HEAR HER

...stories of HOPE and RESILIENCE
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Hear Her
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FAB 4

Hear them... inspire others
FOLLOW THESE FOUR FABULOUS YOUNG ACTIVISTS
inspiring change in East and Southern Africa

YOLA OF SOUTH AFRICA ON CLIMATE
Yola Mgogwana, 12, is a climate justice activist from South Africa. She is part of the EarthChild Project, working to reduce waste, water and electricity, and starting up organic gardens in her community.

“Since Botswana registered quite a big increase in gender-based violence cases during the lockdown, we have been sharing information on where to report GBV, and [how to find] shelters.”

SIZOLWETHU OF ESWATINI ON YOUTH EMPOWERMENT
Sizolwethu Maphanga, 19, of Eswatini, spoke on International Youth Day, on behalf of 700,000 Eswatini youth. She also represented Eswatini in the first African Girls Coding Camp in Addis Ababa in 2018. She says engaging and empowering youth can help improve economic activity in her country.

“We simply need a listening ear, resources and a little bit of faith.”

PRISCILLA OF SOUTH SUDAN ON CHILD MARRIAGE
Priscilla Nyamal, 19, of South Sudan, managed to escape when her stepmother tried to marry her off to a 42-year-old man when she was just 14 years old, still in primary school. Now she speaks out in support of other girls at risk and works to end child marriage.

“Child marriage isn’t right.”

TREVOR OF BOTSWANA ON NEGATIVE SOCIAL NORMS
Trevor Oahile hosts the “Don’t Get it Twisted” radio show on Yarona FM in Botswana. His show highlights the social norms that need to change to ensure boys and girls sexual and reproductive rights.

“We are protesting for our future.”

© Nairobi Summit

“We are... stories of HOPE and RESILIENCE
UNFPA
Hear her... stories of HOPE and RESILIENCE

...at home

09 LET ME BE A CHILD
End #childmarriage

12 IT’S NOT A CURSE
Break the #menstrual taboos

14 I’M NOT SAFE
Protect us from #domestic violence
LET ME be a CHILD!

#childmarriage threatens every girl’s health, education and opportunities

“MY NAME IS ALINAT.
Safe space has made me aware of my human rights. I have a right to quality education, the right to express my opinion, and that early marriage is not a solution.”

Alinat was married at a young age, but she is now back in school, hoping to complete her education. She is from Chiludzi village in Dowa and one of 16 girls in her community who learned about human rights at Tilimbike Safe Community Space, a mentorship programme supported by UNFPA.

These mentoring sessions are proving to be an effective model of prevention against early marriage and teen pregnancy. Already, more than 7000 at-risk girls have been inspired by mentors who play a pivotal role in guiding the girls in their everyday life and inspiring them to speak out against harmful practices.
Every year, 12 MILLION GIRLS GET MARRIED. That’s nearly 1 EVERY 3 SECONDS. —school closings, food shortages, and loss of income closures—are only increasing these numbers.

The sessions have also provided a safe community for the girls to interact with their peers while schools are closed during the COVID-19 pandemic.

“During COVID-19 there were zero teenage pregnancies and zero child marriages from [among] the mentees, proving that girls are able to make decisions over their bodies and over their lives, and also determine what their future will be,” said Beatrice Kumwenda, UNFPA Gender Programme Officer and focal point for the UN joint Spotlight Initiative.

Alinat has renewed hope for achieving her full potential as she now understands how to make informed decisions about the future she wants.

“Girls! Let’s stay in school and focus on our education!”

ALINAT

Ricksani Alice, 19, was married at a young age but is now back in school. © UNFPA ESARO

DID YOU KNOW?
Marriage before the age of 18 is harmful and discriminatory and a violation of human rights. (UNFPA State of World 2020)
WHAT UNFPA IS DOING TO END CHILD MARRIAGE

UNFPA teaches girls about empowerment, sexual and reproductive health, leadership, citizenship and human rights in order to prevent child marriage and teenage pregnancy and to help girls reach their full potential.

In Malawi, UNFPA’s Safe Space mentorship sessions reached 7000 girls through 340 mentors to prevent teenage pregnancy and child marriage during COVID-19.

In Nampula, Mozambique, where the rate of child marriage is 62 per cent, UNFPA has reached 700,000 girls through the Rapariga Biz (Busy Girl) initiative.

In Madagascar, where 41% of girls are married before age 18, UNFPA works with the government to end child marriage.

UNFPA programmes empower girls with information about their rights and educate parents about the benefits of keeping their daughters in school rather than marrying them off.
“He asked me to have sex all the time and if I didn’t agree, he would yell at me, insult me and hit me. I told my mother that I could not bear this violence anymore and that I wanted to go home, but she refused and forced me to stay with him.”

– NARINDRA SOLONJANAHARY, Madagascar
Narindra, 19, was in ninth grade at the time her mother forced her to marry an already-married businessman three times her age. The man gave money to the family for the dowry and contributed to their monthly expenses.

“I didn’t want to [marry] but she forced me to do it and stop my studies,” Narindra said.

Because he was already married, he rented a second house for her and lived there with her. She was 15 when she found herself in an abusive relationship.

Narindra is not alone. Globally 1 in 3 women have experienced sexual violence in their lifetime.

In seven countries in the East and Southern Africa region, around 20% of those aged 15 to 24 have reported violence from an intimate partner. Child marriage is also prevalent and 31% of girls are married before the age of 18.

