

CENTRES OF EXCELLENCE FOR GENDER AND LOCAL GOVERNMENT

COVID-19 RAPID RESPONSE AUDIT



Mamants'o Council, Lesotho - COVID-19 Public Gathering.
Photo: Ntolo Lekau

By Fanuel Hadzizi and Colleen Lowe Morna



AFRICAN WOMEN'S
DEVELOPMENT FUND



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Synopsis

The Centres of Excellence (COE) for Gender in Local Government COVID-19 Rapid Response Survey in nine Southern African countries sought to gather information on how Gender Links (GL) can support local authorities in mainstreaming gender into their responses to the pandemic. The sample covered 98 councils or 27% of the COEs that GL works with across the Southern African Development Community (SADC). Most of these are "hubs" or designated hubs in the COE programme. This means that they are the more seasoned COEs offering mentorship and support to neighbouring councils. Over two thirds of these councils have developed Sexual and Reproductive Health and Rights (SRHR) strategies and or anchor the Sunrise Campaign - Economic Power to End Violence.

Key findings include:

- Almost all the councils are open and functioning to various degrees during this pandemic.
- So far only 33% have a COVID-19 response plan. Only 12% have a budget to fight COVID-19.
- Participants in the Sunrise Campaign face closure of their businesses and severe impacts on their livelihoods, with the threat of a resurgence of domestic violence.
- Despite the constraints, some councils are making valiant efforts to sustain their SRHR services and action plans.
- Councils would welcome support in mainstreaming gender into their COVID action plans; public education and awareness; bolstering work on SRHR and supporting business rescue for participants in the Sunrise Campaign.

Background and Context

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes, or exhales. You can be infected by breathing in the virus if you are within close proximity of someone who has COVID-19, or

by touching a contaminated surface and then your eyes, nose or mouth. As at 28 May 2020 worldwide there were just under 5.7 million confirmed COVID-19 cases, 2.4 million recoveries and 355 575 deaths¹. One third of all cases and deaths have taken place in the USA - the world's richest country. This has led to countries responding by declaring national lockdowns across the world to try and curb the spread of COVID-19.

Corona Virus Cases in Southern Africa 30 May 2020		
Country	Total infections	% total
South Africa	29 240	81%
DRC	2 966	10%
Zambia	1 057	3%
Madagascar	758	2%
Tanzania	509	1%
Mauritius	335	1%
Eswatini	279	1%
Malawi	273	1%
Mozambique	234	1%
Zimbabwe	160	0%
Angola	81	0%
Botswana	35	0%
Namibia	23	0%
Seychelles	11	0%
Lesotho	2	0%
Total	35 963	

Source: CDC

On 30 May 2020 there were 35,963 COVID-19 cases in Southern Africa, 81% of these in South Africa. DRC (10%) is the next highest, followed by Zambia (3%) and Madagascar (2%). The 11 other countries each constitute less than 1% of the total number of cases. From 26 March 2020, South Africa went on full lock down, this was followed quite quickly by similar measures in Botswana, Eswatini, Lesotho, Madagascar, Mauritius, Mozambique, Namibia, Zambia and Zimbabwe. The restrictions imposed in the lock down included bans on all international travel, internal movement and gatherings. On 1 June, South Africa will move from Stage four (of five) to three restrictions. Movement will become possible within but not between provinces. Borders and international travel will remain closed. Only Lesotho had resumed normal operations as of the 14 May 2020.

¹ https://en.wikipedia.org/wiki/Template:COVID-19_pandemic_data

Local authorities are at the coalface of service delivery. Over the last decade, GL has worked with over 400 councils in ten Southern African countries that have elected to become Centres of Excellence for Gender in Local Government². The pandemic has had a pro-

found effect on their work and finances, and threatens the progress made on women's rights, notably the SRHR campaigns. The crisis has also threatened the livelihoods of women entrepreneurs in the *Sunrise Campaign: Economic Power to End GBV*.

