than many developed nations, the pandemic has nevertheless strained weak health care systems.

Despite these challenges, the pandemic has also shown how women have come to the rescue of those who are marginalised, the most vulnerable and often forgotten. As medical professionals, community leaders, healers, and organizers, women around the world have worked tirelessly to ensure the safety and well-being of their communities.

My organization, Anubhuti, has been working through our body dialogue campaign #SharirSanvaadAbhiyan with women and girls and sensitizing boys about sexual and reproductive justice. We have been advocating for sexual reproductive and health services, laws for protection from sexual harassment and training women, girls and boys in sexual and reproductive equity, dignity and rights.

When we started providing relief during the COVID lockdown, we were the first and perhaps only woman-led organization to focus on nomadic and denotified (NT-DNT) communities. These are the erstwhile “criminal” tribes branded by British colonial rulers for having fought for independence. The stigma carries till today. I myself belong to the Gadiya Lohar nomadic tribe and know from personal experience how the pandemic and lockdown has impacted these communities who are farthest removed from both government and civil society responses.

Working in these communities, we kept our eyes open for other vulnerable groups. Pregnant women

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Pre-natal care for women in tribal communities

By Deepa Pawar, India

Despite the many challenges, FEUPAS is still supporting young women, many of whom are involved in agriculture in South Kivu, by training them in agricultural techniques, the use of organic fertilizers for healthy food production and providing them with agricultural tools such as hoes to cultivate the soil to grow more food to fight famine.

Older women in the community are given a donation of a few kilograms of rice since they no longer have the strength to work on the land. Despite the many hardships faced by the women and girls in the DRC caused by decades of war and now exacerbated by the coronavirus pandemic, FEUPAS continues to serve local communities, provide livelihoods and save lives. FEUPAS Great Lakes defends justice, equality and the rights of vulnerable people most affected by the COVID-19 pandemic.

Muvunyi Fabienne is the coordinator of Femmes Unies pour la Promotion Agricole et Sociale, (FEUPAS) Grands Lacs, a local NGO which promotes women’s rights and well-being in the DRC.
are one such group that we are making special efforts to include to ensure they are not left behind. They are one of the most vulnerable groups to infections and these women need good nutrition and a stress-free situation—all of which they are unable to get in this pandemic. Therefore, Anubhuti is reaching them and providing them with customized dry ration food packets.

A community leader who coordinated the distribution said, “We have seen many political leaders, community leaders who keep in touch with us only to come on stage and give speeches about us. Deepa ma’am does not even know us and yet she came looking for us to find out if we needed help. The ration kits you are giving out are the best to date. It has taken care of women’s needs, special needs. Anubhuti is the only organization that has asked us for lists of pregnant women and those who are disabled. This has made us look at our communities with a new perspective and we are now paying special attention to these groups.”

A pregnant woman who received food distributions shared, “I want to put my name down in the nearby hospital for delivery, but the cost is too high and the medicines they give do not suit me. The doctor says I must take the medicines on a full stomach, but that is usually not possible for me.”

As follow-up, Anubhuti has taken the details of the women they meet and plans to follow up with them to check if they need any medical support and help them to register at the nearest government hospital for a safe delivery.

*Deepa Pawar is the Founder and Director of Anubhuti and an advocate for NT-DNT communities. She has more than 20 years of experience working with girls, youth, women, and men to advance equality and dignity for all.*

**Gender inequalities and menstruation in South Africa**

*By Tambudzai Glenda Muzenda, South Africa*

Coronavirus has impacted all of us in ways unimagined. From social distancing to isolation, it has been the hardest on people needing various social services, including psychosocial support. I have been working with young women in various communities that include informal settlements and townships. I received calls with needs for food, medication for period pains, loneliness, the uncertainty of life and some even wondering if they will make it through the pandemic.

Isolation has been impossible in confined housing with more than five family members sharing a two roomed makeshift house. There is a fear of loss of dignity for many. Young women in these situations have been unable to wash or change their sanitary pads regularly during menstruation. Most fear asking the adults to leave the room for them to wash.

One young woman shared how she had not been able to wash herself and was experiencing itchiness after failing to change her...
pad several times during her menstruation cycle. She cannot wash in the day as most people are on lockdown and still loiter in the streets. Unfortunately, there are no toilets that offer protection and privacy for women and girls. Commodities such as sanitary pads, reusable pads and underwear are not even being considered.

Furthermore, there are no waste disposal management systems for pads in informal settlements. The lack of consideration for women's health and the inaccessibility of menstrual products and services during lockdown makes it obvious that provisions for services such as sexual and reproductive health were not a priority. It is revealing of the gender inequality of lockdown in our country.

These are a few of the many issues that have impacted my community and more than anything, safety and security for women and girls remains problematic in these confined places. In the first week of lockdown, 87,000 cases of gender-based violence were reported. Women feared the worst, being in isolation with a perpetrator and with nowhere to go. And the restrictions on movement continue to affect many, including those who need to leave the house to buy pads or seek help. The situation is dire for some who cannot even afford sanitary pads. Permits are required for the distribution of commodities that the government deemed essential such as food, water and soap. To access other items such as sanitary pads is an impossible mission: having to tell a stranger in a soldier's uniform or a policeman that you need to go out to buy sanitary pads as you are menstruating. In the case of COVID-19 in South Africa, women and girls are facing significant challenges in managing their menstruation safely, comfortably and with dignity. In such an emergency state, it is as though we have learned nothing from humanitarian crisis responses -women and girls are still left behind.

Tambu Muzenda is a researcher and writer on all things hidden and unspoken and is the Desmond Tutu Reconciliation Winner for 2020. She has over a decade of domestic and international experience in human rights and gender equality and holds an MA degree from the Institute of Social Studies at Erasmus University.

“Periods are also a pandemic”
By Bakhita Atit, South Sudan

Women and girls have been having periods since the beginning of humanity and yet the world does not recognize that this is a pandemic in itself. Humanity exists because we bleed, and I think that is reason enough for the world to act to protect us women and girls. We know that without our periods there would be no life on the planet, so I am calling on the world's decision makers to make periods a priority and provide young girls with sanitary towels so that they can concentrate on their education and live freely and be healthy in their own communities. Periods must be addressed, and as advocates we are rising, we are committed, and we will fight the stigma against periods. We need to bring attention to menstrual hygiene now more than ever, as the pandemic has highlighted how this existing issue has now become an emergency, requiring urgent action.

One final question remains for decision makers. If the world can mass produce tens of millions of face masks in a short period of time and distribute them free of charge, then why can't the same be done for menstrual pads or cups for women and girls?