This past year has been even more challenging as lockdowns to curb the coronavirus pandemic have exacerbated the already existing silent pandemic of gender-based violence.

In 7 COUNTRIES in the East and Southern Africa region 31% OF GIRLS are married before the age of 18.

With women locked at home with abusers and household tensions high, calls for help skyrocketed. Many went unanswered because shelters and other services were shut down. Violence against women and girls escalated by an estimated 30% globally during the pandemic, prompting the UN Secretary-General’s call for peace in the home. In response, 146 countries have included the prevention of gender-based violence (GBV) and support for those affected in their national COVID-19 response plans.

For many women and girls, the threat looms largest where they should be safest. In their own homes.

- UN Secretary General Antonio Guterres

UNFPA supports remote services such as mobile clinics, hotlines, telemedicine and counselling. It also supports governments in gathering and using disaggregated data to identify and reach those most in need.
Hear her ... stories of HOPE and RESILIENCE

Kenathata, 13, of Botswana was too ashamed to tell her parents that she had started menstruating, because her friends told her periods show that a girl has become sexually active. She had never had a conversation with anyone in her family to prepare her for her first period, so she felt scared and embarrassed, and decided to keep it to herself. Fearing that she might be ridiculed by her peers if they found out she was menstruating, she pretended to be sick in the first few months while having her period. She skipped school.

#menstrual taboos affect women’s ability to go to school, get health care and a good job

“We shouldn’t be made to feel ashamed of menstruation, which is a normal and essential process.”

– KENATHATA MOISAKAMO, Botswana

Kenathata, 13, of Botswana was too ashamed to tell her parents that she had started menstruating, because her friends told her periods show that a girl has become sexually active. She had never had a conversation with anyone in her family to prepare her for her first period, so she felt scared and embarrassed, and decided to keep it to herself. Fearing that she might be ridiculed by her peers if they found out she was menstruating, she pretended to be sick in the first few months while having her period. She skipped school.
To cope with the bleeding, she cut a piece of cloth from an old t-shirt. So it was a relief when her older sister, Ogaufi, asked about the blood stains on her clothes during her third monthly cycle. Even though the conversation was awkward, it meant that her sister would help her get sanitary pads and inform her mother of her needs going forward.

“Menstruation is still considered a secret that is hardly discussed. First period, I was also ashamed And when I finally told her, against playing with boys as pregnant‘,” Ogaufi said.

IN KENATHATA’S COMMUNITY, MENSTRUATION AND SEXUALITY ARE CONSIDERED TABOO AND BECAUSE OF THIS, HER FAMILY HAS NEVER HAD OPEN CONVERSATIONS ON THESE TOPICS.
Because sexuality is also considered taboo, many parents do not discuss it openly with their children. Typically, sexuality education is left to teachers, as these conversations are considered embarrassing. Yet most students do not feel comfortable enough to engage in discussions in class for fear of being ridiculed by their classmates.

**KENATHATA’S EXPERIENCE CHANGED WHEN SHE JOINED A UNFPA-SUPPORTED COMPREHENSIVE SEXUALITY EDUCATION (CSE) PROGRAMME FOR OUT-OF-SCHOOL YOUNG PEOPLE IN HER AREA. SHE LEARNED ABOUT MENSTRUATION, HOW HER BODY WORKS AND OTHER ISSUES OF SEXUALITY. SHE NOW HAS THE CONFIDENCE TO HAVE OPEN DISCUSSIONS WITH HER PEERS AND FAMILY MEMBERS ON THESE MATTERS.**

Through these CSE sessions, boys and girls are empowered with knowledge that helps them make better choices regarding their sexual and reproductive health. They gain this knowledge in a youth-friendly space without any judgments being made, which promotes openness.

All over the world, the educational opportunities, health and social status of millions of women and girls are undermined by poor menstrual hygiene caused by a lack of education on the issue, persistent taboos and stigma, limited access to menstrual products and poor sanitation infrastructure. As a result, their ability to reach their full potential is limited.

UNFPA works to destigmatize menstruation and to empower girls to reach their full potential, by supporting CSE that includes menstrual health information, for both in-school and out-of-school young people. Girls should be empowered and enabled to manage their periods with dignity.

**DID YOU KNOW?**

Overcoming menstrual-related stigma and ensuring that women and girls can manage their menstruation is key to achieving SDGs that touch on women’s and girls’ comfort, agency, participation, safety, well-being, and dignity.
HOW UNFPA IS HELPING TO CHALLENGE MENSTRUAL TABOOS

UNFPA teaches girls about empowerment, sexual and reproductive health, leadership, citizenship and human rights in order to prevent child marriage and teenage pregnancy and to help girls reach their full potential.

Her stories bring us HOPE and RESILIENCE

Even after giving birth, I didn’t go back to my house for seven days until I became clean from blood.

- Abebech Kabla, Ethiopia

In Ethiopia’s Gumuz community, women’s blood has long been considered cursed, and women like Abebech have to give birth alone in the woods. The first time, she was only 13 years old, a year into her marriage.

© UNFPA Ethiopia / Meron Negash

Every single pad made brings joy into our lives, as we know that girls will manage their periods with dignity…and continue their education.

- Esther White, Mpapa Mothers, Malawi

UNFPA supports the Mpapa mothers’ group in Malawi who make reusable menstrual pads to give to girls attending school.

© UNFPA / Luis Tato

We learned about the menstrual cycle and how to calculate the fertile period, when I knew nothing about it.