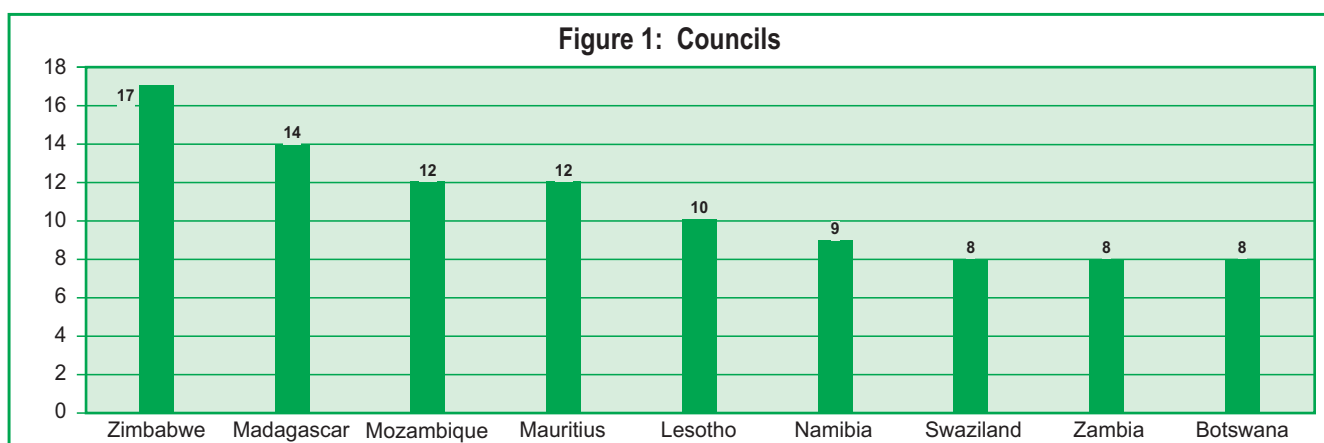
Description of sample

Country	Total No. of COE's	Total No. that responded to the COVID-19 questionnaire	Hub or with which GL has had a long association	SRHR Plan	Number implementing the Sunrise Campaign
Zimbabwe	92	17	15	12	6
Madagascar	67	14	13	13	9
Mozambique	20	12	12	11	10
Mauritius	12	12	12	9	9
Lesotho	50	10	10	10	10
Namibia	36	9	3	7	5
ESwazini	10	8	8	8	6
Zambia	44	8	6	8	4
Botswana	32	8	8	8	7
Total	363	98	87	86	66
Percentage		27%	89%	88%	67%

GL presently has active links with 363 councils across the nine countries that this research covers 98 (or 27%) of these responded to the COVID-19 questionnaire that was conducted mostly virtually due to the lockdowns in most countries. A full list of the COE's that responded and the gender-related programmes that they are conducting is attached at **Annex A**. As reflected in the summary table, 89% of these are "hubs" (or anchor councils that mentor neighbouring councils) or designated hubs. 88% have developed an SRHR action plan, and some have been adept at pivoting

these plans in the wake of the corona pandemic (see example at **Annex B**). Two thirds of the councils canvassed are implementing the *Sunrise Campaign: Economic Power to end GBV*.

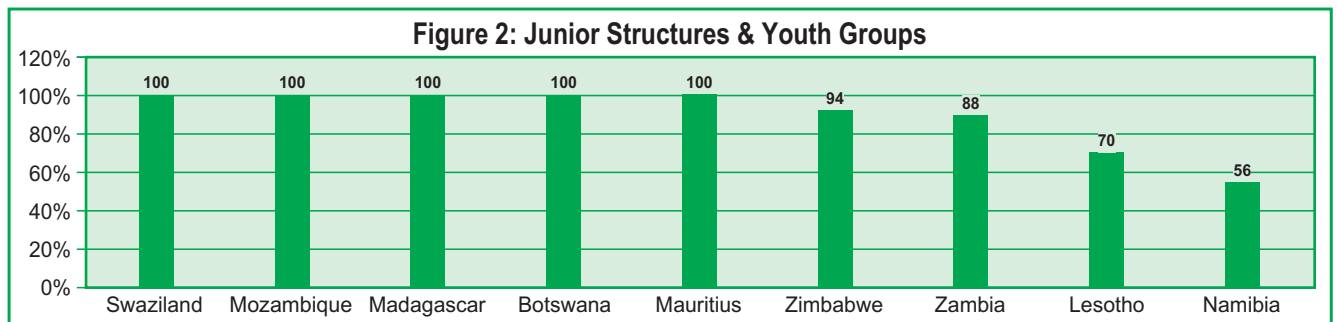
Most of the questionnaires were filled out by the Gender Focal Persons of councils whom GL has worked with. These were either done directly online, or through interviews by country managers with the GFP or responsible country authorities.



