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FOREWORD

'Take, Focus, Soar, Expand'

H.E. DR. WANDIRA-KAZIBWE, SPECIOSA
MEMBER OF THE PANEL OF THE WISE AND CO-CHAIR OF FEMWISE-AFRICA

The growth of our community comes at a time when our continent is facing unprecedented challenges from COVID-19. As we are confined to our homes or attempt to maneuver through the restrictions and lockdowns that have been imposed to contain the spread of the pandemic, the FemWise-Africa Network provides a platform for us to connect to with and receive support from our sisters from all over the Continent.

This Newsletter, the first for the Network, will enable us to share and spread experiences of our work as architects of peace, mediators and conflict resolution experts, even during in crisis times. COVID-19 has opened and expanded our domain of operation to further showcase women’s fortitude and resilience in all types of wars—physical and biological. This is the time for us to take our rightful place, focus, soar and expand our operations and influence in order to keep our struggle relevant for these new times.

Let us spread the energy

H.E. SAMBA-PANZA, CATHERINE
CO-CHAIR OF FEMWISE-AFRICA

It is great to see some of the work members of the FemWise-Africa Network have been doing to raise awareness and advocate against Gender-Based Violence, especially in the context of lockdowns, movement restrictions and emergency regulations. The energy from our members on the ground is palpable.


We hope you enjoy this issue and that it will inspire you to also share your stories with us for the next.
The novel Coronavirus is again showing the world, and indeed the Continent, how women are so often at the coal face in the fight against threats to our survival as the human race. In the face of COVID-19, women are at the heart of health care systems, they are looking after children and the elderly, both at home and in health-care facilities, and are also at the forefront in efforts to sustain the provision of essential goods and services, often at great personal risk. Women are strong! Women are determined! Women are able! African women are all of these things and so much more!

It is thus so exciting for us as the African Union, to be launching this first edition of the FemWise-Africa quarterly newsletter, just a few short weeks after our commemoration of the 57th Africa Day! This Newsletter offers policymakers and involved citizens an opportunity to share and learn, and more importantly conveys a message of hope and inspiration through FemWise-Africa members’ accounts of how women are supporting each other and complementing governments’ efforts on the ground to curb the spread of COVID-19 and its ugly consequences. This includes our collective efforts to push back against the rise in sexual and gender-based violence. I trust that you will enjoy reading this newsletter, and that the stories shared here will resonate with you, and sustain your hope in mankind during this difficult time. I am particularly hopeful that through their inspiring accounts, FemWise members will will leave in us, a renewed faith in the tenacity of the African spirit!
THE NETWORK

The Femwise-Africa Network since its establishment has been steadily growing. In its third year of operationalization, the Network has **462 MEMBERS** from all the 5 regions of the Continent.

176  EASTERN AFRICA  
96   WESTERN AFRICA  
90   CENTRAL AFRICA  
65   SOUTHERN AFRICA  
26   NORTHERN AFRICA  
9    DIASPORA

UPCOMING ACTIVITIES

☐  INDUCTION TRAININGS  
☐  REGIONAL CONSULTATIONS  
☐  NATIONAL CONSULTATIONS AND NATIONAL STRATEGY DEVELOPMENT SESSIONS  
☐  FEMWISE-AFRICA STEERING COMMITTEE MEETING  
☐  FEMWISE-AFRICA APP  
☐  CONTINUED VIRTUAL DISCUSSIONS OF VARIOUS FEMWISE-AFRICA POLICY DOCUMENTS. ONGOING
The age of corona has descended on us like an errant comet. Suddenly, wherever we are, we seem to be surrounded by corona, even without being in contact with it. It’s in every piece of news, every conversation, prayer and, if we admit it, constantly in our thoughts. And in Africa, if we are to go by experts’ predictions, the specter of annihilation hangs over our heads like Democles’ sword.

“If you think corona has hit the world hard, wait until it gets to Africa,” we are hearing, predictions peppered with doomsday scenarios enough to discourage even the hardest among us.

So, will Africa survive corona, or are we destined for virtual extinction like the dodo bird which, at one time, also lived in Africa.

Hunkered down in my place (aren’t we all), I keep thinking about my mother’s favorite expression whenever we faced a crisis: How many storms have we been hit by before? We shall also survive this one.

So let’s briefly remind ourselves of the storms Africa has endured, and survived well enough to tell the tale, albeit painfully. From the slave trade, through colonialism and its savage wars, apartheid and its crazy ideas, genocides (the first genocide of the twentieth century was the Herero genocide), followed by a plethora of diseases: malaria, sleeping sickness, leprosy, Ebola and HIV.

We have survived locust invasions (our original name for Lake Victoria was Mwita Nzigye, Killer of Locusts, because locusts would perish trying to cross the huge lake), the rinderpest that wiped out 90% of eastern and southern Africa’s cattle stocks, to name just a few of the storms that have hit Africans over the centuries. When you think about it, how is it possible that we are still here, walking and talking? And now corona. Will we be here tomorrow, still walking and talking, after corona exits the stage? According to predictions coming our way, there is a huge possibility that we might not.
"As always, the poor are the hardest hit. Already struggling to make ends meet, the stringent measures that must be adhered to in order to stem the virus’ spread are making their daily struggle to survive unimaginably harder."

In Sudan, where I am writing from, the rising numbers are worrying, with reported COVID-19 cases now well over 1,000. Sudan, as we all know, is struggling with an ailing economy inherited from a corrupt regime that cleaned out the national coffers, leaving the country’s resources in the hands of a few cronies and saddling the new government with a gargantuan debt estimated at over $60 billion. Just when the long-suffering people of Sudan were finally beginning to breathe again following Al-Bashir’s ouster, corona comes barging in with yet another nightmare.

One must give it to the transitional government which, despite the huge odds stacked against it as it struggles to launch the country on the road to recovery, is making every effort to deal with the pandemic. The government early on created a health emergency committee that regularly updates the public about the virus and the measures being taken to mitigate its spread. The transparency with which the problem is being handled has boosted public confidence in the government.

The shortages have resulted in interminable queues at a time when social distancing is the key to keeping the virus from spreading among the population. And yet people must get food and they must be able to cook. This conundrum is, to a large extent, one of the reasons the number of cases is going up. As always, the poor are the hardest hit. Already struggling to make ends meet, the stringent measures that must be adhered to in order to stem the virus’ spread are making their daily struggle to survive unimaginably harder. Acutely aware of this, the government has been quick to find ways to come to the rescue of the most vulnerable, especially by providing food packages.

The goodwill the transitional government has created internationally since the departure of Al Bashir has elicited an encouraging response from international agencies, many of which are helping the government to provide sustenance to the most vulnerable. So far, more than two million people have received food and livelihood assistance from Sudan’s humanitarian partners while the government itself has been delivering food packages to families in need.