- Ruth Kalenga, Democratic Republic of Congo (DRC)

Ruth, 17, benefited from the UNFPA-supported Kitumaini Initiative, which has provided 60,000 adolescents access to sexual and reproductive health services in the DRC.

© UNFPA DRC

In the context of COVID-19, UNFPA distributed thousands of dignity kits, providing girls access to reproductive health supplies and equipment.

© UNFPA
Hear her stories of HOPE and RESILIENCE...during COVID-19

MARCH ON ...during COVID-19
Too often their voices are silenced... in households, in communities and in schools.

Girls’ silence is enforced through female genital mutilation (FGM), child marriage and other harmful practices that scar their young minds and bodies and set back their chances at a bright future.

Now, with countries on lockdown and household tensions heightened under the pandemic, these harmful practices are on the rise. Critical sexual and reproductive health services, such as clinical management of rape, psycho-social support and protection, are being sidelined by health systems struggling to cope with COVID-19 cases.

Public health measures intended to address the pandemic have unintentionally forced women and girls into isolation in unsafe environments without access to assistance.

COVID-19 threatens to reverse any progress made to date in ensuring girls are kept in school and not married off, in ending female genital mutilation and teenage pregnancies.

Many girls depend on school-based programmes to meet their basic needs, such as food, sanitation and sanitary towels. When schools closed due to the pandemic, they lost access to this support, placing them in an increasingly precarious position.

Not only did they lose access to school-based programs, but their parents also had no source of income. Many girls resorted to having sex in exchange for money to manage their menstruation and other basic needs – a ‘solution’ that brings even more difficult challenges, such as unplanned pregnancy and gender-based violence.

UNFPA projects that the pandemic will cut global progress towards ending gender-based violence (GBV) within this decade by at least one third, with an additional 15 million cases of GBV expected worldwide for every three months that COVID-19 lockdowns continue.

It is every girl’s right TO SPEAK AND TO BE HEARD.

70% of global healthcare workers are WOMEN

13 MILLION additional child marriages and 2 million more cases of FGM in next decade.

Under COVID-19, women, who are more likely to work in informal jobs, face interruptions to their work, loss of livelihoods, and increased care responsibilities.

Women also make up the majority of health workers, putting them on the front lines of the response and at increased risk of infection.
Gender inequalities may leave women health workers less able to advocate for protective equipment. They may be less able to attend to their own sexual and reproductive health needs, such as hygiene supplies for menstruating staff or breaks for pregnant staff.

As our economic and social systems undergo the strain of the COVID-19 pandemic, we must take into account the unique challenges faced by women and girls.

As the pandemic accelerates, so too will the multiple and intersecting forms of discrimination women and girls face.

We must listen to and hear the voices of our African girls as they speak of their needs and dreams, and we must do our best to uphold their rights and make their dreams a reality.

Equipped with the right knowledge and skills, surrounded by a peaceful home, safe school and a nurturing community, and protected by the law, girls will have the tools to thrive. And their collective potential will be a driving force for unity, progress and prosperity across the continent.

**HEAR HER... AMIDST THE COVID-19 PANDEMIC**

- **During the COVID-19 lockdown, we lost our goods, our businesses, we ran out of food... We, the girls of Pakadjuma, we had to prostitute ourselves to eat.** - Woman from Democratic Republic of Congo

UNFPA reached more than 1000 vulnerable girls and women during the lockdown in Kinshasa with food and seeds and equipment.

- **I slept in the toilet for three days because my mother chased me out of the house.** - Julie Atieno*, 13, from Kenya (*Name changed to protect her privacy)

Under the lockdown, girls have streamed into UNFPA-Kenya’s Polycom Development Offices, to discuss pregnancy, sexual harassment, relationships souring with their caregivers, a lack of food and lack of access to sanitary towels.

- **I used to get sanitary pads from my school. Now that schools are closed, I have to ask family members to buy them for me, which is very uncomfortable.** - Secilia Jacob*, 18, from Namibia (*Name changed to protect her privacy)

When schools closed, UNFPA distributed 6,000 dignity kits with menstrual hygiene products and food parcels to vulnerable women and adolescent girls in Namibia.

- **1 WOman in 3 experiences physical or sexual violence in her lifetime. Exacerbated by COVID-19, there will be 15 million more cases of GBV in next 3 months.**
...on the frontlines

22 ENOUGH! NO MORE VIOLENCE!
End #GBV including FGM

24 MY FUTURE DEPENDS ON IT!
#Contraception
EVEN DURING THE PANDEMIC, these unsung heroes continue to care for pregnant women and girls.

As the COVID-19 pandemic strains the availability of essential health-care services across the world, midwives are on the frontline saving lives. Behind the masks in many health centres, hospitals and homes, we can see the faces of hundreds of midwives working tirelessly to prevent maternal deaths and deliver babies safely.

Investing in a strong midwifery workforce is one of the most cost-effective actions a country can take to improve reproductive health. Midwives can meet 87% of the sexual and reproductive health needs of a community, freeing up doctors to do more specialized work.

Globally, there are two million midwives, but WHO estimates the need for 20 million to meet growing demand. In the East and Southern Africa region, South Africa is the only country that meets the sexual and reproductive health needs of its population, followed closely by Comoros and Kenya. Malawi, the Democratic Republic of the Congo, Tanzania and South Sudan are investing heavily in midwifery, and are on track to meet sexual and reproductive health needs by 2030.