² Botswana, Eswatini, Lesotho, Madagascar, Mauritius, Mozambique, Namibia, South Africa, Zambia and Zimbabwe.

Figure 1 shows the distribution by country of the 98 councils who responded to the survey. An average responses of 11 councils per country responded. At 17, Zimbabwe had the

highest number of responses. Eswatini, Zambia and Botswana had eight councils each responding to the survey.



The survey queried which councils worked with junior structures or active youth groups. Figure 2 shows that on average 91% of the councils under review have junior councils or youth structures. Only 9 councils said they did not have junior councils or active youth groups.

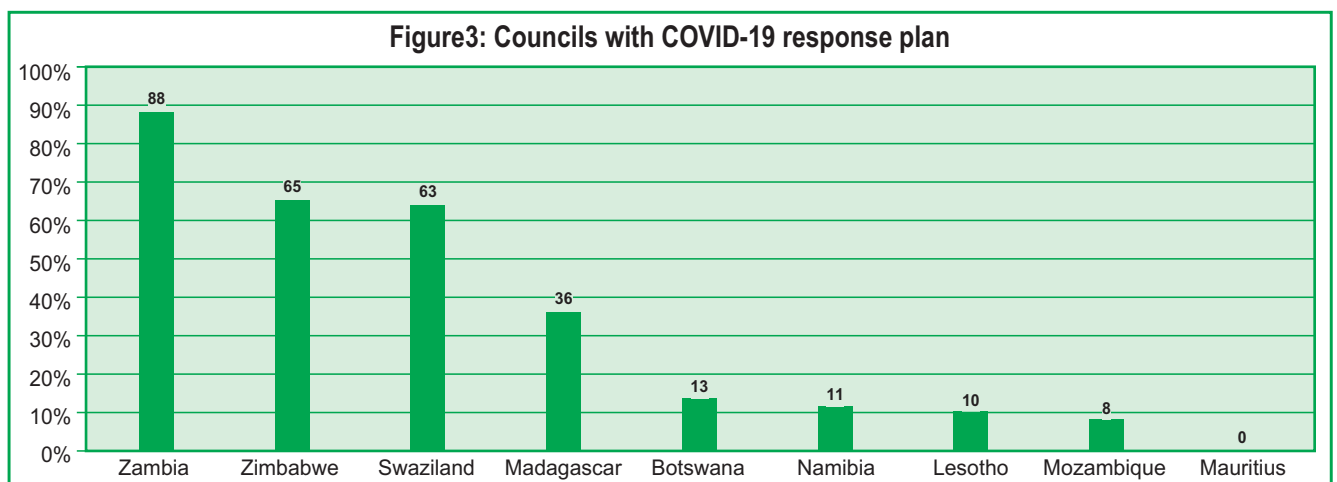
working from home, working on shifts, providing limited services with limited staff. Only 33% have a COVID-19 response plan.

Findings

COVID-19 Response plans

Almost all councils in this survey are open and functioning to varying degrees including

Maun Administrative Authority in Botswana says that the council is open because at the local level, they are the first point of contact through social workers. Currently, the social workers are conducting household assessment for COVID-19 Food basket relief. Social Workers also have the responsibility to offer psycho-social support during the lock down period and also refer to shelters for GBV victims.



City of Francistown food parcels distribution.

Figure 3 shows that there are differences between countries with regard to COVID-19 response plans. This ranges from Mauritius with none (as the COVID-19 response is being coordinated nationally) to 88% of councils having response plans in Zambia followed by 65% in Zimbabwe and 63% in Eswatini. Only 12 out of the 98 (12%) had dedicated budgets for the response. These councils were in Zimbabwe, Zambia, Madagascar and Mozam-

bique. Funds are desperately needed to buy Personal Protective Equipment (PPE) like gloves, sanitizers and thermometers that are now crucial. Waiting for these to come

from central government may lead to delays. Below are some examples of how councils are devising COVID-19 plans.



Botswana - Okavango Sub District Council: The response plan has been devised to address all matters arising due to the COVID 19. The plan was drafted by a committee appointed by the director which includes all relevant stakeholders. The same plan allows for the easy implementation.



Eswatini - Mbabane: Council has a plan in place even though with new changes it has to be updated now in response to the pandemic.