And the government has openly admitted that the health facilities it recently inherited may not be able to adequately cater for corona patients should the numbers grow above a certain level. Meanwhile, the country finds itself in a Catch-22 situation. The virus has come at a time when Sudan is facing acute shortages of essential commodities such as fuel, gas for cooking and bread, all critical for the livelihoods of ordinary people.

Sudan has thousands of internally displaced people living in conditions that make them particularly vulnerable to the spread of the virus. Women and children, who make up an estimated 75% of those sheltering in IDP camps, are being targeted for food and health assistance as the country prepares for the worst.
Remember that women are victims of multiple crises that will make it almost impossible for them to manage any further crisis should the pandemic spread among displaced people.

Key among these: food insecurity, rising prices that reduce their purchasing power, sexual and gender-based violence endemic in conflict-affected areas, social stigma attached to being raped and high levels of poverty as they shoulder responsibility for large families in the absence of men who have either been killed in the violence or have left to join the armed struggle.

The government’s partnership with agencies to provide for such vulnerable groups is, therefore, a practical approach that needs to be supported regionally and internationally.

"If there is one thing that must come out of corona, it is a reordering of the way we spend our national resources to make our people the most resilient security weapon against the storms likely to continue hitting us, including pandemics."

As Sudan, and Africa in general, rolls up its sleeves to confront this looming catastrophe, we should seriously look into what Africa can do with what we have, even as we seek help from our international partners. The developed world’s strategy for dealing with the pandemic revolves around social distancing, washing hands, wearing masks, testing kits, protective gear for health workers, ventilators and a possible vaccine. Which of these is Africa able to put in place for our entire population?

The question of having enough testing kits and ventilators is easily answered; we will not have them. This means that our strategy should focus on those things we can easily do, that is social distancing, which needs coordinated public messaging and enforcement, and washing hands, where all you need is soap and water.

As for masks, we should ask every African family to make their own masks and do away with the idea of buying factory made ones, which we know they cannot afford. As for soap, this can easily be made in every community if we organize ourselves. We can then narrow our request for assistance from our international partners to one thing: massive assistance for protective gear for our health workers in form of gloves and virus-proof coats. As for water, there is no doubt that Africa has enough resources to provide water for every African family but to do this, we must shift our priorities. One way would be to reduce what we spend on arms and weapons, whose only victims are Africans anyway, and substantially raise our expenditure on water and health. Our slogans about health for all and water for all do not have to remain in the realm of visions and ideals. They are achievable and should, therefore, become a reality.

If there is one thing that must come out of corona, it is a reordering of the way we spend our national resources to make our people the most resilient security weapon against the storms likely to continue hitting us, including pandemics. And in doing so, we may even end up killing two birds with one stone: create a resilient African citizenry and finally silence those guns.
At the Women and Law in Southern Africa in Eswatini, we are developing video clips and infographics to raise awareness of women’s rights and GBV during the pandemic, providing legal advice and assistance to affected women, and training community-based paralegals on implication of COVID-19 for women to ensure they effectively support those that are vulnerable making them frontline workers. We are also holding online discussions on Gender-based violence and women’s rights.

The Government of Eswatini on its part has issued a toll free line where citizens can report any form of violence. It has also recently passed a very comprehensive piece of legislations aimed at ending violence/abuse called the Sexual Offences and Domestic Violence Act of 2018. It is important that we continue sensitising communities about this new law.
So let us hear the doomsday predictions being painted about Africa, get from them what may be useful for us, set the rest aside, and use what we have to ensure that, just as we weathered those storms over the centuries, we survive corona and live to tell the story to our grandchildren. But let us tell it our own way. As Chinua Achebe says: If you don’t like someone’s story, write your own.

COVID-19 IN SUDAN: IMPACT ON THE ECONOMY, PEACE AND WOMEN

BY NAIMA KORCH
FEMWISE-AFRICA MEDIATION AND ADVOCACY OFFICER, SUDAN

On 13 March, Sudan reported its first case of Covid-19 after a man who had visited the United Arab Emirates passed away after arriving in Khartoum. Two months later, the country had registered 2289 cases and 97 deaths, but the real numbers could be much higher.

The capital Khartoum has been in lockdown for a month as part of a public health emergency plan to mitigate the spread of the virus. Movements have only been allowed from 6 am to 1 pm to facilitate citizens to access essential services. The rest of the country is under a 6 pm to 6 am curfew. All airports, ports, and land crossings remain closed to passenger aircraft, except for humanitarian, commercial and technical support shipments. Additionally, country-wide restrictions on all public gatherings and movements remain in place, including learning institutions, which remain closed. A high-level ministerial committee co-chaired by the ministers of health, information, and interior has been established to coordinate measures.

The Ministry of Health now holds daily press conferences to update the country on best practices for prevention and to highlight the ever-expanding list of government efforts to fight the disease. It has teamed up with the country’s mobile phone operators to send out daily reminders of best practices for social distancing. Furthermore, it has established isolation centers at the Khartoum Teaching Hospital and the Jabra Trauma Center.

But the health system is very weak and badly equipped with just a few hundred ventilators and international aid has been slow to materialize. Medical personnel work under difficult conditions without the appropriate protective gear to safely carry out their duties. The Central Committee of Sudanese Doctors (CCSD) warned that 13 hospitals in the country were on the brink of shutting down, due to the absence of essential gear equipment. The Sudanese Nursing Association has set a deadline for a strike if the required protection equipment has not been provided by May 14.

The economic situation and the collapse of many structures, due to bad management during the Bashir regime, makes implementing precautionary measures difficult. For example, Sudanese returning from abroad have refused to stay in quarantine centers due to shortages of food, protective gear, and the limited numbers of medical personnel.

All around the country, local committees, and the population complain about poor health structures, for example, members of resistance committees in the neighborhoods of Port Sudan, the capital of the Red Sea state, have expressed their serious concern about the city’s quarantine centers.
Drinkable water and food are lacking, sanitation facilities are badly kept, and administrative supervision is absent, they said in a press statement on May 14 to radio Dabanga. Other major issues such as the lack of fuel and gas have made it difficult for people to adhere to the lockdown measures. Violent demonstrations were reported in different parts of the country, such as El Mahas district in the north, after the closing of public markets. Thousands of people, the majority of whom are women, fear that they will lose their jobs.

The economy struggling since the secession of South Sudan has not recovered. According to data provided by the regional network Strategic Initiatives for Horn of Africa (SIHA), 47% of the population lives in fragile economic conditions, 40% do not have access to clean drinking water, and 72.9% do not have access to safe sanitation. The cost of living has soared over the past month with key food items becoming more expensive.

Many sectors of the economy are directly impacted by the measures, especially agriculture which makes up 44% of the economy. Sixty percent of the gross domestic product relies on the informal sector, including IDPs and migrants from the countryside who are working in small jobs in urban capitals. The annual inflation rate reached 98.81 percent in April 2020 according to the official Sudan News Agency (SUNA). Rural areas are the hardest hit.