Yet COVID-19 presents a clear risk to countries aiming to achieve their SDG targets for sexual and reproductive health. Even a 10 per cent decline in modern contraceptive use would result in an additional 15 million unintended pregnancies.
A 10 per cent decline in the provision of pregnancy related health care would mean an additional 1.7 million women giving birth, which could result in an additional 28,000 maternal deaths and 168,000 newborn deaths.

In many countries hit hard by the COVID-19 crisis, midwives are dying due to lack of personal protective equipment (PPE) and overall lack of support. Midwives in many health facilities are being redeployed to respond to the virus, and this leaves women without access to life-saving, time-critical services.

In countries where women’s rights and choices are questioned or under threat, midwives speak up about preventable maternal deaths and lack of access to family planning. They sound the alarm on gender-based violence and harmful practices like female genital mutilation and child marriage. They drive progress towards gender equality.

Midwives stand by women when they are most vulnerable. They fight daily to defend a woman’s human right to go through pregnancy and childbirth safely, even as they themselves often face discrimination, sexual harassment and unequal pay. These challenges are now being exacerbated by the fear and uncertainty over COVID-19.

UNFPA is supporting midwives on the frontlines of the COVID-19 response worldwide, providing supplies and PPE, building the capacity of health systems so maternity services don’t get left behind, and ensuring that pregnant and breastfeeding women – including those under quarantine – get the care they need when they need it.

**MIDWIFE POWER IN SOUTH SUDAN!**

In 2011, South Sudan had 8 registered midwives and the world’s worst maternal mortality rate, at 2,054 per 100,000 live births. Today, with UNFPA support, the country has more than 300 midwives, and in 2017, no maternal deaths occurred in three UNFPA-assisted clinics in Mingkaman and Juba.
51,000 NEW BABIES are born in the East and Southern African region; that is 360,000 per week or approximately 18 million per year.

I decided to go mobile. I was able to do 644 consultations in April and 690 in May; in normal times the average is 250 per month.

- Rasazy Emma, midwife

Rasazy is a midwife. She travels for miles on her motorbike to meet with women in remote areas of Madagascar. She is one of 35 midwives supported by UNFPA to ensure the right to health during the pandemic. Rasazy noticed that women were staying away from the local clinic because they were afraid of catching the virus.
This report focuses on the urgent need to improve the availability, accessibility, acceptability and quality of midwifery services. Hundreds of thousands of women and newborns continue to die each year during pregnancy and childbirth. Their deaths could have been prevented with proper antenatal care and the presence of a skilled midwife during delivery.

https://www.unfpa.org/sowmy
HEAR HER

...on innovation

27 TECHNOLOGY HELPS!
“Innovation is about opening up women’s opportunities for education, sexual and reproductive health, employment, and participation in their communities.”

UNFPA Executive Director Dr. Natalia Kanem

TECHNOLOGY HELPS UNFPA reach women and girls with the information they need. This can be a matter of life and death, especially for adolescent girls.

As the world struggles with the unprecedented COVID-19 crisis, UNFPA promotes human-centred innovations to help make sure life-saving social and reproductive health services and products keep getting delivered.

UP ACCELERATE

Up Accelerate is a social innovation incubator that empowers young entrepreneurs to turn their business ideas into healthcare start-ups that address sexual and reproductive health (SRH) challenges. During COVID-19, the incubator is focusing on solutions that improve access to SRH information and positive coping mechanisms for young people impacted by COVID-19.
GETIN MOBILE APP

“With GetIN Mobile, we have successfully called and/or followed up a number of girls to come for antenatal care.”

Nansubuga Irene, a midwife in Uganda

GetIN Mobile helps health and community workers map and follow-up young pregnant girls to ensure they deliver safely at health facilities. Since it was introduced in 2018, there has been a big improvement in the number of pregnant women and girls seeking skilled health care.

The family planning vouchers are redeemable for antenatal visits, delivery at a health facility (including C-Section), transport in case of referral, postnatal care and postpartum family planning at public health centres and hospitals.

TUNEME APP

👍 TuneMe is a safe space because we young people are afraid to talk about a lot of things in front of our parents. We fear being judged and being labelled promiscuous.👍

- Nokuhle Dlamini of Eswatini

This youth-friendly mobile application aims to help curb infections by addressing misconceptions around COVID-19 spread through social media.

GO MOBILE, GO SOLAR

Go Mobile, Go Solar

How do you teach life-saving skills to midwives in rural areas with erratic electricity and weak internet?

UNFPA’s mobile learning system kit contains a battery-operated, palm-sized projector loaded with training modules, speakers, and a solar charger.

For UNFPA, innovation means creating and scaling-up data-driven, sustainable and open solutions that transform the lives of women, adolescents and youth. This report showcases how these pioneering innovations are changing the way UNFPA works.

https://www.unfpa.org/publications/unfpa-innovation-fund-expanding-possible
HEAR HER on innovation

Hear her stories of HOPE and RESILIENCE

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Hear her stories of HOPE and RESILIENCE

in the community

31 ENOUGH! NO MORE VIOLENCE!
End #GBV including FGM

34 MY FUTURE DEPENDS ON IT!
#Contraception

36 I COUNT TOO!
#Census data about women
ENOUGH!
NO MORE VIOLENCE!

Socially-sanctioned GBV has devastating consequences for girls and women’s lives

ENOUGH TO DOMESTIC VIOLENCE!
ENOUGH TO RAPE!
ENOUGH TO HARMFUL PRACTICES LIKE FEMALE GENITAL MUTILATION!