Madagascar - Andoharanomaintso: After a consultation meeting between Mayor and councillors of the Andoharanomaintso rural council, the COVID-19 response plan was created and relies on COVID-19 budget response.



Mauritius - Municipal Council of Port Louis: The Health Department of all Councils are actively engaged in their activities which includes the provision of scavenging services and cleaning of public places such as market fairs, recreational places falling under the council.



Namibia - Tses Village Council: The council came up with a response plan to respond to emergencies and community education.



Zambia - Chipata Municipality: An emergency plan has been developed and approved by full council.



Zimbabwe - Bikita Rural Council: The Council quickly came up with a COVID-19 response plan as soon it was declared a national disaster.

How councils with COVID 19 plans are supporting women

Country	% Councils with a COVID plan supporting women in health sector	% Councils with a COVID plan supporting most women most economically affected	% Councils with a COVID plan distributing food parcels	% Councils with a COVID plan strengthening leadership	% councils with a COVID plan supporting home based care
Mozambique	100%	100%	0%	100%	0%
Namibia	100%	0%	100%	100%	0%
Lesotho	100%	0%	100%	0%	0%
Zimbabwe	91%	45%	45%	55%	36%
Zambia	86%	71%	57%	0%	0%
Eswatini	80%	80%	100%	20%	80%
Madagascar	40%	80%	40%	80%	0%
Botswana	0%	100%	100%	100%	100%
Average	78%	63%	59%	44%	28%

The table shows the nature of support councils with COVID 19 plans are giving to women and vulnerable community members during this pandemic. The research shows that 78%

of the councils are supporting women working in the health sector; 63% are supporting women who are most economically affected, 59% are distributing food parcels and 44% are

strengthening leadership. Only 28% say they are supporting home based care for the sick.

There are differences between countries. All councils in Lesotho, Mozambique and Namibia that have a COVID plan are supporting women in the health sector. All Botswana and Mozambique councils with COVID 19 plans are supporting women who are economically affected and while 80% of Eswatini and Madagascar councils are giving such support to those in informal sector, cross border trade and domestic workers. All councils with COVID 19 plans in Botswana, Eswatini, Lesotho and are distributing food parcels to hard hit families and female and child-headed household with no potential for other income. Zambia (57%) and Zimbabwe (45%) of councils are distributing food humpers. All of Botswana, Namibia and Mozambique councils are supporting women leadership while Madagascar follows closely at 80%. Botswana (100%), Madagascar (80%) and



Tsana Talana council in Lesotho distributing food.

Zimbabwe (36%) are the only countries supporting home based care to the sick, providing the necessary supplies and offer relief accommodation to help with self-isolation in conditions where the home is inadequate. Mozambique, Lesotho, Namibia, Madagascar, Mauritius and Zambia councils are not offering home based care support.

To support women who are most economically affected by the crisis, **Maun Administrative Authority in Botswana** purchased face masks from Sunrise Campaign participants. Most COVID-19 food basket relief suppliers are to women who own tuckshops. The council has made an agreement with large retailers such as Trident/Fours & Sefalana to give small tuck shop owners stock on credit which council pays to ease the process of supply for such informal sectors. All informal sector operators affected by COVID-19 are assured of benefits from the Food Basket relief package. **Andoharanomaintso council in Madagascar** generated a list of vulnerable women and provide them with survival needs once a month. **Masvingo City Council in Zimbabwe** say they are providing transportation of health workers to and from work thus reducing the vulnerability of frontline workers. **Tses village council in Namibia** say front line staff are well protected and provided with PPE including masks and gear and **Mbabane Municipality** also availing the service of a clinical psychologist for their mental health.

SRHR services are crucial at all times. The pandemic has resulted in an urgent need for Personal Protective Equipment (PPE) at Council Health Centres. However, the following services have to continue - with or without the pandemic:



Getting ready to sanitise in Eswatini.
Photo: Mbabane

- Ensuring access to contraceptives and reproductive health services.
- Ensuring that menstrual education and sanitary ware is accessible to women and girls.
- Making sure that maternal health services are accessible to the community.
- Ensuring public awareness on SRHR and GBV issues.
- Rapid response services for GBV cases and provision of shelter to victims.

The research shows that 88% of the 98 councils have a SRHR plan but only 33% has a COVID-19 response plan. Madagascar has the highest number of councils (13) confirming that they have these plans which may explain their effective response to the global pandemic.