Bakhita Atit is an intern with Catholic Relief Services in Juba, South Sudan which runs the Wau Young Women Forum to support young women's personal development through community interactions and capacity building.
COVID-19 and the prevention of early pregnancies during lockdown in Togo

By Essognim Adjome and Marta Eyazinam Walla, Togo

When COVID-19 appeared in Togo in March 2020, schools were closed as part of the response to contain the spread of the virus. Only classes for students taking examinations have since resumed from the beginning of July 2020. Most students are out of school, in their homes or hanging out all day long in the neighbourhoods.

With the introduction of the lockdown, the Association of Aunties of the Kara Region for Development, (ATAREKAD) which consists of a group of about 2,000 young girls who are already young mothers and who have been trained as ‘Aunties’, or counsellors, became concerned about the risks of early pregnancies and violence against adolescents during the lockdown. This is because it is known that 35% of the girl mothers registered to date in the Kara region became pregnant during the school holidays or festive periods (based on a survey sample of 4,035 girls). Usually these holidays only last two months, but during the pandemic these young people and adolescents have been confined to their homes, mostly idle for almost five months. More cases of teenage pregnancy are being reported to the association by students. Although no systematic study has yet been conducted, the reports are nonetheless worrying.

To address this issue, we decided to raise awareness about COVID-19 including the importance of hand washing and wearing masks but combined this with education on sexual and reproductive health. To this end, 80 Aunties who were already trained in sexual and reproductive health received further information and training on COVID-19 with the support of the Regional Health Directorate of Kara and the German AID Cooperation through GIZ.

These young mothers walked through the streets of different neighbourhoods in about 20 localities in the Kara region of Togo using megaphones and offered free masks to encourage people to respect the rules which require everyone to wear masks to prevent the spread of the coronavirus. The young girls and boys, who are very numerous in the neighbourhoods at the moment, were also given advice on the prevention of sexually transmitted infections (STIs) and unwanted pregnancies. Those who wanted them were also provided with condoms and lubricating gel. Other young people and adolescents with particular problems were seen confidentially and discreetly by the Aunties. Of these a few young girls were referred to health facilities for a modern method of contraception or for treatment for STIs.

In total, over 20,000 people have benefited from these interventions to date. We are currently in discussions with the Regional Directorate of Health and Public Hygiene for the extension of this activity to reach more young people and adolescents in new localities in the region, to ensure that lockdowns as a strategy to prevent the spread of COVID-19 does not become the path to early motherhood for many young girls, which could jeopardize their future schooling and life.

Essognim Adjome and Marta Eyazinam Walla are the President and Vice-President of the Association of Aunties of the Kara Region for Development (ATAREKAD) in Togo.
Ask the Paediatricians Foundation is an online Facebook community of 630k members that brings together parents and paediatricians in Nigeria. The Ask the Paediatricians Facebook group was created in July 2015 to help educate mothers on issues related to their children’s health and to correct dangerous myths and beliefs that cause the needless and preventable deaths of children. Since then, the Foundation has expanded through volunteers in over 40 chapters all over Nigeria who carry out periodic community medical outreach to reach children living in indigenous communities with limited access to health care professionals and facilities.

Our main objective is to reduce preventable causes of child deaths by providing parents and guardians with health education, information and reliable answers to questions related to the health of young children. Mothers as key stakeholders in their child’s health had been left out of the discussions on how to meet global goals to reduce child death. They are the critical providers and carers of children and are an important group to engage with about interventions from breastfeeding to immunisations.

How did we adapt to the COVID-19 pandemic?

During the pandemic, Ask the Paediatricians Foundation (ATP) saw a surge in the number of new members, with over 40,000 new members joining between April and May 2020 and there was an increase in the number of messages posted. Faced with this rise in demand for information, the group launched a special COVID-19 conversation channel, which was used to raise awareness of the risks and other issues related to the pandemic and to fight against some of the inappropriate remedies which were being suggested.

As community outreach activities planned for May and June had to be cancelled due to social distancing measures, we introduced a video-consultation Telehealth tool we called ATP CLINICS. This was launched to facilitate access to quality care with approved health professionals on the ATP platform. The community had been asking for video consultations for some time and were pleased with the new telehealth platform.

With the spread of COVID-19, parents are concerned about their children becoming infected and ask how to protect them from COVID-19 infections. Most parents are also afraid of visiting the hospitals at this time, so there has been an increase in the number of questions and posts about health issues that parents would normally have taken to the hospital. We also received many questions about immunisation during the
pandemic, particularly parents asking if these can be postponed or what parents should do about the routine immunisation vis-a-vis going to the healthcare facilities and the risk of getting exposed to COVID-19.

The Ask the Paediatricians Foundation is an excellent example of how technology can be used to make a difference in the world, harnessing the power of an online community to provide offline impact in the communities.

Dr. Gbemisola Boyede is the Founder and CEO of Ask the Paediatricians Foundation in Nigeria.

Informal Settlements

In a 2018 report to the Human Rights Council, the UN Special Rapporteur on Housing stated that “The scope and severity of the living conditions in informal settlements make this one of the most pervasive violations of human rights globally.” Informal settlements refer to the wide range of situations in which groups of shelters or housing units have been constructed in an unplanned manner or without legal recognition. While the 2030 Agenda for Sustainable Development refers to “slums,” the term “informal settlements” is used here to avoid the pejorative connotations of “slums” and reflect a human rights-based approach. However, the terms may be used interchangeably, and “slum” is often still used by local communities.

The one billion residents of informal settlements around the world are among the most vulnerable populations in society with most lacking access to clean water, sanitation, food, and/or health services. Combined with the high population density that characterizes many informal settlements, these conditions make residents especially vulnerable to the coronavirus as most cannot practice regular hand washing or social distancing. It is now imperative to improve the living conditions of those living in informal settlements to help contain the virus during the pandemic and to find structural solutions to support this vulnerable population in the long term.

Women and girls living in the Mumbai Slums of Kalina Kunchikorve Nagar

By Shreyash Kamble, India

During a community initiative to distribute sanitary hygiene products to women and girls during the COVID-19 pandemic, it became evident that many of the women and girls had actually come in search of food. This community is called Kalina Kunchikorve Nagar at Kalina, Santacruz, where many people are poor and barely earn enough to pay for two simple meals a day and have no means to pay for other expenses needed to sustain a
family. Women and girls in this community suffer financial hardship, food shortages, lack of employment opportunities, poor educational facilities and a lack of access to healthcare and menstrual hygiene products, all of which affect the economic, physical, social, educational and psychological aspects of their lives. These issues which already existed have been exacerbated by the pandemic.