The Peace Process

The exceptional circumstances of the COVID-19 pandemic have made the drawdown of the hybrid UN-AU mission UNAMID difficult. The Under-Secretary-General for Peacekeeping Operations in its briefing to the Security Council in April said that “in response to the COVID-19 pandemic, the closure of airports, seaports, and land crossings along with the suspension of all peacekeeping rotations have severely impacted the UNMAID mission, rendering impractical an effective exit by 31 October”. Regarding United Nation Interim Security Force for Abyei, the mission set up for the Abyei territory that is in dispute between Sudan and South Sudan, the USG further said that the measures put in place by Sudan to restrict the spread of the virus, “are delaying the deployment of fresh United Nations police units in Abyei and that the months ahead will no doubt pose new and unprecedented challenges due to the COVID-19 pandemic”.

Women

Since the beginning of this health crisis, I have been following the consequences of the pandemic on Sudanese women. According to SIHA, the network of women of Darfur led by Mrs. Nawal OSMAN (who is now campaigning to be appointed Governor of Darfur) and Dr. Samia El Hachemi, the pandemic has exacerbated pre-existing gender inequalities. Eighty percent of Sudanese women and girls from conflict and least developed areas work in the informal sector, most of them as domestic and factory workers or as itinerant saleswomen.
They are entirely dependent on their work for sustenance and the decision to stop economic activities has put women and their dependent families at risk of starvation. This risk has only been delayed due to the support of NGOs and international aid. Women activists have also reported that curfews and lockdowns will make women more vulnerable to gender-based violence and domestic abuse.

NGOs and grassroots organizations are calling for subsidies for and price-control of food and a comprehensive food distribution measure in case of extensive lockdowns; investments in public health education campaigns with a focus on women and the population who reside in urban slums, rural districts, agricultural zones, mining locations, and refugee and IDP camps and tailor their prevention and protection guidance to what is feasible and available in the local context.

**Economic measures**

The authorities targeted 600,000 urban poor for one-off assistance, including food parcels and other essential supplies during the emergency period. The Ministry of Finance and Economic Planning (MoFEP) has also been working on different options to support the population during the lockdown. Among the activities, the MoFEP developed a plan to scale up financing to the health sector and provide cash transfers to 80 percent of the population—more than 30 million people—most of whom are informal sector workers whose livelihoods will likely be affected by the restrictions.

According to the Ministry, each person will receive SDG500.00 per month. Also, it will carry out a civil service salary reform to help those on fixed incomes and to provide a cushion to the private sector through tax and customs exemptions.

It is also evaluating possible support for exporters and other productive industries affected by exchange rates and depreciation (source OCHA). In a press statement on May 14, the Minister of Finance and Economic Planning, Ibrahim El Badawi, has announced that the transitional government, together with the Friends of Sudan countries, will begin funding the Financial Support for the Poor Family Project in mid-December 2020.

But women activists have expressed the limits of this program as many women do not have formal identification cards. Indeed, the Sudan national data records were developed during the Bashir era, where women were required to appear in front of the national record officers with male guardians or the ID of their male guardians. It is also worth noting that 75% of the Sudanese population reside in the states, villages, and outskirts of the city, where the majority are women and were not among the priorities of the civil registry. This will leave out a large segment of the population that will not benefit from the support.

International organizations and partner nations have also been steadfast in their support. For example, UNAMID has gifted five serviceable 4x4 vehicles, four high-capacity power generators and a refrigerator container unit to the Federal Minister of Health, the United Kingdom have given $6 million to the UN COVID-19 response plan for Sudan while the United Arab Emirates has sent an aid plane carrying 7 metric tons of medical supplies, including medical equipment and test kit supplies that will benefit more than 7,000 healthcare professionals and the Kuwait Embassy in Khartoum has distributed 1,800 food baskets for hundreds of families, orphans and needy to mark Muslims’ holy month of Ramadan.
Finally, to be also noted the contribution of women and youth activists, members of the local committee that were created to support the population during the revolution, took several initiatives since the beginning of the pandemic, to protect the vulnerable populace particularly women, including the delivery of soaps, hydro-alcoholic gels, protective masks, and basic food. Medical students have also been active in visiting poor families to detect signs of the virus.

Following the change of regime, and existing economic difficulties, the COVID-19, is a serious threat for the country. On 24 April, the Security Council voiced concern over the impact of the COVID-19 pandemic on the socio-economic and humanitarian situation in the country. In a statement published by the International Council website, were expressed fears that the military, as the country's only functioning national institution, will step forward in ways that will make civilian authorities look weak or feckless just when the civilian rule should be becoming more entrenched. The pandemic's adverse effect on women requires a specialized response that recognizes and addresses their rights, their medical and social needs, and promotes their leadership in the response.

"What do you mean Coronavirus? We’re South Sudanese, we know death!” Madut’s cousin said to him with arms outstretched for a hug at a family gathering. Madut resisted but failed. He described this incident to us on a Friday afternoon before we parted for the weekend. He lamented, “South Sudanese think they’ve seen worse, so they’re relaxed.”

On 5 April, South Sudan became the 51st African country to confirm a Coronavirus case. Meanwhile, its six neighbors had already recorded more than 20 cases each and some fatalities. Understandably, South Sudanese were cautious but still at ease. A month later, South Sudan had 52 confirmed cases. The relaxed mood was gradually shifting. Crucial to localizing this confoundingly global disease is advocacy. The Government of South Sudan has launched an awareness campaign involving messaging on hygiene, social distancing, and restrictions on gatherings. These efforts are complemented and funded by the already vast presence of international organizations and partners in the country.

"We need to start normalizing saying salaam [greeting] from a distance. And that is what we aim to do, to complement the work of the High-Level Task Force, which may sometimes be too formal for our people"
South Sudanese individuals and local business owners have also joined the frontline, volunteering their time and efforts to ensure that these messages resonate. Merckje Lorna, Coordinator of the Citizen’s Taskforce on Covid-19 said, “It’s important to breakdown and contextualize the WHO recommendations and adapt them to our setting. We need to start normalizing saying salaam [greeting] from a distance. And that is what we aim to do, to complement the work of the High-Level Task Force, which may sometimes be too formal for our people.”

The High-Level Task Force on Covid-19 Prevention was established by President Salva Kiir, to coordinate South Sudan’s response to the pandemic. He appointed the First Vice-President, Dr. Riek Machar, as the Deputy Chairperson. He appointed the First Vice-President, Dr. Riek Machar, as the Deputy Chairperson.