Murehwa Rural District Council in Zimbabwe is one of the 86 councils taking the initiative in developing an SRHR plan during the crisis (see **Annex B**). This is a best practice that could be replicated by other councils. Key elements include:


- Personal Protective Equipment (PPE) at Council Rural Health Centres.
- Ensuring access to contraceptives and reproductive health services.
- Ensuring that menstrual education and sanitary ware is accessible to women and girls.
- Making sure that maternal health services (including waiting mothers homes) are accessible to Murehwa community.
- To ensure that cervical cancer screening, STI treatments and HIV/ AIDS services exist during the period.
- Ensuring continuity of public awareness on SRHR and GBV issues.
- Rapid response services for GBV cases and provision of shelter to victims.




Municipal workers armed for COVID-19 response in Murehwa, Zimbabwe
Photo: Murehwa RDC

Below are some examples of how councils are supporting prevention and response to GBV, including through safe shelters to combat domestic violence.

 **Botswana - Francistown City Council** says that some GBV victims were sheltered at the destitute Shelter and CNC shelter as currently the City Council does not have a shelter specifically for GBV. Council made an arrangement for some victims to be accommodated by relatives as Council did not have enough space.

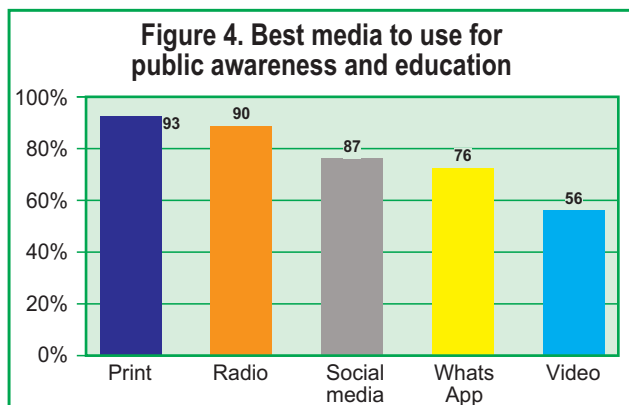
 **Eswatini - Mbabane** says even though there is no budget specifically for COVID 19, programs such as Employee wellness program, social behaviour change, social responsibility and gender mainstreaming and GBV are being supported.

 **Zimbabwe - Umguza Rural District Council** partners have scaled up actions to address GBV, including accommodating those who are affected in temporary shelters as there seems to be an increase in GBV cases during the lockdown period. The GBV one stop centre in Nyamandlovu remains operational during this period although with limited PPE, locals are asked to improvise on some face masks but the centre remains sanitised at all times. **Zvimba RDC** has Victim Friendly Units built by the council in their police stations where GBV victims report cases. Those that require shelter are taken by the council to their provincial safe home in Chinhoyi.

91% of councils in the sample indicate that they have a junior council and or active youth groups. This makes it all the more crucial to ensure that COVID-19 response plans are part of these existing SRHR plans. Women and

youth are vulnerable if SRHR services are ignored in contravention of global and regional instruments that require implementation of SRHR policies.

Media for public awareness





The survey asked what forms of public awareness and education would best serve communities during the COVID-19 crisis. Across the sample, 93% of councils referred to print materials including pamphlets, fact sheets and posters; 90% radio; 87% social media and 76% Whats App. A lower proportion (56%) mentioned videos.


Country	% Print	% Radio	% Social media	% Whats App	% Video
Mauritius	100%	100%	100%	100%	100%
Zambia	100%	100%	100%	100%	75%
Mozambique	100%	100%	100%	100%	0%
Eswatini	100%	88%	75%	75%	63%
Lesotho	100%	60%	70%	90%	40%
Zimbabwe	94%	88%	94%	94%	71%
Madagascar	93%	93%	86%	14%	71%
Namibia	89%	100%	56%	100%	0%
Botswana	50%	75%	88%	0%	75%
Average	93%	90%	87%	76%	56%


The table shows the break down by country of preferred public education and awareness channels in different countries. It is interesting to see print feature highly in all countries. Radio is still a powerful medium in all SADC countries, especially in the rural areas. How-

ever social media is fast advancing as a powerful means of communication. Below are some of the council's public awareness and education campaign initiatives in the context of COVID-19:

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In **Botswana, Maun Administrative Authority** is conducting public awareness through posting posters within the council about how to prevent the spread of COVID-19 as well through advertising preventative messages on the Council Facebook page.
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Eswatini - Siteki Council is distributing posters and bulk SMS communication. They also use social media posts and loud speakers to disseminate information
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Lesotho Mamants'o Community Council is going around in villages with the loud speaker creating awareness on how to avoid contracting COVID-19 and conducting trainings for youth and community leaders on COVID 19. Mafeteng Urban Council is using the community radio for COVID-19 awareness after they get information and new updates from the Ministry of Health.
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Madagascar - Ambovombe Council is doing sensitization of all people who pass through the council. Andoharanomaintso Council is doing stakeholders awareness by radio broadcasting and printed visuals.