In a recent small survey of 67 women and girls in this community, it was found that only 9 of them used sanitary pads, around 13 percent. In India overall, it is estimated that only 15 to 20 percent of women have access to menstrual hygiene products. Due to the lack of access to proper hygiene products, vaginal infections are common.

If women and girls in these poor communities have any serious illnesses such as cervical cancer, they cannot afford the treatment. Some limited financial aid is available, and some individuals do make generous donations to the community, but aren’t these measures like applying a wound dressing to a problem which actually requires permanent surgery?

The following are brief accounts shared with me by women about their life in a Mumbai slum. Savitri Jadhav is 19 and lives at the north end of Kunchikorve Nagar, Kalina, Santacruz. She had to drop out of school as her family could not afford the expense. Her father is an alcoholic and prefers to squander money on alcohol to help him forget the miserable reality of their lives, instead of spending it on his family. Savitri worked long hours as a maid in nearby homes, but this meant she often had little time to spend on her own family’s small house. Her family’s battle for survival worsened when the COVID-19 pandemic stuck. She lost her job, and her father lost his. With no income stream for the family, there is a permanently tense atmosphere in the house. Family members are bewildered, sad and traumatized. Her father took out a loan which must be repaid. There is also the pressure on him to marry his daughters off. With no relief in sight and family tensions running high, Savitri’s family is hoping for a solution to help them in their time of need.

Rupali Bodke is a 23-year-old migrant from Nashik who came to Mumbai with dreams of earning money. She did not attend school as her family could not afford it and survival was far more important than her education. As the eldest daughter with two younger siblings, she is painfully aware of their hunger. Rupali and her mother are the family breadwinners; she worked as a maid in a nearby home, and her mother was a sweeper. However, since the lockdown was imposed, the family have faced the worst financial hardship she can remember. With no income and a need for food, the family have had to resort to borrowing money to survive. Although their house is in a slum with no proper sanitation, they still have to pay rent and bills for water, electricity and other expenses.

Rupali and her mother begged their employers to let them continue to work, but their request was refused. Her younger siblings are unable to continue their schooling as they do not have access to smartphones or computers needed to take part in remote learning, neither can they afford the costly packs of online lectures.

Rakhi Mane is a 24-year-old widow whose husband died two years ago from cancer. She gave birth to an unhealthy baby, and during her pregnancy, travelled to government hospitals every month for healthcare. She came to Mumbai in search of a better life. She worked as a maid in local homes which enabled her to pay the rent, bills and buy groceries. Her parents advised her against an education because they could not support her financially. Since the lockdown, her life has become a nightmare as people have stopped allowing her to enter their homes. Although she tells her employers that she meticulously follows the hygiene measures to stop the spread of the coronavirus, particularly as
she has a sick child at home who is vulnerable to infections, they do not listen. The only difference between them and me, she says, is that I live in a slum and people automatically assume we live in a dump. Perhaps these people are partly right from their perspective because they have lavish houses, accessories and good facilities to keep themselves clean. However, no matter how clean I am, living in a slum is enough for them to consider me unclean and more vulnerable to contracting and spreading coronavirus infections.

Yallama Pal is aged 35 and lives in Kunchikorve Nagar and is from the Kunchikorve community which normally makes brooms to sell. Even though this occupation did not generate much income, she enjoyed it as at the same time she would also sell women’s accessories such as rubber bands, hair bands, clips, bindis and nail varnish in crowded local markets. If she successfully sold all her items, she could keep the family fed and buy other essential items for the home, which was important as she was the only one earning an income. Her husband is an alcoholic and feels ashamed that he cannot provide for his family. His resentment towards her has affected their marriage. Now due to the COVID-19 pandemic, Yallama cannot work, so her family has no income at all. Her husband asks her for money to buy alcohol and quarrels with her if she refuses to give him it. But how can she give him any money if she no longer has an income? Yallama says that buying sanitary towels for herself and her daughter is just no longer affordable. Instead, we have to make do with multiple layered cloth to stop the flow and believe me, those three or four days are really difficult for us. Every day I pray this nightmare situation will end and a new ray of hope will reach us.

Shreyash Kamble is the head of the Social Architects Foundation in Mumbai, India which has been helping impoverished families with kits and computer equipment during the pandemic as well as offering ongoing health awareness training, including on sexual and reproductive health.

COVID-19 in a Sahrawi refugee camp

By Maglaha Hamma Ayna, Algeria

I live in the refugee camps for Sahrawis in Algeria. We live in the desert in tents and houses of clay. My people have lived in confinement for 45 years. We have not had many cases of coronavirus yet, but the Sahrawi government was quick to introduce preventative measures, and we respected the restrictions. More than 70 percent of all women here have spent their lives at home, but now, it is 100 percent as we all stay inside. It would be a disaster if we were struck by the virus on a large scale as we do not have access to proper healthcare, or the medical facilities and drugs needed to treat COVID-19. The refugee camp had a minor outbreak of 24 registered cases but thankfully for now its effect has been limited. Perhaps this is because we are quite isolated from the rest of the world.

However, our community as a whole has suffered from the coronavirus pandemic, especially on the economic side, because humanitarian support was reduced or stopped, so the provision of food has decreased. The local markets do not have enough food to sell with only vegetables and the basics available.
The women in our camp do not have enough opportunities to work especially as most of them seek practical work of which there is little. In the camps, women make up a very high percentage of the community and they play a very important role in it. We do not suffer from domestic violence or violence against women generally because the women here are held in high regard and have a very high social standing, but we do suffer from the lack of work and jobs. In some ways the pandemic has not affected the social reality of women in the camp as it has in other places, as they did not have jobs in the first place.

Women rely on the veil when they go out to protect themselves from the extreme heat of the sun. When it is cold, they have woollen gloves but not much extra clothing.

The greatest risk now for us is people dying of hunger because resources are dwindling, and people are losing whatever money they were able to earn through small businesses. The price of everything has increased which is affecting the most vulnerable in our community.

Living in the shadow of this virus, we have learned that no-one can help us; everyone is busy helping their own populations. Through news and social media, I read about people who said they were very sad during the lockdowns. Some people are trying to change their way of life including their way of working in order to cope with the crisis, but that is not the most important factor; what must come first is safety--our safety and the safety of others.

Everyone is responsible for safety, but not just for him or herself, but for everyone. We might live in different countries and have different cultures, but we all live in one world. We live in a refugee camp, but the coronavirus has proved that nowhere in the world is safe. Life in asylum teaches one patience, steadfastness and to be solution-oriented. While we wait patiently for a solution to the conflict which forced us here, the coronavirus has taught me that we live for each other; I must protect you in order to protect myself.