Before any cases were reported in South Sudan, the Government implemented pre-emptive measures beginning with a curfew (8:00 pm to 6:00 am), followed by a partial shutdown. It ramped up these efforts by closing Juba International Airport and all international borders. On 13 April, transportation from Juba to the states and the states to Juba was suspended. The war metaphors we use to describe the Covid-19 pandemic have become ubiquitous. From the daily headlines, “The war against Covid-19,” to the titles (UK Prime Minister Boris Johnson described himself as leader of a “wartime government”) to describing healthcare workers as “warriors.”

But what does this deadly pandemic mean for a country that is barely getting out of a literal war? South Sudan is recovering from a conflict that killed an estimated 400,000 people and displaced about 4 million citizens of a population of roughly 12 million.

This past February, the 2018 peace agreement was “revitalized” when the unity government was partially formed. After two delays, the emergence of the Revitalized Transitional Government of National Unity (R-TGoNU) was a significant advancement that gave the country’s leadership a chance to build upon a ceasefire that has held for over a year. However, the new government was formed in the wake of several unaccomplished tasks the most significant of which being the unification, training, and deployment of Africa’s second-largest military (by military personnel).
With the unification of the army still not achieved, the security situation in South Sudan remains fragile. Another key outstanding issue is the allocation of the country’s 10 states to the various parties to the agreement. The lack of consensus on this particular sticking point has created a political vacuum at the states, where inter-communal violence has flared in recent months. In light of Covid-19, it also makes coordinating state-level outreach and testing challenging.

Ensuring that the peace agreement is followed through is truly a Pan-African exercise that involves regional guarantors, IGAD Member States, the African Union, and monitoring agencies such as the Reconstituted Joint Monitoring and Evaluation Commission (RJMEC) and Ceasefire and Transitional Security Arrangements Monitoring and Verification Mechanism (CTSAMVM).

The measures implemented by the government to prevent the spread of Covid-19, also affect the mobility of these actors to conduct the diplomatic activities and interpersonal engagement needed to ensure that the peace process is a success. However, a recent diplomatic push by IGAD establishing a deadline for the allocation of states indicates that the region remains focused on the process.

Attempting to piece together fractured relationships amid a crisis has been a challenge but it also offers opportunities for cooperation. On 10 April, during his Easter address, President Kiir told the nation, “I want to appeal to all our people in Jonglei, Lakes, and Warrap to cease all communal hostilities and to take actions instead, to fight against coronavirus.

Our local differences pale in comparison with the danger and threat of coronavirus.” Furthermore, First Vice-President Dr. Riek Machar’s appointment as the Deputy Chairperson of the High-Level Task Force, with authority as operational head, has legitimized and enhanced his position in the government.

For South Sudan, the main concern is the effect that this pandemic could have on an already fragile humanitarian situation. Around 1.7 million South Sudanese are internally displaced with 180,000 sheltered in UN Protection of Civilians camps. The World Food Programme estimated that 7.5 million South Sudanese would need humanitarian assistance this year, a figure that was established well before the spread of Covid-19. A crisis of this magnitude not only exposes and exacerbates existing vulnerabilities; but also creates new ones.
"Hawkers, Boda Boda [motorbike taxi] drivers, hair braiders, food sellers, and tea ladies are among the key players for whom “working from home” is not a viable option."

The informal sector is not only a vibrant part of Juba, it is a crucial means of survival for most South Sudanese. Hawkers, Boda Boda [motorbike taxi] drivers, hair braiders, food sellers, and tea ladies are among the key players for whom “working from home” is not a viable option. Covid-19 has made so many aspects of our daily lives precarious and unstable, add to this the long chain of social norms, power relations, and poverty that already confine the lives of South Sudanese women.

As in the rest of the continent, women make up the bulk of informal workers and daily wage earners. Concurrently, women perform most unpaid care work in their homes and communities. The pandemic will not only lead to women’s loss of income, and the autonomy that it comes with, but also might relegate them back to the domestic space with its socially designated chores and roles. Women are also more likely to be exposed to the disease as they care for family and community members.

The “shadow pandemic” of Covid-19 has been the rise in domestic and intimate partner violence as women and children are confined to their homes. This is compounded by the stress of economic uncertainty and loss of livelihoods. While data on the impact on Sex and Gender-Based Violence (SGBV) reporting during this period is not yet available, 65% of South Sudanese women surveyed in 2017 said they had experienced sexual or physical violence in their lifetime. A collaboration between the United National Population Fund and the Ministry of Gender, Child and Social Welfare has bought justice and care, literally to South Sudanese women’s doorsteps through mobile GBV centers which provide comprehensive care for survivors including clinical treatment and legal support. These essential services have remained open and the tenth center was inaugurated in the northern town of Aweil in April. Eve Organization, a local women’s NGO, in its awareness drives throughout the open-air markets of Juba, incorporates a relatable messaging of women’s multiple roles, “be responsible: protect yourself, family and community from Covid-19.”

While South Sudan remains in a partial lockdown, its young economy faces the very real prospect of total lockdown. Restrictions on the movement of goods and people have disrupted trade and food supplies while small and medium enterprises have experienced significant losses since the enforcement of a partial lockdown and curfew. South Sudan’s economy relies heavily on revenues from oil exports, counting for 98% of the country’s foreign exchange revenue. The unprecedented decline in oil revenue, partly due to Covid-19, is likely to lead to an economic shock that will last well beyond the immediate crisis. This will also undermine all efforts to implement the peace agreement, as the $100 million pledged by the government is mostly derived from oil revenues.

Amidst lockdowns and increasing uncertainty, people all over the world yearn for normalcy to return; for never-ending lunch dates with friends, neighborhood bunna [coffee] and chai [tea] spots, as well as affection. South Sudanese do as well. They also yearn for another kind of normal, peace.
The world is dealing with an enemy that is faceless and unprecedented in its scale and impact in the modern world. Beyond widespread infections and associated casualties, the spread of the coronavirus (COVID-19) has led to stock-market crashes, surging financial volatility, shrinking of nominal interest rates, and contractions of real economic activity. Coronavirus is an acid test of every single country’s health care quality, the standard of governance, and social capital, and if any of three is week it will be expose quite unmercifully.

On 01 May, the United Nations General Assembly President Tijjani Muhammad-Bande of Nigeria tweeted, “the COVID-19 pandemic is exacerbating pre-existing inequalities, putting immense strain on tenuous systems, and plunging those in the most precarious contexts deeper into poverty and hunger”.

As the pandemic unfolds in Africa, we continue to see particularly catastrophic effects of the virus among vulnerable women and girls. The United Nations (UN) Secretary-General António Guterres has called for responses that take into account the unique needs of women in combating COVID-19 and underlined its different impact on men and women, which could exacerbate existing gender inequalities. He wrote, “It is crucial that our response to the coronavirus outbreak takes the needs of women into account”, echoing the 19th March appeal of UN Women to place women’s needs and leadership at the heart of the effective response to COVID-19. Women in Kenya, like others in Africa, are experiencing economic and social hardships during this period.