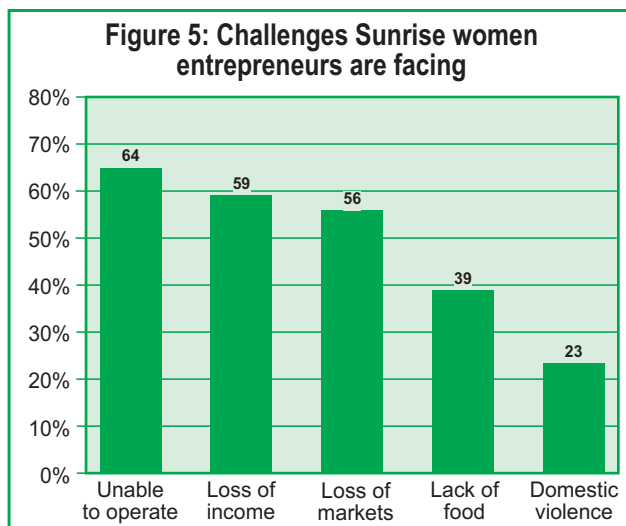


Zambia - Lusaka City Council works through the Public Health Department and Public Relations Unit in collaboration with community-based structures (Ward Development Committees, Market and Bus Station Committees) to motivate people to practice the identified key hygiene behaviours.



Zimbabwe - Makoni Rural District Council - Councillors are using WhatsApp and social media platforms to disseminate information to communities about COVID 19. Council nurses, Environmental Health Technicians are educating communities about the pandemic. IEC materials have been inserted at public places that are shops clinics and at institutions.

Impact of COVID-19 on the Sunrise Campaign - Economic Power to End Violence



Councils report that the biggest challenge that the emerging women entrepreneurs face during the COVID-19 pandemic is being

unable to operate (64%). 59% of Councils said that national lockdowns across SADC lead to loss of income and 56% reference closing of markets. 39% of the councils report that women lack food while 23% report that the women are experiencing a resurgence of domestic violence. As Mba-bane Municipal Council put it: "It is a chain: the loss of market leads to the loss of income which leads to the lack of food and other basic needs like not being to pay their utility bills, health bills, rent, or general looking after their families." GL has been gathering first-hand accounts of Sunrise Campaign partici-pants' experiences³ during lock down via WhatsApp video. This gallery, which is expan-ding daily, provides direct insight into these experiences. Here are some examples of the effects of the novel COVID-19 Pandemic:



Afitile Lebakeng from Botswana says the COVID-19 pandemic has collapsed her beading and sewing business. Afitile survived by buying beads and creating traditional beads for clients especially tourists. She says that she has spent all her business savings and may not be able to revive it again because of the national lockdown in Botswana.



Malets'oara Thamae from Lesotho says that her broiler rearing business has been affected because the lot she had sold on credit to her customers may not be recovered because they too had no means of income. She had already invested in buying extra cages before COVID-19 crisis. If she does not recoup any from her financially strained clients her business may not be revived again.

³ <https://genderlinks.org.za/what-we-do/justice/entrepreneurship/struggling-under-lockdown/>

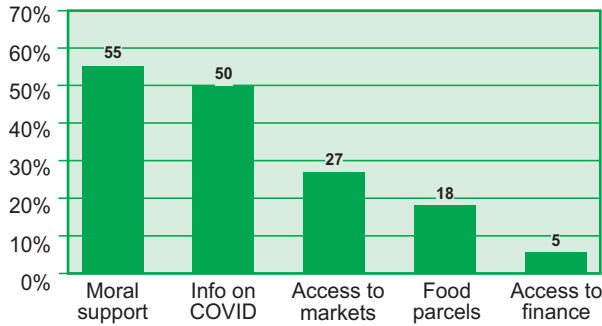


Mantee Lalldew from Mauritius notes that household expenses have doubled and are shouldered by these women entrepreneurs depleting the business savings. They are mothers and must feed the family hence were forced to give up their business savings.