Maglaha Ayna lives in the refugee camps of southwest Algeria where she has worked as a field volunteer with the Landmine Victims Organization and Danish Demining Group. She currently serves as a camp leader for women's role in peacebuilding and other youth projects.
“Provide for me and I will take preventative measures.”

It is easy to say clean your hands often, use soap and water or an alcohol-based hand sanitizer, or to distance yourself from anyone who is coughing or sneezing. It is easy to say wear a mask when physical distancing is not possible and do not touch your eyes, nose or mouth and it is easy to say cover your nose and mouth with your bent elbow or use a tissue when you cough or sneeze and stay at home. But what would a woman in the slums make of all this?

She might tell you that she buys water for use. Sometimes she has soap, but it is a luxury, and she cannot even dream of buying an alcohol-based hand sanitizer. This is something she sees from afar but cannot afford.

You tell her to keep her distance from anyone who is coughing or sneezing. She might respond, “I would love to do that, but I need to be with my neighbour. She is the only one who understands me. We have come a long way together. When I do not have money for a meal, we share hers, and when she does not have money for a meal, we share mine. We have been through tough times together. No one has been with me when I am sick except her. I cannot leave her when she is coughing as this is the time that she needs me the most. Therefore, we shall fight against the virus together. After all, we share our utensils, and if I distance myself from her, one of us will not eat.”

She would love to wear a mask as she believes the pandemic is deadly, but her family cannot afford it. They have not had a meal for the last two days. The money needed to buy a mask would be enough to feed an empty stomach. She is torn between the two—should I die from hunger or prevent the spread of the disease?

“You tell me to stay at home while I have children to feed; I have to go out to buy water for use and pay someone to use the public toilets which are outside the house. I cannot live my life just staying inside the home.

I have been educated about the dangers of the coronavirus, and I know what I am supposed to do, and I would love to follow the rules on this, but my circumstances do not allow me. If I am provided for, then I can take the preventative measures as advised.”

When I first distributed face masks to those living in Sinai slums I could see that many were expecting to receive food and other basic needs rather than masks. Social distancing was difficult, especially as everyone including children wanted to grab whatever I was handing out. The second time I visited, I distributed maize flour, and to maintain social distancing, people
were asked to form an orderly queue which made it easier. The needs of the people in the slums are enormous, and we have to provide for them especially during this pandemic when they are in dire need.

I was able to learn more about how my neighbours in the slums were managing under lockdown. Water is sold to the residents at KES. 10/- for 20 litres. The inhabitants do not know the source of the water and are not sure if it is clean or not, but as it is the only water available, they have no choice but to use it. The water has to be fetched from a place around 15 minutes' walk from the house. The houses are overcrowded and the drainage system in the area is virtually non-existent; walking through the area, the open drainage system is visible.

In the Gatwikira slums, a company has erected a one building toilet facility which has 6 toilets serving over 200 people a day. With so many users, people have to queue to use the toilet. It costs KES. 10/- per entry, and the company employs people to clean the toilets. The toilets are not flushable, but as users enter, they are expected to collect a tin, fill it with water from a big tank, carry the water to the toilet and then use the water to pour into the toilet which is on the floor to clear everything away.

The main entrance to the toilet area does have water and soap for washing hands although soap is not always available.

The toilets only operate from 6:00 am to 9:00 pm. Anyone wanting to use the toilet at night has to find their own solution. One solution is what some residents call «flying toilets» where residents relieve themselves in a plastic bag in their homes and then they go outside and throw the bag outside the house. Some use a basin at night then empty it and wash it out ready for use the next time.

The slum houses are small, nothing more than a one-roomed house hosting up to six people. The heat in the house is stifling but there is no way to control the temperature. Life is so hard for people living in such areas. More must be done to change this as the world builds back a new norm after the pandemic.

Millicent Kipelian is a mother of two in Kenya who is passionate about women's empowerment and youth mentorship. She volunteers in the informal settlements of Sinai and Gatwikira, Kenya where she distributed masks and food and learned about the ways in which residents of the slums were coping during the pandemic.

From the slums of Rio de Janeiro to the world: Uplifting women’s voices through the arts

By Valéria Barbosa, Brazil

When I felt stuck at home during lockdown with words singing and shouting inside me, I thought of all the other people who must also have music and poetry pulsating inside them and who were in the same situation as me, stuck at home, unable to sing and go to concerts. I thought about my friends in the various slums and how I had been using my poetry to shout about the need for equal rights, particularly for those who live in the favelas, where I have lived for most of my life.

Faced with this strange situation, I decided to create a “Soiree in the Slum” using videos. I invited friends to participate but it was not easy and there were many challenges to overcome such as technology issues
and difficulties in internet connectivity. In addition, we were in the middle of a pandemic and there were people falling sick and dying around us.

The first video brought together five participants and ran for eight minutes. In later videos, we increased the participation to 35 minutes. After that, I was receiving over five videos a day!

The pandemic led us to think differently; the internet opened up a very democratic space where people from Rio de Janeiro’s favelas could connect with people from other states in Brazil and other countries.

Today, Soiree in the Slum has two parts, one that brings together artists, poets, singers, artisans, dancers for a maximum of 15 minutes and the other has an artist who teaches their art to others, which I called “Passing on Knowledge.”

This has been an exciting experience, meeting people who are writing poetry for the first time, people who are at home in quarantine getting ready to sing in the video, putting on their makeup, showcasing their art, and being able to include already well-established artists. I now realise that the project has really expanded, and I will need more help to continue with this idea and to be able to produce beautiful and valuable videos from different artists.

We are now organising the 48th Soiree in the favela. We have had over 700 videos posted involving hundreds of artists and we have reached an audience of thousands. It has been a lot of work but has made me feel alive and pleased to have brought happiness to the four corners of the world during the difficult time of the global pandemic.

Luckily, several popular artists who were not performing during lockdown also agreed to take part in our soiree. Many of the artists have been out of work during the pandemic but were not given any financial help from the authorities, even for the basics in life. I realized that the economic situation was not only affecting the slum neighbourhoods, but also areas considered to be ‘middle class’.

Through these soirees my friends from the slums were able to showcase their talent and art and were grateful for this platform so that their art could be shared with and appreciated by others. Their art was valuable and deserved recognition, especially as it brings hope and encouragement especially during this very difficult time we are living through. The impact of the soiree in the slum went beyond the favelas, it even reached you, embracing the world and giving the message that we must all continue with our lives. Artists from different states of Brazil came together to partner with artists from around the world. This led to many conversations which inspired others to create their own soirees.