© UNFPA / Karlien Truyens
In **28 COUNTRIES** in Africa, there is a cultural belief that FGM is essential for a girl’s reputation and marriage prospects. This includes Eritrea, Ethiopia, Kenya, Tanzania and Uganda in East and Southern Africa.

With the COVID-19 outbreak, girls are out of school and under lockdown, allowing families to force their daughters to undergo FGM sooner, or when they wouldn’t have at all.

UNPFA estimates that **an additional two million girls**, who would otherwise be safe, are at risk of undergoing FGM in the next decade as a direct result of the pandemic.

FGM is a serious reproductive health concern and a human rights violation. It has devastating short- and long-term consequences for the lives of women and girls. The practice touches on a range of issues, including reproductive health and rights, gender equality and women’s empowerment as well as adolescent reproductive health.

**WHAT IS FGM?**

Female genital mutilation (FGM) involves partial or total removal of the external female genitalia, or other injury to the female genital organs, and not for medical purposes. It is typically performed on girls under 15 years old, but sometimes in the first weeks of life and occasionally on adult women.

**WORTH BROWSING!**

The Impact of Rites of Passage and Cultural Practices on Adolescents’ and Young People’s Sexual and Reproductive Health in East and Southern Africa assesses the impacts of adolescent rites of passage and initiation ceremonies in four countries in Southern Africa (Malawi, Eswatini, South Africa and Zambia) and proposes alternatives for those found to be harmful physically, socially and/or emotionally.


**IMPACTS OF COVID-19**

- Before the Coronavirus (COVID-19) outbreak, **1 in 3 WOMEN in ZIMBABWE experienced violence in their lifetimes.**

- Since the lockdowns and movement restrictions from March 2020, the national gender-based violence hotline in Zimbabwe recorded a **75% INCREASE in CALLS.**

- In 2020, an estimated **4.1 MILLION GIRLS will be subjected to female genital mutilation.**
DID YOU KNOW?
Female genital mutilation is a violation of women’s and girls’ human rights with no health benefits, but with immediate and long-term health consequences, ranging from infection to disabilities that last a lifetime.

This is the story of Fatima, 6, who is about to undergo FGM in Eritrea. UNFPA is working to end FGM in Eritrea, where the practice of FGM occurs at a rate of 83% (Eritrean Population Health Survey, 2010).
See: https://youtu.be/EG9NuDF1n7o

WORTH VIEWING!
As more and more women, girls, men and boys learn about FGM and its harm, opposition to the practice is growing. Somalia-born Ifrah Ahmed campaigns to end female genital mutilation. Here she describes her fight to end this injustice against women and girls.
See: https://youtu.be/95hoS2oUFng

UNFPA works with traditional community leaders in Zimbabwe to end practices that fuel GBV, such as ‘kugara nhaka,’ when a woman is inherited by her late husband’s family member who becomes her ‘new husband.’

With help from the UNFPA-supported Musasa Project in Zimbabwe, a bus becomes a lifeline, transporting survivors of gender-based violence to safe shelters during the lockdown, when public transport was halted to curb the spread of COVID-19.

© Desmond Kwande
© Musasa Project
My future depends on it!

#Contraception allows me to reach my full potential

“I FELT VERY ENCOURAGED to be assured that I could visit any clinic amid COVID-19 for my contraceptive needs.”

- NOLWAZI MYENI, ESWATINI

Once a month, Nolwazi, 24, receives a message on her mobile phone reminding her that family planning services are available at clinics despite the pandemic-related lockdown. This service has helped thousands of women in Eswatini access contraceptives.

The mother of a six year-old, Nolwazi dreams of becoming a teacher. So access to family planning services at a nearby health clinic is important to her. If she is able to prevent an unplanned pregnancy, she will be free to focus on completing her teacher’s training and remain the role model she has become to hundreds of adolescent girls she mentors in her community.
UNFPA partners with the World Food Programme (WFP) and the Sexual Reproductive Health Unit in the Ministry of Health to produce a Short Message Service (SMS) mobilization campaign to reach 80,000 young women in Eswatini about family planning services.

As the COVID-19 pandemic rages on, the number of women unable to access family planning, facing unintended pregnancies, gender-based violence and other harmful practices, is skyrocketing by the millions. These women are not likely to finish school or find work, making them more dependent and vulnerable to violence and affecting their health and wellbeing for the rest of their lives.

Despite the challenges brought on by COVID-19, UNFPA continues to provide access to contraception for girls and women, which has the potential to reduce unplanned pregnancies by 73%, maternal deaths by 25% to 35% and induced abortion by 70%.

“Women’s reproductive health and rights must be safeguarded at all costs. The services must continue, the supplies must be delivered, and the vulnerable must be protected and supported.”

Dr. Natalia Kanem, UNFPA Director

**IMPACTS OF COVID-19 IN 2020**

**47 MILLION WOMEN**

in **114**

low- and middle-income countries could lose access to modern contraceptives, leading to 7 million unintended pregnancies.

- For every **3 MONTHS** the lockdown continues, up to an additional **2 MILLION WOMEN** may be unable to use modern contraceptives.

- **47% DROP in UPTAKE** of family planning services in Eswatini from January to May 2020 this period compared to the previous year.

**DID YOU KNOW?**

Access to safe, voluntary family planning is a human right. Family planning is a key factor in reducing poverty. It is central to gender equality and women’s empowerment.