As of 7th May, the Kenyan Ministry of Health has conducted 28,002 tests of which 607 were confirmed. Positive. Disaggregated by gender, 249 were female and 358 male. The cases are spread among different counties. Nairobi taking the lead followed Mobassa, Kilifi, Mandera and Kiambu. Since the first case was recorded, 129 have recovered while 14 have succumbed to the virus.

To help cushion the economic blow, the government has introduced a series of stimulus measures, including reducing value-added tax. It has also asked senior public officers to take pay cuts, in addition to introducing wage tax subsidies for those in

(Continued...)
more formal jobs and providing financial support to businesses. An emergency fund for food aid has also been set up by the state to allow contributions from the general public and the private sector.

Despite the above efforts, women in most parts of the country are yet to benefit from any of these measures. According to a 2018 report by the International Labour Organisation (ILO), the informal sector employs at least 89% of African women, the majority of whom lack social protection, rights at work, and decent working conditions. For instance, in Nairobi, the majority of women in informal settlements work as domestic workers in neighboring upmarket estates. But since the outbreak of COVID-19, their employers have shied away from engaging them for fear of possible infection, owing to the house-to-house kind of work that they do. Also, these women have been neglected in the ongoing distribution of food aid. Despite claims of proper mapping to guide the aid distribution there is a massive outcry from the population that those who need it the most have been left out.

The story of Peninah Bahati, a single mother and an informal worker with eight children, who cooked stones to make her children think that she was cooking dinner hoping that they would fall asleep in Junda ward, Kiswani county in Mombasa is heartbreaking. Her story only reached the public after her neighbor released her plight on the internet. Peninah was one of the three thousand waiting for the food aid promised by the government.

This incident pricked my childhood memories. When I was growing up, women and girls were encouraged to never share their problems. Keeping quiet was viewed as a symbol of civilization or heroism. Such retrogressive cultural practices aggravate the impact of the pandemic. This incident pricked my childhood memories. When I was growing up, women and girls were encouraged to never share their problems. Keeping quiet was viewed as a symbol of civilization or heroism. Such retrogressive cultural practices aggravate the impact of the pandemic. Many will suffer and perhaps die in silence to consent to such norms. This is the very reason why it is important during the pandemic to check on other women and encourage them to share their experiences.

As a Kenyan, the state of the Women, Peace, and Security agenda in the times of Covid-19 is especially pertinent. At a Webinar hosted by IGAD Centre of Excellence for Preventing and Countering Violent Extremism (P/CVE) on April 24, discussants noted that it may be too early to determine how the flow of COVID-19 pandemic will affect counter-terrorism measures. In my opinion, the situation has drawn the attention of most of the PCVE practitioners, slowing down their efforts on anti-radicalization campaigns that have been in place before the pandemic. This applies to both offline efforts impeded by lockdowns and strict COVID guidelines, and to on-line campaigns, where militia groups may take advantage of the attention gap to carry out online radicalization. The latter could be further aggravated by unregulated social media platforms.

A state of emergency does not by itself ineluctably limit or suspend the Bill of Rights. The high-handedness by police witnessed during curfew enforcement in many parts of Kenya is deplorable.
The experience of women being mistreated by law enforcement agents does not only increase their mistrust in the agencies but might make them less cooperative on P/CVE in the future. The Mombasa – Likoni Curfew mayhem, where the excessive force used by police led to injuries on both men and women can be used to radicalize the population. The coastal region of Mombasa has been a hotspot for violent extremism, and although there are ongoing efforts to curb radicalization, horrendous images from this incident may be used in the future to radicalize and recruit members, and further agitate those that have been calling for a secession of the region. It is sad to note that the gains already made in counter-terrorism efforts may easily be eroded by incidences of his nature.

This could also create a setback to the Women, Peace, and Security Agenda (WPS). Most women who were participating in P/CVE efforts at the grassroots level are now at home and not actively engaged. At the community level, women leaders are encouraged either consciously or unconsciously to take a back seat, either out of a good intention to protect them from any harm or since the problem is perceived to be too big to put them in the frontline. Their glaring invisibility in the COVID-Response is, however, a grave cause for concern.

Apart from economic hardships, and the decreased engagement in P/CVE efforts, the lockdowns have affected women in two distinct ways: First, a rise in Gender-Based Violence (GBV) due to women being locked up with abusive partners.

According to Agnes Odhiambo of Human Rights Watch, the restrictions imposed in response to the COVID-19 pandemic are likely to make it harder for survivors to report abuse and seek help, and for service providers to respond efficiently. In Kenya, a recent report by the Chief Justice noted the rise in sexual offenses, since coronavirus was first confirmed on 13th March. Chief Justice Maraga stated that out of the total criminal cases reported sexual offenses constituted 35.8 percent of cases recorded since then.
Similarly, the Ministry of Public Service, Youth, and Gender Affairs has reported a 42 percent rise in cases over the past month. Second, the lockdown has increased the expectations of women to perform household and familial duties. In many families, women are overburdened to take care of families without any form of support. This has increased the stress levels of many women, potentially resulting in burn out and consequently diminishing their contribution in various (development) fields. This might also impact girl’s education, during the pandemic schools are closed and girls are burdened with assisting their mothers with household chores while their brothers engage in their schoolwork. The Nairobi women Representative has also requested the government to continue distributing sanitary towels during the pandemic break since the majority of the parents cannot.

Among the different groups of women, some are more vulnerable than others. For example, stories have emerged about the quarantine facilities and the lack of emotional support provided to patients, especially young mothers. The case of a woman in Nakuru County seen as an outcast after coming from quarantine is just the tip of the iceberg. She was left alone just in the company of her small child.

Another group includes those impacted by natural disasters. Kenya is currently struggling with two main pandemics. Due to the intensification of heavy rains starting in March more than 200,000 people have been affected, displacing over 100,000, who have been relocated to temporary shelters mostly in schools, where the sanitation and living conditions are extremely deplorable. The facilities could be fertile grounds for not only COVID-19 but other opportunistic ailments. Women (and children) in these situations are the majority and most vulnerable.

As we struggle to end the pandemic, critical decisions and paradigm shifts need to be considered both locally and globally. COVID-19 has the potential to teach us many lessons: the need for collective effort; competent, efficient governments, investment in science, and research. Further research would be required on the impact of COVID-19 on gender. This would inform future policies on gender mainstreaming during pandemics. It is a collective responsibility to create a better society, now more than ever we should not give up, for ourselves for the next generation and humanity at large.