We have created an archive of the hundreds of artists from the slums of Brazil who came together to break the invisible walls that the policies that maintain poverty have created. We live in a difficult time in Brazil, but we know the word is powerful. This is a movement, a light which transforms people and situations. We need to realise that we are all part of the Universe and our collective pain is similar, our love is similar, and art is a way for us to express our life situations and realise that the word can unite us and encourage us to move forward. Everything is easier to deal with when we can use the power of our voice to create a better world, especially in times of crisis like this pandemic.

Valéria Barbosa is a published author, poet, singer and manager of Soiree at the Slum. She works as a cultural producer and seeks to elevate the voices of the women of Rio de Janeiro and around the world through music and poetry.
COVID-19 and the restrictive lockdown measures imposed to prevent its spread have forced many people to adapt to radical changes in their daily lives from employees now working from home to students being educated remotely through online platforms. Lockdowns have also meant less physical contact with families, friends and colleagues, leading to feelings of isolation and loneliness, particularly for those with pre-existing mental health conditions. The World Health Organisation recommends promoting mental health during the pandemic by using only trustworthy sources to keep informed about the pandemic, limiting screen time, maintaining or establishing routines, eating healthfully, exercising regularly, doing things you enjoy and helping others. It also encourages maintaining social contact with friends and family virtually and avoiding alcohol and drug use to cope with fear, anxiety, boredom and social isolation.

Mental Health

My raw emotions –
A soul on fire

By Soorya Gayathri, India

The date was stuck inside my head and gave me nightmares because my exam was due to start that day. I have a habit of over stressing when it comes to exams. So, as usual, I called my best friend and talked to her, which helped to calm me down, and we started revising for the exam. I drank a lot of coffee, and I was not able to sleep.

One day as I was scrolling through social media, I discovered some information about this new disease, COVID-19 and how it was impacting people in China. I thought to myself, this is so scary.

My study routine continued, but we were not able to finish anything. At that time, my exams were more frightening than COVID-19. I live in Kerala where a few days before our exams were due to start, we had a couple of COVID-positive cases and soon afterwards, the virus took hold, and our exams were postponed.

Since then, our exams have been rescheduled for God knows how many times. To be honest, I do not even care about the exams anymore. Now, Kerala University has announced exams will be on July 1. However, I am really not in the mood to study; I keep finding distractions so that I do not have to face up to reality. My family is going through a very tough time because my dad has to stay in Saudi Arabia for his job to earn money to help keep us alive, and the coronavirus is affecting our family’s financial stability.

Talking to my friends does help. I do my best to be happy when I hear them talking in group calls and chats. My friends are helping me a lot; they just do not realise it yet. They make me feel normal. My mom is also helping me get through this in her own way. I am very frustrated at the current situation which manifests itself as anger, which I admit is not a healthy way to be, but my mom understands and makes allowances and spoils me by making all my favourite foods. Right now I cannot find the right words to thank her, but I know I would not be able to survive without her.

I question whether there is any hope left in me. I miss my university life and my friends, our bench where we used to sit and chat and had our lunch breaks together. At night, I just stare at the ceiling and think, then the next thing I know, I see sunlight pouring in through the window.
Little by little I have learned to value the little things in life. I have adapted to the situation and now try to focus on the positive things in my life. I play games with my friends and enjoy making silly jokes. Whenever my mom is watching old Tamil movies, I make fun of them to lighten the mood. She even suggested that I should start a career on YouTube. I pick fights with her over silly things and then we laugh together about it. During this time, I have turned into a full-on foodie although my mom makes sure that I am eating a variety of food; I love her so much.

I do not know what my future will look like. At the moment I do not even care about my exams any more. Even if something happens tomorrow, I will know that I had plenty of laughter and fun during moments of this crisis and feel extremely blessed for that.

Soorya Gayathri is a law student at Kerala University in Thiruvananthapuram, India.

Technology

During the pandemic, the world has quickly transitioned to rely on technology for nearly every facet of daily life. However, for the billions without access to a computer or high-speed broadband, the pandemic has exacerbated underlying inequalities and worsened the so-called digital divide. Although this divide existed prior to the pandemic, the coronavirus lockdown restrictions have accelerated the use of digital technologies and worsened the achievement gap for those without reliable internet access. The digital divide must be bridged to ensure equal opportunity for all, and more must be done to improve digital and media literacy among unprivileged populations, especially women and girls.

For one technology-focused NGO, the transition to online learning meant re-evaluating their students’ needs. Since many parents had lost their jobs, students needed both food and technology support if they were to continue their learning.

Women’s tech social enterprise transitions to COVID-19 relief during the pandemic

By Nila Khaleda Achia, Bangladesh

Poor families across Bangladesh have been hit hard by the COVID-19 crisis, as many parents have lost their jobs and livelihoods. The pandemic continues to spread in a country where even washing your hands to avoid contamination is a luxury and food is already scarce. Only 15 percent of Bangladeshi workers earn more than US$ 6 a day. The economic shutdown sparked by COVID-19 threatens millions of livelihoods in the country imminently. On March 26th, when the government called for a country-wide lockdown, 10 million rickshaw drivers, day labourers, factory workers, maids and others raced to get home.
Like other countries, Bangladesh is in complete lockdown. The government has closed down many industries including the garment industry which is a key employer for women, and it has imposed restrictions on gatherings and travel. The many women who worked in these industries are now unemployed. Some women manage to work from home, but this is in addition to the extra unpaid care work they must now undertake. Even before the pandemic struck, women generally carried out three times as much unpaid care work in the home as men. Now, formal sector female employees with children are balancing work (if they still have it), childcare, home schooling, elder care and housework. Female-headed households are particularly vulnerable. Some women who work as freelancers or work in the ICT sector have been less affected by the pandemic as they have the skills to reach out to a global market through the internet.

COVID-19 has adversely affected our work as we had to close all our physical centres which women attend to learn technology skills and get e-commerce support. We adapted our training to online methods, but this brought its own challenges as some students could not afford to buy mobile data. Even for those who could afford it, the quality of the internet connection was very poor. In addition, some mobile data operators increased the price of mobile data, making it unaffordable for many girls. The pandemic left most of our projects on hold.

We also decided to change our response to the COVID-19 pandemic because in rural Bangladesh most of our students come from low-income families. As many of our students' parents had lost their jobs during the pandemic, they could no longer afford to support their children's education. In the face of these difficulties, we supported 3,359 families through our Food for All initiative by giving them one month's worth of food items.

With our physical training centres closed, we developed an online e-learning platform for our community, www.mashtor.com, which has enabled us to continue our training classes for 380 students.

We believe that universal access to knowledge and education should be a right and not a privilege and recognise that bright, creative and ambitious people often lack the resources or cannot access the help they need to fulfil their potential. Equally, there are people who wish to share their knowledge and skills but lack the channel and tools to connect with others. Therefore, another aim of Mashtor.com is to provide a space for these connections to be made. Moreover, this platform can help generate income for participants, and some have already started to earn money through the platform, so it is a useful tool for both students and teachers.