**Boda boda drivers in Uganda deliver contraceptives to the door during COVID-19 lockdown.**

© SafeBoda
"MY NAME IS VERONICA."

I live in a village in Nampula in northeastern Mozambique. For 5 years, I had to walk 12 km to get to school. At 16, I became pregnant by a man ten years my senior. He left me during my seventh month of pregnancy. Eventually, with the help of my parents, I finished 12th grade and now counsel girls on child marriage and teenage pregnancy.

Census data can help ensure that girls and women like Veronica do not travel such long distances to school and continue to have reproductive and maternal health support readily available, regardless of age or location.
THE GIRLS AND WOMEN BEHIND THE DATA

The census is not an end in itself and can only be backed by the value of results if the data is used to its full potential. Census data dissemination is a crucial part of the mission of any national statistical office. Maps and interactive data visualizations help potential users of census data better understand the numbers at a glance, identify patterns and make informed decisions. UNFPA Mozambique supports the national statistics office in local-level census dissemination so they can reach all corners of the country and gain in-depth understanding of the causes and effects of demographic trends and socio-economic exclusion. In the middle of a public health and humanitarian crisis, making the content of the census more useful and accessible ensures the inclusion and representation of all Mozambicans.

As the census tracks the rapid population growth in a young country like Mozambique, and continues to shed light on the lived realities of Mozambicans, young women like Victoria can be better supported through the availability and accessibility of key social services, ensuring that regardless of geography and income level, she is not left behind.

UNFPA supports developing countries in all stages of their national censuses to ensure that everyone is counted and accounted for in the pursuit of sustainable development.

© UNFPA Mozambique
This brochure describes a method of Small Area Estimation that combines census and household survey data to generate estimates of family planning-related indicators in rural and urban areas.

UNFPA’s Strategy for the 2020 Census Round focuses on strengthening national capacities to use census data to inform sustainable development policies, plans and programmes for the public good.

To download the full publications see https://www.unfpa.org/publications-listing-page/Census
FEATURE STORY

WITH HER

...allies for change

HEALTH EDUCATION RIGHTS

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ENGAGING MEN AND BOYS

Whether the issue is a child bride or a woman “cleansed” by female genital mutilation, men and boys are the “intended beneficiaries” of harmful practices (Sonke Gender Justice) against women. While men and boys are implicated, they are also an integral part of their resolution as partners, change agents and leaders in governance.

“I HAVE LEARNT NOT TO STIGMATIZE ADOLESCENT GIRLS AND YOUNG WOMEN DURING THEIR PERIODS.”
- Sam Loganie, 17, pupil at Mpapa Primary School in Malawi.

Laudably, some are increasingly visible in standing against sexual violence, promoting sexual and reproductive health and rights, preventing new HIV infections, caring for children, and promoting gender equality. They are serving as trailblazers and mobilizers of other men and boys.

“WE ARE DETERMINED TO KEEP GIRLS IN SCHOOL SO THAT WE CAN HAVE EDUCATED ADOLESCENT GIRLS AND YOUNG WOMEN IN OUR COMMUNITY, WHO WILL CONTRIBUTE TO THE PROSPERITY OF THIS AREA.”
- Senior Chief Traditional Authority Dzoole in Malawi.

Men’s groups in some countries offer opportunities for men who might otherwise never discuss such issues to speak more openly about them, learn more about sexual and reproductive rights and choices, and begin to question and change behaviours such as the use of violence to exert power (Salam, 2019). Education in general may be associated with shifting men’s attitudes to female genital mutilation, with one study in Ethiopia finding that a girl is twice as likely to be cut if her father has no education than if he has a high school education (Tamire and Molla, 2013).
More effective and lasting involvement of men and boys, however, depends on a closer examination of patterns of gender discrimination and power, including those embedded in the broader economy and society (Commission on the Status of Women, 2020).

"MY ATTITUDE TOWARDS WOMEN AND GIRLS HAS CHANGED AND I AM MAKING EFFORTS TO SHARE THESE IDEAS WITH OTHER MEN IN THE CHURCH. I AM KEEPING MY DAUGHTERS IN SCHOOL AND NOT RAISING THEM TO BE CHILD BRIDES."
- Madzibaba Makuwaza of Zimbabwe.

UNFPA engages with men and boys to change social norms and values that negatively affect the sexual and reproductive health and rights of women and men. Men and boys are encouraged to abandon harmful stereotypes, embrace respectful and healthy relationships, and support the human rights of all.

"MEN NEED TO CHANGE THE NARRATIVE AND THE WAY THEY [MEN] SPEAK OF WOMEN, AND HOW THEY SPEAK ABOUT VIOLENCE AGAINST WOMEN. MORE MEN NEED TO START TO SHOW UP AND TAKE A STAND TO END FGM AND ALL OTHER HARMFUL PRACTICES THAT ARE PERPETUATED AGAINST WOMEN AND YOUNG GIRLS."
- Clive Mathibe of South Africa
...in school

43 INFORMATION IS POWER!
Ensure quality #education for all

46 SEX ED SAVED MY LIFE!
Increase access to SRHR information
EDUCATE A GIRL AND BREAK THE CYCLE OF POVERTY

“MY NAME IS AISHA.

I have decided to focus on my education so that I can be an independent and empowered woman. With access to the right information, my choices about the future I want are better informed.”