Bridgit Gutsa from Zimbabwe had a business of selling merchandise. She says her business was affected badly by the national lockdown as she could not meet clients. Although she has been barely thriving in Zimbabwe's harsh economy, the lockdown has left her in poverty and will need help from somewhere because her savings have now been exhausted.

Figure 6: Type of support councils have been giving Sunrise women entrepreneurs



Due to the various crises they are facing, councils have not been able to provide much support to the sunrise women entrepreneurs. Moral support (55%) is the highest form of support given probably because it does not involve funds. Access to finance (8%) is the least support being given. This points to the need to find financial support to assist the women entrepreneurs in resuscitating their enterprises. Other forms of support include information on COVID-19 (50%); access to markets (27%) and providing food parcels (26%).

How GL can support councils

Figure 7: How GL can support councils

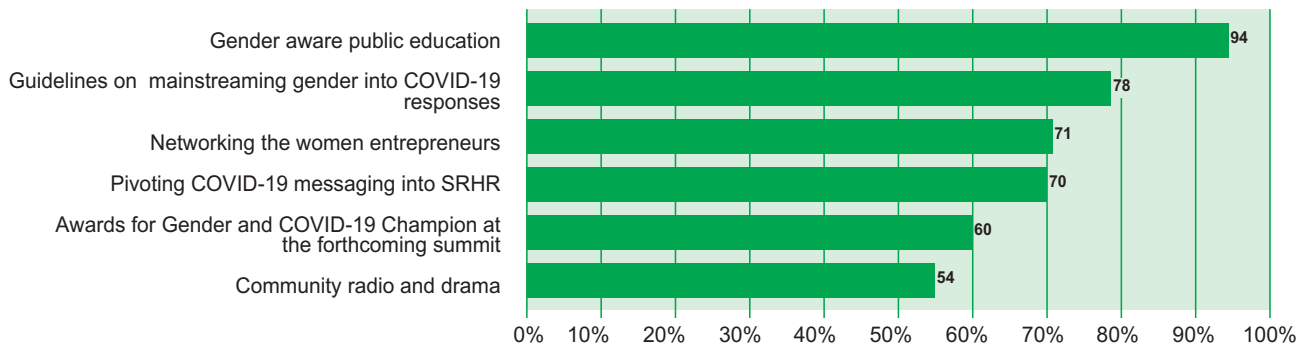


Figure 7 shows that:

- 94% of the councils request support on gender aware public education materials.
- 78% request guidelines on mainstreaming gender into COVID-19 responses.
- 71% of councils suggest networking the women entrepreneurs.
- 70% affirm the value of pivoting COVID-19 messaging into SRHR.
- 60% endorse awards for Gender and COVID-19 champions at the forthcoming summit.
- 54% believe that community radio and drama will assist their responses.

Country	% Gender aware public education	% Pivoting COVID-19 messaging into SRHR	% Community radio and drama	% Guidelines on mainstreaming gender into COVID-19 responses	% Networking the women entrepreneurs	% Awards for Gender and COVID-19 Champions at the forthcoming summit
Zambia	100%	100%	100%	100%	88%	100%
Madagascar	100%	79%	71%	86%	79%	86%
Mauritius	100%	0%	0%	33%	17%	0%
Zimbabwe	94%	88%	65%	94%	76%	76%
Mozambique	92%	92%	33%	92%	67%	0%
Lesotho	90%	50%	60%	60%	60%	80%
Namibia	89%	89%	78%	78%	100%	78%
Eswatini	88%	75%	63%	63%	100%	63%
Botswana	88%	63%	25%	88%	75%	75%

The table reflects the country breakdown of how councils believe GL can best support them in fighting COVID-19 in a gender sensitive way. The support required by councils range from gender aware public education, networking, pivoting COVID-19 messaging into

SRHR and doing community radio and dramas among others. Gender aware public education and pivoting COVID-19 messaging in SRHR are the most popular types of support asked for from GL.

Conclusions and recommendations



Meeting with vendors and merchants of Mahebourg market Mauritius.