Through its intuitive and integrated online classroom, teachers are able to motivate students and help them to develop their potential and achieve their goals. The advantages of the platform are that connections can be made instantly, and knowledge can be shared and acquired in real time to create a community across geographical boundaries.
We also introduced a dedicated website for our community of business women in which we could sell our entrepreneurs’ products through our social media platform. This has given hope to these business women who were badly affected by the pandemic. Small and mid-sized enterprises are doing well now through the use of mobile data and technology as broadband is not yet available in our rural areas. We have developed a sustainable model for the local women entrepreneurs through our online marketplace, https://womenine-commerce.com, since these women and girls mainly use Facebook-based commerce.

Although Bangladesh is a developing country, during the COVID-19 pandemic, we have capitalised on new technologies to help women and girls to adapt and cope with the new situation in keeping with our motto: “Empowerment through technology.”

Nila Khaleda Achia is a computer engineer with more than 13 years of experience in the IT industry and is the Founder of Women in Digital.

**Violence Against Women and Girls**

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

Violence against women and girls (VAWG) is a complex global problem which affects women and girls of all nationalities irrespective of age, ethnicity, religious affiliation, ability or socio-economic background in both developed and developing countries and in peace time and in conflict and post-conflict situations. VAWG occurs as a result of the historically unequal power relations between men and women which has been used to keep women in a subordinate position and is deeply rooted in discriminatory beliefs and attitudes. Despite decades of action to eradicate gender-based violence, the WHO states that almost one third of all women today who have been in a relationship have experienced physical and/or sexual violence by their intimate partner and globally up to 38 percent of all murders of women are committed by intimate partners. The Spotlight Initiative estimates that 71 percent of all trafficking victims worldwide are women and girls (Spotlight Initiative, 2018). VAWG is a pervasive human rights violation with devastating consequences for survivors, their families, communities and society. As well as the human suffering it causes, VAWG also has a significant economic cost, estimated by UN Women to be 2 percent of global gross domestic product (GDP), or US$1.5 trillion.

UN Women states that even before COVID-19, 243 million women and girls globally had been abused by their intimate partners in the past year (UN Women, 2020a). However, since the pandemic, countries around the world have seen an alarming rise in reports of violence against women, especially domestic violence.
The coronavirus is a disease that has ravaged the world and left scientists in a daze about its origin and cause. This same pandemic has brought with it a second, uglier pandemic of violence against women and the girl child.

Women are suffering due to COVID-19 in so many ways; barely a few days after lockdown was announced, photos and videos of physical abuse and child pornography began to circulate on social media. One wonders if it is being locked down with the same person that brings out the abuse or is it simply unresolved issues of the abuser that causes men to lash out at women in such a brutal way? The rape statistics have increased at an alarming rate, and it is particularly saddening to think that even our little girls have not been spared from the heartache of rape and abuse. I can only weep for my beloved homeland where poverty is rife, and without a steady income coming into these households, one can only imagine the horror and terror that awaits these women and girls at the hands of their abusers. Women’s emancipation and empowerment is needed now more than ever. We have heard of girls as young as 9 or 10 who have fallen pregnant after only 4 months of lockdown. How can we help prevent this? Who do we tell about our concerns? How do we protect women and young girls from this new pandemic of rape, child abuse and violence against women?

With the coronavirus pandemic still raging and a national lockdown in effect, being indoors has resulted in an upsurge of domestic violence. With most families in our communities already facing hunger, these women and girls need not just food, but they also need emotional, physical and spiritual support to help them deal with the abuse taking place in our community during this pandemic.

Women and girls must take a stand against violence and abuse and speak out about it - even shout about it loudly if we have to. The abuse of women and girls is never acceptable, and this new pandemic of violence must end. I pray to God to save those being abused and renew them physically and spiritually.

Florence Mambo is an advocate for women and girls who have suffered domestic violence and sexual abuse in her home country of Zimbabwe.

Gender-based violence during lockdown

By Kristine Yakhama, Kenya

The COVID-19 pandemic has upended the lives of children and their families as health systems buckle and schools and businesses are shuttered. Cases of rape, incest and other forms of gender-based violence are on the rise, often involving close relatives.

The number of teenage pregnancies is increasing daily, driven by peer pressure, poverty, insecurity, social media, and disco matanga. Disco matanga, or disco funerals, are community gatherings held at the home of the deceased and last for several days, involving loud music and dancing. Some attend disco matangas to party and unwind while others mourn with the bereaved at funerals or celebrate
in weddings. During these events many people do not follow the government restrictions to prevent the spread of COVID-19, and adolescents often have access to illicit drugs and alcohol. There are also several accounts of coerced sex, sexual assault and gang rape which have taken place at disco matangas.

Furthermore, disturbing reports of sexual violence carried out by police officers and forest wardens, have emerged, with very few rape cases ever being reported and even fewer ending up in court. Cases of GBV are increasing because men are unable to provide financially for their families, leading to increased family conflict and violence. There are also cases of incest and molestation which almost always go unreported.

Teenage pregnancy is jeopardizing the future of adolescents and will likely have disastrous consequences for them in the future. Parents need to be more engaged and offer adolescents the information they need. Kenyan statistics show that 5,580 teenage girls became pregnant in Kakamega county during the first COVID-19 lockdown alone- these are mainly primary and high school girls.

Another effect of the pandemic has been that physical distancing measures are leading parents to defer routine immunizations of their children as government directives are ordering them to stay at home. The fear of becoming infected by the coronavirus, the mandatory requirement to wear a mask in all health facilities, together with the stay at home messaging is leading mothers to make the difficult decision to defer routine immunisation for babies and is preventing them from attending ante-natal classes, often simply because they cannot afford to buy a mask.

One mother asked, if the government has asked us to keep a distance of one metre, how will the nurse administer the vaccine, and how can I travel to the hospital on the back of a motor bike?

The curfew and lockdown have brought additional dangers for women. Family planning services have run out of medicines, including Septrin which is used by women and girls living with HIV and the family planning injection Depo-Provera.

Family planning is important as it assists in child spacing. Our health facilities do not have space or desks for youth friendly sexual reproductive health services - no condoms are available which would have been the best way of preventing pregnancy and STIs. Even in cases where adolescents are able to purchase condoms from shops or chemists, they are not taught how to use them.