LIFELONG LEARNING OPPORTUNITIES FOR ALL

For many girls in Malawi, the ability to attend school is not a given. Aisha Kayima, 15, attends Mpapa Primary School. In her village, a group of women, who endured personal difficulties because they were unable to complete their education, came together to stop this cycle repeating for their own daughters – and for other girls in their respective villages.
The Mpapa mothers’ group, as they call themselves, set to work. Armed with training by the Joint Programme on Girls Education (JPGE), which is supported by UNFPA, they began to mentor adolescent girls on sexual and reproductive health, including on the dangers of teenage pregnancy and early child marriage. They encouraged them to complete their education.

They also joined forces with community leaders to remove obstacles to girls’ education. Working together, they soon saw results. In 2019, 1120 girls who had dropped out of school returned to continue their education. School attendance for girls increased from 73% in 2014 to 87% in 2019, and the annual drop-out rate for girls, which was 26% in 2017, dropped to just 6% by 2020.

Mpapa school has registered good success stories – a low drop-out rate, high attendance among adolescent girls, and low early marriages and teenage pregnancies.

It is precisely this that the Mpapa mothers’ group intended to foster – a new generation of young women who are empowered to reach for and achieve their potential, unhindered by the traps of child marriage, teen pregnancy and school drop-out.

Their combined efforts are testimony to the African proverb that “It takes a village to raise a child.”

The Mpapa Mothers’ Group makes homemade masks to make sure girls and young women continue to go to school and do not use the lack of a mask as an excuse. © UNFPA / Luis Tato

**IMPACTS OF COVID-19**

- Only 51% of GIRLS complete primary school in MALAWI.

- 1 in 3 GIRLS marry before 18.

- GIRLS are LOSING the best opportunity they have to carve a better future for themselves. When schools closed to stop the spread of COVID-19, THE SITUATION WORSENED.

**DID YOU KNOW?**

Educating girls can uplift families and communities and boost economies.
“I understand the pain that millions of mothers go through when a child falls into the trap of early marriage or teenage pregnancy.”

Group Village Head, Grace Anafi Mndima, who works to end child marriage and teen pregnancies in the villages under her leadership.
SEX ED SAVED MY LIFE

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INFORMATION IS A LIFELINE

“MY NAME IS ANNA." My parents died when I was very young. Most of my sisters got married young because of teenage pregnancy. Our relatives thought the only solution was to marry them off."
Anna, 15, of Zambia has seen too many girls in her community become pregnant, suffer gender-based violence and test positive for HIV. She worries she will end up like her six older sisters, who were all married off at an early age. She wants to become a famous singer.

UNFPA supports out-of-school Comprehensive Sexuality Education (CSE) programmes, where girls like Anna are learning about healthy relationships, good values, the human rights she is entitled to, and sexual and reproductive health. Here Anna is empowered to make her own informed choices and create the future she dreams of for herself.

UNFPA supports Ministries of Health and Education in the ESA region to deliver CSE in and out of schools, training more than 30,000 teachers who in turn have taught more than 3 million adolescents. These out-of-school programmes have become especially important since the closing of schools due to COVID-19.

Physical distancing measures and school closures due to the COVID-19 pandemic have left young people across the region without access to essential sexual and reproductive health information, services and rights, including Comprehensive Sexuality Education (CSE).

Girls need to be equipped with life-saving information, skills and services, without discrimination and subjugation. CSE is essential for reinforcing positive values about bodies, puberty, sexuality and family life; it helps young people develop and sustain essential life skills and health-seeking behaviour; and equips girls and boys to establish healthy relationships.

Though many myths and misinformation abound, evidence indicates that CSE delays the age of sexual debut, reduces risk-taking behaviour, decreases the number of sexual partners and frequency of sex, and increases the use of contraception, including condoms. By playing a key role in addressing factors related to dropout rate and early sexual debut, we see CSE directly ensuring girls stay in school.

DID YOU KNOW?

Sexuality education directly contributes to SDG 4 on education, SDG 3 on health, and SDG 5 on gender.
HEAR HER

...on health and well-being

49 I DECIDE
Access to safe, voluntary family planning

52 I FEAR I WILL DIE
Living with HIV
ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES.

“My name is Julien. I was very sad, because I wanted to finish school. I just wish I had received the information before I gave birth.”

Julien Konjak, 17, lives in Namibia. She was just 16 when she gave birth to a child, fathered by a much older man. She had planned a better life for herself. But the unplanned pregnancy derailed her education, future employment and her chance to reach her full potential.

Her situation IS NOT UNUSUAL.
Namibia has a young population, with two thirds below the age of 35 years. About one in five young women aged 15 to 19 years, or 19%, has begun childbearing.

Once Julien gave birth, the harsh reality of parenting at a young age set in. Her child’s father refused to help her raise her baby.

Shortly before the national lockdown, UNFPA provided reproductive health supplies such as oral pills, condoms and implantable contraceptives as well as 9500 dignity kits in six regions.

Julien is one of thousands of girls who received the kits, containing sanitary pads, soap, toiletries and washing powder, along with information on how to prevent unplanned pregnancies and sexually transmitted infections. She now receives contraception from a nearby adolescent-friendly clinic, enabling her to choose when and whether to have more children.

**DID YOU KNOW?**

Access to safe, voluntary family planning is a human right. Family planning is a key factor in reducing poverty. It is central to gender equality and women’s empowerment.

**IMPACTS OF COVID-19**

- The adolescent pregnancy rate in Namibia is high, at **19%** with some regions reporting more than **36%**.

- 1 in **3** **GIRLS aged 15 to 19** has experienced physical or sexual violence, EXPOSING THEM to the risk of unintended pregnancies and HIV infection.