Another mother with a one-month-old baby in Busia was forced into quarantine in an empty dormitory lacking essential facilities such as beddings. These experiences raise questions on the value that we attach to our women as a society. COVID has presented an opportunity to leverage for mental health inclusion in the national emergency response strategy.
THE REALITY OF GBV IN CÔTE D’IVOIRE

BY SEFORA KODJO KOUASSI

PRESIDENT, SEPHIS

In Côte d’Ivoire there has been a sharp increase in domestic violence since the imposition of a partial confinement due to COVID-19. For example, a few weeks ago, the video of a woman hanging from a balcony holding the hand of a man and then falling from a multistory building was broadcast live on social media sparking outrage. In the video we can hear the neighbors complaining of perpetual domestic violence by the woman’s spouse.

This has led to an observable united front against the issue. The increased coverage has encouraged many women to report domestic violence perpetrated against themselves or others.

For the moment things are calmer. However, we remain on standby, the contact of an expert has been shared on our various networks to encourage women to ask for help if they feel in danger or if they wish to report domestic violence (whether they are themselves the victims or not).

The SEPHIS Foundation of which I am the President, is an organization which for 10 years has been working on the education and empowerment of women. We funded the production of a video to raise awareness of domestic violence.

There has been an increased coverage and sensitization of the public about GBV due to campaigns developed by female activists in addition to the different radio broadcasts and TV debates that have been taking place, and the Ministry of Women has committed to redoubling its efforts.
In Algeria, since the first case of Covid-19 was reported on 25 February, the confirmed number of cases as of mid-June has increased to nearly eleven thousand. In response to the spread of the pandemic, the Government has postponed holiday leave for all doctors, limited gatherings, closed all schools, universities, mosques, and shops and suspended all flights to, from, and within the country. And as the virus spreads, fear has increased amongst the population.

As a member of the FemWise-Africa Network in Algeria, I thought there could be a way to support the efforts of the government and healthcare workers. So I got in touch with a few women tailors and mobilized them to produce more than 16,000 sterilized masks that we then distributed in collaboration with Algerian Red Crescent to doctors, civil protection agencies, National Security actors, and many shopkeepers. Through such actions and others, I realized that women, in their respective fields and occupations, have a remarkable potential to support the government in its efforts to reduce the spread of the virus. Proudly, women demonstrate that they are self-sufficient, and it is clear that they have overcome this challenge on the ground.

This activity constitutes support to the Algerian State, which has deployed significant efforts to prevent and fight this pandemic, and it is also an enhancement of the role of the FemWise-Africa Network in Algeria and North Africa, in general. I believe that this is one example of a contribution to the fight against the pandemic that could be a model to other chapters.
As a FemWise Member from Cameroon currently working with the International Rescue Committee in the South West Region of Cameroon, my area of work, Women Protection and Empowerment, targets the most vulnerable women in this area especially survivors of GBV.

As a result of the COVID-19 pandemic the GBV realities on the ground especially in the South West Region have increased drastically. The lockdowns forcing many citizens to stay confined within their homes has increased the rate of physical violence against women. And the school closures forcing young girls to stay at home has inadvertently increased their vulnerability to sexual violence, forced marriages, unwanted teenage pregnancies, and the peddling of sex for survival.

The health services which were already limited in the North and South West regions of Cameroon have become even harder to access, and women and girls are skeptical of visiting these centers for fear of contracting the virus. This has limited survivors from reporting violations perpetrated on them. Furthermore, due to economic and financial challenges most parents or caregivers are forced to send their children to the streets to hawk which has exposed these children to more violence, especially rape.

To reach out to these vulnerable survivors and better provide them with the available GBV services, most organizations have opted for the provision of remote GBV service delivery. Remote GBV service delivery is reaching out to GBV survivors during lockdown periods or hard to reach areas/localities using technology (telephone, SMS, etc). This method, however, has not been as successful because vulnerable survivors have limited finances, and thus are unable to afford mobile phones. Also, offering remote GBV service delivery to some survivors in bushes or remote areas with poor or no network services limits intervention.

To solve these problems, most organizations have identified and trained Community focal persons from these communities on Psychosocial First Aid (PFA), GBV key concepts (definition, types, causes, consequences) and available GBV services for referrals. The aid of this training is to educate these focal persons to be able to offer PFA to survivors during lockdown periods or hard to reach areas before referring them for medical and psychosocial support.

Lastly, due to restrictions on massive gatherings, most organizations are unable to carry out massive sensitization sessions - which increases people’s awareness on GBV and encourages survivors to speak up – like before to create awareness on GBV preventions and available services.
It is a well-established fact that in the wake of any crisis, it is women and children who are the most affected. This is true of the period during the crisis, and the immediate post-crisis recovery period, and it is also true in the case of the current global health crisis known as the COVID-19 pandemic. In the face of COVID-19 and the various mitigation strategies aimed at containing the spread of the virus, there has been a notable surge in reported incidence of violence against women throughout the globe, and across the African Continent. Reports suggest an increase of over 30-70 percent in reported cases, and an increase in the number of women seeking legal assistance and protection services. Covid-19 has worsened pre-existing gender inequalities and the vulnerability of women and children to domestic violence, and other forms of emotional and physical abuse. This has also been exacerbated by the various lockdown and state of emergency measures introduced in various countries, which have resulted in large scale losses of income and livelihoods. The informal sector where most Africans are engaged, has been hardest hit, worsening poverty levels and leaving many hungry.

In her remarks at a Silencing the Guns commemorative event to mark the 57th Africa Day on 25 May 2020, Dr. Speciosa Wandira, a member of the Panel of the Wise, and FemWise-Africa co-Chair spoke about the long-term, inter-generational impact of COVID-19, especially in terms of gender relations, and the dangers posed by young people’s exposure to gender based violence (GBV) at the household level. She spoke about how the well-documented reality of women living with their abusers in lockdown conditions not only places their lives at risk, but also teaches boys and young men to be future abusers, whilst teaching girls and young women to accept abuse. COVID-19, within the space of approximately four months, a period during which most African and other countries have imposed lockdown conditions that are forcing men, women and children to stay indoors, together, in close proximity to each other, is threatening the limited gender equality gains that have taken years if not decades to attain, and replacing them with medieval behavior and norms, that will likely be carried forward into the future.

**COVID-19 AND GENDER-BASED VIOLENCE IN AFRICA**

Across the Continent, the COVID-19 pandemic is strengthening unresolved shortcomings around Gender Based Violence (GBV) and the inaccessibility or lack of Sexual and Reproductive Health Rights (SRHRs) services. The number of gender-based violence incidents in Tunisia has increased five-fold compared to the same period in 2019.
In Lesotho, there has reportedly been an increase in cases of gender-based violence (GBV) including sexual assault, rape and robbery, targeting elderly women. Since the introduction of the national lockdown, several cases of assault and rape have been reported, including that of a three-year-old girl. There have also been a number of unreported cases of women abused by their husbands or partners who are migrant workers in South Africa, but have returned home due to the Covid-19 outbreak. In Nairobi, Kenya, the case of a 27-year-old mother of two who was kicked out of her house for non-payment, and subsequently gang-raped in front of her children, is telling of the multi-dimensional impact of COVID-19 on women and children. While the young mother, a fruit street-vendor whose business has been devastated by COVID 19, struggles to find shelter whilst dealing with the trauma of the rape incident, her children too have to deal with their trauma, for which they need her support. It is also worth noting the marked increase in incidence of violence against men that has also been reported in Kenya, Uganda and other East African countries.