Food is a problem as most of the people have either been relieved of their duties or paid only half of their salary or they work on commission. Women are forced to go to the forest to collect firewood either to sell or to make charcoal to sell to buy basic needs, putting them at higher risk of sexual assault, including by uniformed officers.
The COVID-19 pandemic has brought infections, stress and uncertainty. The terrible COVID-19 disease has shaken the whole world and led to economic hardships, food shortages, social and even political crises in almost every country on the planet. The Democratic Republic of Congo (DRC) has not been spared from these different crises.

Classified as a fragile state, the DRC has been weakened by numerous wars, and it is always the most vulnerable who are the most affected, including women and girls. Armed conflicts have led to the impoverishment of the majority of Congolese families who often struggle to care for their children. These challenges have resulted in early marriages of poor children as young as 12 years of age, many of whom end up as widows when their husbands die on the battlefields or in the mining areas as a result of landslides.

Almost 15 percent of artisanal mineral miners who are married to underage girls between 12- and 15-years old die from landslide accidents, leaving widowed children behind. The majority of these child widows do not re-marry and remain without care, often victims of serious health, economic and social crises. Some engage in prostitution and others work in the informal economy in order to support their families, as much as they can.

Initiatives des Femmes en Situations Difficiles pour le Développement Intégré (IFESIDDI) works in partnership with the Network of Agricultural Women of South Kivu (RFA) to advocate for women’s rights, reproductive health and for an end to the conflict in the DRC. In addition to advocacy, victims of gender-based violence engage in income-generating activities to improve their living conditions.

The appearance of the COVID-19 pandemic has negatively impacted the lives of women and girls affecting their economic situation, forcing them into confinement and limiting their movement which prevents them from carrying out their small, informal activities necessary to meet their daily needs.

Confined families are not supported economically, nor do they receive any health assistance, so daily they are confronted with famine, water-borne diseases due to the lack of clean drinking water and lack of access to medical care, as well as ongoing insecurity.

To get water, families collect rainwater or go to the river, which is risky and not safe for girls if they go alone, so they are encouraged to go in groups. If they go on their own, they risk being raped by herdsmen taking their cattle to drink water.

COVID-19 is often not taken as seriously as it should be. People in the local communities think COVID-19 is a disease of the rich people in the city, e.g. in Nairobi. Our politicians have tried to distribute free masks and sanitizers, but recipients just sell them to buy gorogoro (1kg maize). My people cannot have masks at the expense of gorogoro.

Kristine Yakhama is the Co-Founder and coordinator of Good Health Community Programmes in Kakamega county, Kenya.

COVID-19 in the Democratic Republic of the Congo

By Jacqueline Musugani, Democratic Republic of the Congo

The COVID-19 pandemic has brought infections, stress and uncertainty. The terrible COVID-19 disease has shaken the whole world and led to economic hardships, food shortages, social and even political crises in almost every country on the planet. The Democratic Republic of Congo (DRC) has not been spared from these different crises.

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Rising unemployment has resulted in greater insecurity, especially for some women and girls who have become victims of daily domestic violence.

In this period of reconstruction for the DRC, where IFESIDDI is trying to raise—even slightly—the living standards of women and girls, the emergence of the COVID-19 pandemic has worsened the health situation and economic and social conditions of women.

The COVID-19 crisis has compounded the existing crisis due to the wars which have raged for a very long time in the eastern region of the DRC. In these areas where over 80 percent of the young people were already unemployed, COVID-19 has resulted in youth alcoholism, smoking, vagrancy and early marriages.

With the team of IFESIDDI, I coordinate efforts to raise awareness of the coronavirus amongst young people and to provide them with information on the disease and how to prevent its spread through hand sanitisation and social distancing. We are also distributing masks and bottles of disinfectant and have placed fire hydrants at the entrances to neighbourhoods to help remind everyone—young and old—to protect themselves from contamination with COVID-19 and to limit its spread in the community. Our initiatives focus on young girls and boys living in the poorest and most disadvantaged areas of the city of Bukavu.

There has been a lack of employment for young people ever since the wars in the DRC. We involve some of these young people in our youth awareness team which informs the community about COVID-19 and we do our best to make small contributions to them through our informal activities for their work in fighting COVID-19.

Jacqueline Musugani and the IFESIDDI advocate for the rights of women and young people as well as for the improvement of the living conditions of vulnerable women and girls in the DRC.

Gender-based violence in rural communities
By Oludolapo Adigun, Nigeria

The COVID-19 pandemic has disrupted the daily lives of women and girls in Gofinda village, FCT Abuja, Nigeria and prevented children from going to school for many months. Millions of girls want to fulfil their dreams and to help their rural communities to become more developed, but most have been unable to continue their education during the pandemic and acquire new information that will help their community to evolve. Some of the rural areas like Gofinda village have no access to electricity or to the resources that would enable the girls who are out of school to continue to learn during the pandemic.
Water and Sanitation

Access to clean water and sanitation is essential to all human life. The right to water means everyone should have access to sufficient, safe, accessible and affordable water for personal and domestic use. The right to sanitation entitles everyone to have affordable access to sanitation that is safe, hygienic, secure, and socially and culturally acceptable and that ensures privacy and dignity. According to the World Health Organisation (2021), 2.2 billion people still lack access to safely managed drinking water, including 579 million who rely on water from unprotected wells or springs or untreated surface water.

During the pandemic, access to clean water and sanitation is essential to preventing the spread of the virus, yet for women and girls who are often responsible for collecting water, the daily need for water can also increase their risk of contracting COVID-19 by exposing them to long lines, often without social distancing measures.
Young girls and women wait for long hours at borehole queues just to get water for household use. They spend almost the whole day in line, and these places become hubs for substance abuse and gender-based violence. In my hometown in Chitungwiza, you can only get water once every two weeks, and it will likely be dirty with green substances floating on it. It is not hygienic, but you have no choice than to fill up your containers with water for consumption. It is a saddening situation for there is no social distancing at these places making one highly susceptible to the pandemic.

The issue of affordability and accessibility of sanitary wear for young women and girls in this pandemic is also an issue. Water is critical for their menstrual hygiene management. The cost of sanitary wear has increased; how many women and girls can afford to buy them as the lockdown has led to many streams of income being shut down? How will our young women and girls bleed without fear? We have many organisations running to rural areas with supplies, but have they checked if sanitary wear is available to the most vulnerable in society during this time? Now there is an urgent need for low-cost sanitary wear like reusable cloth pads which last longer to help girls and young women to manage their menstrual cycle on an ongoing basis. Young people have many problems, but basic necessities like sanitary pads need to be prioritised to ensure our health is safeguarded. Young people in both urban and rural areas have similar needs so let us not only think of the other as inferior, but equity is needed for full programming efforts in this COVID-19 pandemic.