- Since the COVID-19 outbreak, the Namibian police reports a **SPIKE IN VIOLENCE AGAINST GIRLS**—mostly committed by intimate partners, other family members or family friends.
SAVING WOMEN’S LIVES! UNFPA works to fulfill unmet need for family planning.

Eritrea aims to achieve SDG 3.1, reduce maternal deaths to fewer than 70 per 100,000 births. UNFPA helped to build 41 maternity waiting homes for rural women in Eritrea.


In East and Southern Africa, FERTILITY RATES average 4.8 CHILDREN per woman

Unmet need for FAMILY PLANNING is 25% 49 MILLION WOMEN are without contraception

UNFPA’s intervention to surgically repair and socially reintegrate girls suffering from fistula after birth has had a big impact in their lives.

I FEARED I WOULD DIE

LIVING WITH HIV

“MY NAME IS MASEDI.
In 2000, I lost both parents to AIDS. In 2004, I asked why I was taking pills daily. My aunt took me to the clinic and a counsellor broke the news – I was born HIV-positive.”

Looking back, Masedi Kewamodimo, now 23, says she had little help in developing the skills needed to navigate adolescence with HIV. Today, she notes, Botswana, which has the world’s third highest HIV prevalence, offers more avenues of support to teenagers living with HIV.
As a child, I feared I would die soon, and I feared telling my friends. When I started dating, I faced a lot of rejection once I said I am HIV-positive. At university, I feared that society will never accept people who are living with HIV,” she says.

Masedi volunteers at Sentebale Network Club, sharing her experience to help young people live positively with HIV, especially when they leave home for college or work.

In Botswana, young people aged 15 to 24 account for one third of new HIV infections. Seven in ten new infections are young women – or 61 each week (UNAIDS). The majority acquired the virus through unprotected sex with older male partners. Reducing age-disparate sex is a pathway to reducing teenage pregnancy and HIV incidence.

“I have cried endlessly, and that inspired me to be a better HIV advocate.”

DID YOU KNOW?
People with HIV may be more at risk of both catching COVID-19 and perishing from it.

A PANDEMIC WITHIN A PANDEMIC:
COVID-19 comes atop the decades-running HIV pandemic, which remains a massive THREAT TO LIFE, health and welfare throughout the world, particularly among marginalized groups.

1 in 3 HIV INFECTIONS in the region is among YOUNG WOMEN.

690,000 DEATHS and 1.5 MILLION new infections in 2020, 50% were women and girls. (UNAIDS 2021)

19.6 MILLION PEOPLE > LIVING with HIV.

"I have cried endlessly, and that inspired me to be a better HIV advocate."

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‘HEAR’ HER — on health and well-being

"I have cried endlessly, and that inspired me to be a better HIV advocate."

MASEDI

DID YOU KNOW?
People with HIV may be more at risk of both catching COVID-19 and perishing from it.
UNFPA works to end HIV and AIDS in Africa by leaving no one behind – especially groups already vulnerable to HIV who are facing increased risk during the COVID-19 pandemic.

Girls are twice as likely to be living with HIV as young men. During COVID-19, UNFPA works to accelerate prevention methods and access to contraception. Most importantly, it continues to advocate for women’s rights and wellbeing.

Lockdowns, curfews and other restrictions are causing severe income losses for sex workers, who are engaging in sex without condoms just to have money. UNFPA makes sure sex workers are able to get medical checkups, family planning including condoms, PrEP/PEP drugs, and to discuss their health challenges and concerns.

UNFPA works with investors, manufacturers, governments and donors to enhance local production of condoms. A huge market exists for male condoms, about 4 billion additional units or US$105 million to meet the demand for 6 billion.

STIGMA CAN BE DEADLY

Chifundo Tindo, who lives with HIV, empowers youth to protect themselves and live without shame or fear. She is part of the UNFPA-supported Safeguard Young People programme which has reached more than 6.7 million young people in eight southern African countries.

See: https://youtu.be/gxpGT2PT5HY
Health, as defined by the World Health Organization, is a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

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UNFPA EAST AND SOUTHERN AFRICA: ACCELERATING THE PROMISE

UNFPA, the United Nations Population Fund, expands the possibilities for women and young people to lead healthy and productive lives.

UNFPA is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.

UNFPA ESARO works to improve lives in 23 countries in East and Southern Africa. We work with governments and through partnerships with other United Nations agencies, civil society, regional economic communities and the private sector to ensure that no one is left behind.

We focus on impacting the lives of women and young people by empowering them. We seek to ensure that they enjoy universal access to reproductive health and realize their reproductive rights – including in humanitarian crises. We place gender equality and human rights at the heart of this.

We work to speed up progress on reducing maternal deaths, in order to accelerate progress on the ICPD agenda. And we invest in innovative approaches to contribute to young people’s adoption of healthy lifestyles.

We support countries’ development plans by helping governments gather and analyze their population data to better understand and plan for their demographic challenges, to ensure that each and every person can realize real improvements in their lives. In all this, we are working hard to ensure that countries reap the demographic dividend of which Africa now stands at the cusp.

WHAT YOU CAN DO TO SUPPORT OUR WORK

SPEAK UP.
Support local campaigns to end child marriage, female genital mutilation and domestic violence.

GIVE.
Every donation, big or small, has a life-changing impact.

PARTNER.
Contact your local UNFPA Country Office or the Regional Office (see contact details below).

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