In Uganda, a FemWise member with three children is dealing with the shock of domestic abuse on various levels as her husband physically assaulted her for the first time -- during lockdown, after she raised concerns over his infidelity. Similarly, another young woman was beaten and threatened with a panga after asking her husband for money to buy food. Elsewhere, an elderly woman was severely beaten by her grandson, and two brothers attacked their elderly father with a knife and a hoe, both due to disputes over land and inheritance.

In Guinea, the curfew and other emergency measures have adversely affected the socio-economic and livelihood realities of both men and women, and are linked to an increase in GBV incidence, particularly in rural areas. Since social distancing measures were imposed in the Gambia, there have also been reported cases of violence against women and girls in the form of sexual harassment toward sex workers, rape, and child defilement. In addition to reports of assault and harassment of sex workers in the Greater Banjul area,

"Many of these families are being forced to relearn and adjust to peaceful co-existence, often without the necessary knowledge and skills to peacefully resolve family, marital and interpersonal conflict."

there are also several reported cases of rape and sexual assault, including of 9, 10 and 17-year-old girls. Often, victims do not report GBV incidents as many African countries do not have the necessary structures and capacities to provide proper and adequate responses for victims.

One of the softer, but greatly complex realities that has resulted from governments’ COVID-19 responses is the new dynamic of families spending protracted periods of time together, sometimes in very small, confined spaces with little or no recreational activities or spaces, and sometimes with little to eat. Many of these families are being forced to relearn and adjust to peaceful co-existence, often without the necessary knowledge and skills to peacefully resolve family, marital and interpersonal conflict. This may in part be attributable to the skewed focus that various actors have placed on resolving armed conflict, often overlooking the societal threat posed by domestic and family conflicts. For victims of abuse and domestic violence, the many hours spent with abusive partners exposes them to more risk of abuse.
Sadly, whereas government directives including prohibited/restricted movements, dusk-to-dawn curfews and the cessation of movement beyond local boundaries may be important for preventing the spread of the pandemic, they also limit victim’s options in difficult and sometimes abusive situations.

In many countries, single mothers find themselves forced to make the difficult choice between starvation and exposure to the risk of contracting the Coronavirus, often with the associated threat of violence and brutality at the hands of state security forces. For instance, in Kenya, police confined a young mother and her one-month old baby to a quarantine centre for two weeks because she continued with her small maize-roasting business during “lockdown”. In another incident, local news reports brought to light the dire situation of a casual laborer widow who was forced to cook stones for her eight children in an effort to pacify them as she struggles to find work. This is a stark reminder that the reality of poverty and other negative socio-economic conditions on the continent make any travel and trade restrictions punitive, despite any good intent. The lack of adequate social and livelihood support, including food parcels, cash grants shelters and other places of safety in most countries, also does not help the situation.

To address the aforementioned concerns, it may be useful for governments to at minimum consider lifting movement-related restrictions for persons trying to escape situations of violence, and perhaps where possible, engaging hotels and others in the hospitality sector, to provide accommodation and meals for abuse victims and others in need, on a temporary basis. Such measures would also bring much needed relief to the almost-crippled hospitality industry in most countries. Governments should also increase their support to poor and vulnerable families, and thus ensure that they are not left even more worse off.

There is also a need to review and include laws, policies, and programs that protect women and girls from sexual violence, especially during a crisis such as COVID-19, whilst also ensuring that when these incidents do occur, authorities respond to them swiftly and accordingly.

**COVID-19 AND GBV PREVALENCE IN CONFLICT AFFECTED AREAS**

Women struggle to navigate abuse in most societies in Africa, and this is mainly due to the patriarchal power systems that are entrenched in our societies. In sociopolitical contexts of violent conflict, the incidence and risk of abuse is multiplied, even more so when violent conflict intersects with a public health crisis like the Coronavirus pandemic. In Libya the intersections between Covid-19, curfew, war, displacement, lack of basic needs including water and electricity, stress and an untenable socio-economic situation negatively affect families and households on a daily basis. Sometimes these circumstances result in violence and abuse as women deal with depression, stress and aggressive behavior towards others, or directed at them from their husbands, children or extended family.

Even prior to the arrival of the Covid-19 pandemic, sexual and gender based violence (SGBV) was a regular occurrence in South Sudan; both conflict-related and intimate partner SGBV. Since the onset of the pandemic, there has been an increase in cases of sexual assault, including rape and defilement, against women in South Sudan, including child rape. Since schools were closed, female students have faced various forms of GBV including forced marriage, rape and defilement. Although women civil society organizations have made an effort to set up hotlines for reporting of GBV cases of amidst the pandemic, the country does not have shelters where survivors and victims can seek assistance and support.
In the Northwest and Southwest regions of Cameroon, the combination of the COVID-19 pandemic and the prevailing social unrest has given rise to a number of human rights violations, threatening the safety of the already vulnerable population. In these areas, violations such as GBV have steadily increased since the COVID-19 outbreak, with an increase especially in incidence of domestic violence, sexual harassment, child marriage and forced marriage. This is almost a mirror-image of the situation in Mali, where sexually transmitted infections are rife, and unwanted pregnancies often result in unsafe abortions. This notwithstanding, despite COVID-19 lockdowns and other restrictions, many women are forced to continue with their daily activities as usual, as they are their only sources of livelihood and income. Furthermore, having accepted that rape is one of the violations that are perpetrated on them, some women choose family planning as a means to mitigate its effects. As a result, women are adopting risky behaviors, in anticipation of a possible sexual assault, including ingestion of harmful substances and injections to prevent pregnancy. Overcrowding in internal displacement sites has further increased the risks faced by internally displaced persons (IDPs), especially in the context of COVID-19. As a result some IDPs are forced to move to other unsafe locations for fear of the pandemic, with some resorting to sex for survival in order to meet their basic daily needs.

The fact that schools are indefinitely closed as a result of COVID-19 has further increased the rate of sexual violence, forced marriages, unwanted and teenage pregnancies, and sex for survival. Access to services remains a great challenge in these areas, especially as services were already limited due to the existing crisis, and this has worsened with the onset of COVID-19, making most services -- especially those related to health -- completely inaccessible. Unfortunately, most vulnerable people are also unaware of the assistance available to them through government and civil society initiatives, including services such as counselling and other psycho-social support. However, in some cases, the services available are either inadequate or lack sufficient resources to provide for actual needs. Additionally, some women and girls are skeptical of visiting health service centres for fear of contracting the Corona virus, and this has also limited GBV survivors’ opportunities to report violations perpetrated on them. Unfortunately, due to restrictions on mass gatherings, most organizations are also unable to carry out mass sensitization campaigns to create awareness on GBV prevention, the importance of reporting, and the services available to victims and survivors.