Local clinics are not functioning to full capacity so how can young people access sexual and reproductive services and products for their health? One girl was in tears as she shared her ordeal of having to wear one disposable pad for half of the day, despite bleeding heavily, all in an attempt to avoid asking her parents for two packs of sanitary pads instead of one as she knew that her parents were already struggling to pay for household expenses.

Tatenda Rukarwa is a Sociologist who has been working in the development sector for the past five years. Her work focuses on issues of gender rights, mental health, sexual reproductive health and rights and menstrual health and hygiene.
Looking Forward

As we move forward, the COVID-19 pandemic offers a rare opportunity to radically transform the global economy and address systemic and social inequalities. As governments continue to grapple with the ongoing pandemic and its economic consequences, it is vital that women and girls are included as active participants in all decision-making processes, which must be transparent and accountable in their implementation. The Sustainable Development Goals and the 2030 Agenda provide a comprehensive roadmap to improve the lives of all women and girls through implementing gender-transformative policies that place human rights and gender equality at the centre. Hunger and poverty must be addressed, and all citizens, especially the poor and vulnerable, must have access to basic services such as affordable health care, including sexual and reproductive health, education, technology, housing, clean water and sanitation as well as stable livelihoods and social protection.

A gender sensitive approach is essential to ensure that girls have the same opportunities as boys to access education, technology, vocational training, and career opportunities during the COVID-19 recovery and beyond. Girls must not be burdened with disproportionate responsibilities for unpaid care work or coerced into child marriage which is a violation of their human rights and often denies them their childhood and education. All policies must be inclusive of the diversity of women and girls who make up half the world’s population. Women must be able to earn a stable income and to become resilient in the face of future economic shocks as the COVID-19 pandemic will not be the last crisis they will face.

This report has highlighted some examples of grassroots women’s and girls’ resilience, resourcefulness and immense capacity to adapt quickly to find innovative and low cost solutions to support their local communities, often with limited resources. From producing mosquito-repellent soap and mask-making to disability awareness and IT training, these women have used their talent and vision to overcome systemic barriers and meet the needs of their families, friends, and communities. In sharing their stories, these women offer insights into both their challenges and triumphs as entrepreneurs, volunteers, and local leaders.

As governments begin designing national COVID-19 recovery plans, they must recognise that women and girls are not a homogeneous group and anticipate how their decisions will impact all women, including rural women, migrant women, displaced women, indigenous women, racial and ethnic minorities, disabled women, women with HIV/AIDS, LGBTQ women, older and widowed women, women in detention and those experiencing homelessness. Civil society organisations, large and small, must mobilise and continue their advocacy at the international, regional, national and local levels to ensure women’s and girls’ voices are heard and acted upon. Donors must also recognise the critical role and value of grassroots organisations and provide funding and support to allow them to thrive in a sustainable way.

The pandemic is a stark reminder of our interconnectedness in a globalised world in which we are all responsible for the safety of others as well as ourselves. An outbreak in one country is a threat to all nations, and the health or sickness of one person impacts on the health or sickness of all others. Now is the time for individual and collective action and global collaboration to contain the pandemic and promote gender equality and human rights around the world.

This report has offered insights into the crucial work of grassroots leaders and the millions of women and girls like them who have worked to sustain their communities during the pandemic. These contributions are rarely recognized or valued, but they are critical to the very survival of families and communities around the world. It has been a privilege for Action on Child, Early and Forced Marriage to collaborate with this exceptional group of women and girls.
Key Messages

Governments, policymakers, donors, businesses, civil society organizations, and faith-based groups must:

1. **Listen to women and girls.** Women’s and girls’ needs, experiences and perspectives should be listened to and incorporated in all decision-making processes. Women and girls possess first-hand knowledge of the specific economic, social, political and cultural contexts of their communities and are ideally placed to identify and find solutions to local and wider problems.

2. **Protect women and girls.** The safety of women and girls must be protected against all threats from domestic violence or assaults against girls fetching water to violence in ongoing conflicts and situations of protracted displacement. Legal changes and cultural shifts must be implemented to prevent all forms of gender-based violence, and survivors must be granted access to justice and resources.

3. **Empower women and girls.** Women and girls should be supported to assume leadership roles in their local communities and at all levels in society. Women and girls possess immense knowledge and creativity and should be provided with education, mentorship and leadership development opportunities to help them realize their full potential and find innovative solutions to ongoing challenges.

4. **Provide funding and institutional support.** Financial support from governments, donors and financial institutions is vital in helping grassroots organisations build resilience and grow in a sustainable manner. Donors must invest in and work with grassroots organisations to enable them to thrive, and women-owned businesses should be given access to credit to help female entrepreneurs become financially independent, profitable and to create jobs for others.

5. **Strengthen women’s organisations and networks.** Grassroots and other women’s organizations must be supported to form co-operatives and other networks as these offer unique spaces for women and girls to mobilise, support each other, share and amplify their voices and articulate their needs.

6. **Build global solidarity.** Multilateral cooperation is more important now than ever to stop the spread of the coronavirus and to develop strategies to build back better during the recovery. Global solidarity is essential to reset the world economy and should be taken as a unique opportunity to better serve the needs of the poor and most disadvantaged in society.


Appendix I: Contributing Organisations

1. Anubhuti (India)
2. Ask the Paediatricians Foundation (Nigeria)
3. Association of Aunties of the Kara Region for Development (ATAREKAD) (Togo)
4. Association for the Empowerment of the Deaf and Vulnerable Persons (Cameroon)
5. Associations of Persons with Disabilities (CUAPWD) (Cameroon)
6. The Better Generation Africa (Kenya)
7. Community Association for Vulnerable Persons (Cameroon)
8. The Diary of an African Child (Nigeria)
9. Femmes Unies pour la Promotion Agricole et Sociale (FEUPAS) (Democratic Republic of the Congo)
10. Girls to Women Development Foundation (Jamaica)
11. Good Health Community Programmes (Kenya)
12. Hope on The Rock ministries (Uganda)
13. Initiatives des Femmes en Situations Difficiles pour le Développement Intégré (IFESIDDI) (Democratic Republic of the Congo)
14. Joy2EndureFoundation (J2EF) (Cameroon)
15. Network for Community Development (Uganda)
16. North West Association of Women with Disabilities (Cameroon)
17. Pathways for Women’s Empowerment and Development (PaWED) (Cameroon)
18. Save the Village Youth Foundation (Malawi)
19. The Social Architects Foundation (India)
20. Soiree in the Slum (Brazil)
21. Suubi Teen Mothers of Pre-Schoolers Community Based Organisation (Uganda)
22. Youth Coalition for the Consolidation of Democracy (Malawi)
23. Usbin IT Concept (Nigeria)
24. Women in Digital (Bangladesh)