**GBV AND ITS IMPACT ON PEACEBUILDING**

Could what is happening around the world, and Africa in particular, have repercussions for peacebuilding in the present and future? Similar to war and conflict, the pandemic has exacerbated the vulnerabilities of women to gender-based violence not only out on the streets but also in their homes. The violence faced by women in their homes leaves scars both physical and emotional. While gender equality might have a pacifying effect towards conflict, gender inequality and gender-based violence however erode trust and lead to psychological ill health, including depression. This has a heavy consequence on the level of empowerment women feel to actively seek change in their communities, such as in informal peace processes which serve as launch pads for their greater activism and political involvement.
The lack of confidence women feel also makes them hesitant to participate even after conscious effort has been made to include them in community decision-making and mobilization structures. According to a 2004 study by family medicine specialists, women who experience GBV are not cognitively or emotionally ready to utilize health care programs. This is a combination of the active role taken by a partner to alienate a woman from social support and by the crippling effect of the trauma that is the result of the violence they experience. This can be extrapolated to women’s involvement in peacebuilding in their communities. If they cannot or are not able to seek health care support, including psycho-social counselling, how can the same women be expected to seek peace for their communities?

Similarly, how empowerment of women has inter-generational impact, trauma from GBV will also impact the mental health and confidence of little boys and girls. As mentioned earlier, the future perpetration and acceptance of abuse is one of the consequences of GBV. This will also be tied to how children see their future role in their communities. Seeking a progressive alleviation of the consequences of gender inequality, and the promotion of women to take an active role in peacebuilding, requires the recognition that a young girl who watches her mother receive abuse, for example from her father, has a small chance of growing up to be a warrior for peace in her community. Therefore, fighting against GBV not only is for the women of the present, but also for the women and men of the future.

Psycho-social counselling will provide an important avenue for healing in due time, but how many of these programs target children of households with a history of GBV is a question that needs intensive discussion and research. These issues are especially pertinent in conflict and post-conflict settings, where the economic and social fabric have been ruptured or are still on the mend. When GBV does happen in these contexts, the chances of those experiencing it coming forward is even lower. This needs the immediate action of governments and law enforcement officials and health to assess the women and children in their communities for signs of GBV. This will also require governments to crack down on the human rights abuses being perpetrated by security officials as they clampdown on citizens for disregarding curfews. When violence is the response for minor infractions, not only will governments and security forces lose the trust of their communities, they will also further play a role in victimizing those who need their support the most.
Wow! What a time to be alive! They say “never let a crisis go to waste, and for members of the FemWise Africa Secretariat, although stressful, this is a really exciting time as we get to focus a lot more on consolidating the Network. The AU’s directive for non-essential staff to work from home has given us the opportunity to actively pursue our vision for the Network, and also fast-track the implementation of several key decisions made in our policy meetings in 2019. The main one of these is the decision to decentralize the Network and support the establishment of Regional and National chapters. To initiate this process, we have created national and regional coordination platforms, and also established a permanent virtual meeting-place for all our members through a vibrant Continental platform. We are thrilled to see that so many members have embraced these developments and are already planning and conducting national and regional activities, including consultations, strategic sessions and setting up of leadership and coordination structure! We of course remain on standby as the Secretariat to provide support when needed. We are also looking forward to the virtual induction trainings of all “uninducted” members and the regional consultations that are in the pipeline. We have also initiated important discussions and debates on who we are as a Network and as FemWise members, and what it is we stand for. Tied to this of course is the issue of corporate identity - how do FemWise members out there identify themselves?

To try to respond to this, and create a sense of oneness and identifiability, we had some lively discussions of a logo for the Network - at the subcontinental levels, which saw members developing more than 10 proposed logos for broader consideration. We thank everyone who submitted a design for consideration, and especially thank all our FemWise members for the robust, passionate engagements. We look forward to unveiling the new logo in the second edition of our Newsletter.

As we continue seeking new ways to make the Network more robust and engaging, we hope that this Newsletter will become a tool not only for us to share information with our members, but also an opportunity for members to share their experiences with us and each other, allowing all of us to learn of and from the great work being done on the ground! In our next edition we will tackle some of the issues communities face as a result of violent conflict, including the silent intergenerational destroyer that is child rape.

Until then, send us your stories and stay safe! Avoid MEN - that is, avoid touching your mouth eyes and nose, observe social distancing and wash your hands regularly!

MUKONDELELI MPEIWA
COORDINATOR, PANEL OF THE WISE AND FEMWISE-AFRICA SECRETARIAT AND SENIOR POLICY OFFICER, AU MEDIATION SUPPORT UNIT
Femwise-Africa Deployees to Sudan, South Sudan and the AU with Ambassador Frederic Ngoga, Head of the Conflict Prevention and Early warning Division of the Peace and Security Department of the African Union

Ms. Segametsi O.Moathaping, FemWise-Africa, Sudan-South Sudan Political officer, and Ms. Naima Korchi, FemWise-Africa, Sudan Mediation and Advocacy Officer meeting with UNOAU officials

Femwise-Africa Deployees to Sudan, South Sudan and the AU with with the UNOAU team in Addis Ababa, Ethiopia.
H.E. Dr. Speciosa Wandira-Kazibwe, Co-Chair of FemWise-Africa, with FemWise-Africa members and Secretariat at the Biennale of Luanda - Pan-African Forum for the culture of peace.

H.E. Catherine Samba-Panza and H.E. Dr. Speciosa Wandira-Kazibwe, Co-Chairs of the FemWise-Africa Network pictured with the rest of the honorable members of the FemWise-Africa Steering Committee.
FemWise-Africa members Fatma Messaoud (Algeria), Ms. Samrawit Mebrahtu (Ethiopia) and Nyaboth Paska Alfred with H.E. Helena Airaksinen (Finnish Ambassador to Ethiopia and the AU, and H.E. Wandira-Kazibwe, Speciosa.

Ms. Mukondeleni Mpeiva, Coordinator (center), Ms. Gloria Kabage, deployment officer (far left), Ms. Rana Elfaky, capacity building officer (center left), Ms. Solange Kotannou, Accreditation and membership officer (center right), and Ms. Caroline Abrahams, Administrative Assistant (far right). Three more members of the Secretariat not pictured.
FEEDBACK AND CONTRIBUTIONS ARE WELCOME AND ENCOURAGED FROM FEMWISE-AFRICA MEMBERS AND READERS.

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