1. **Gender responsiveness and preparedness** - COVID-19 will not be the last global pandemic Southern Africa will see. GL should work with councils on gender responsive guidelines for all disasters, not just the COVID-19 pandemic.
2. **Gender Budgeting** - There must be a budget set aside for emergencies and their gendered impacts. This should be integrated in Gender Responsive Budgeting (GRB) going forward, and should feature in the Gender and Local Government Score Card in the next round of assessments.

3. **SRHR matters prioritised** - SRHR are human rights issues and they should be prioritised. Periods don't stop for pandemics. The Coronavirus has brought about a disruption in sanitary dignity programmes delivered by most departments and non-governmental organisations (NGOs). It has also affected family planning, safe abortion and led to an increase in teenage pregnancies. GL should use the data gathered in this rapid response survey and in the 2020 Barometer to assist councils in updating their SRHR action plans in light of the pandemic. The Murehwa COVID-19 SRHR response plan (see **Annex B**) provides an inspirational example of how local authorities can champion the #VoiceandChoice campaign amid the pandemic. Where possible, study visits should be organised to promote peer learning and sharing.



4. **Support for participants in the Sunrise Campaign** - The programme most severely

affected by the pandemic is the Sunrise Campaign. GL has been working with councils to take over the running of the programme. Evidence suggests that before embarking on a next phase, it is important to assist the participants from the first phase of the programme, whose livelihoods have been severely affected by the pandemic. These fragile businesses require financial support and advisory services to link them to government support. GL has worked with SME consultants in all SADC countries who keep ties with the emerging entrepreneurs and are well placed to help. It is important for the participants and the programme that this does not regress.

5. **Forging ahead with the Hub and Spoke Model** - The hub and spoke model piloted in Zimbabwe was ready for roll out in five countries - Botswana, Zambia, Mozambique, Madagascar and Eswatini. As witnessed in this report, there is strong buy-in from the councils that committed to the process. GL should find innovative ways of training the GFP's virtually or in small groups so as to revive the momentum of this work. The "each one teach one" and "each one reach one" model has much to commend itself during the challenging times ahead.
6. **Strengthening the GL Community of Practice** - During the lockdown GL has strengthened its virtual capacity and that of partners. This also forms part of our long standing motto: *Making IT Work for Gender Justice*. A silver lining in the dark cloud of the pandemic is the opportunity to expand and improve virtual communication with the COEs and entrepreneurs, especially more effective networking for business purposes.

ANNEX A

COUNCILS AND KEY CHARACTERISTICS OF THE COES IN THE SAMPLE

Country	Province	Council	Hub council, designated hub or long standing COE	Junior council and or active youth groups	SRHR Plan?	Rolled out the Sunrise campaign?
Botswana	Chobe	Chobe District	1	1	1	1
Botswana	North West District	Maun Administration Authority	1	1	1	1
Botswana	North West District	Okavango Sub District Council	1	1	1	0
Botswana	Southern District	Mabutsane Sub District	1	1	1	1
Botswana	North East District	Francistown City Council	1	1	1	1
Botswana	Southern District	Moshupa Sub District	1	1	1	1
Botswana	Central District	Selebi Phikwe Town Council	1	1	1	1
Botswana	Central District	Tonota Sub District	1	1	1	1
Lesotho	Mafeteng District	Mamants'o CC	1	1	1	1
Lesotho	Mohales-Hoek District	Siloe CC	1	0	1	1
Lesotho	Mafeteng District	Ts'ana-Talana	1	1	1	1
Lesotho	Leribe District	Sephokong	1	0	1	1
Lesotho	Mafeteng District	Qibing	1	1	1	1
Lesotho	Maseru District	Mazenod	1	1	1	1
Lesotho	Maseru District	Lilala	1	1	1	1
Lesotho	Leribe District	Maisa Phoka	1	1	1	1
Lesotho	Mafeteng District	Mafeteng Urban	1	1	1	1
Lesotho	Berea District	Kanana CC	1	0	1	1
Madagascar	Fianarantsoa	Andoharanomaintso	1	1	1	1
Madagascar	Toamasina	Mahavelona Foulpointe	1	1	1	1
Madagascar	Fianarantsoa	Anjomanakona	1	1	1	0
Madagascar	Antsiranana	Urbaine de Diego	1	1	1	1
Madagascar	Antsiranana	Antanamitarana	1	1	1	1
Madagascar	Toliara	Fort dauphin	1	1	1	1
Madagascar	Mahajanga	Mahajanga	1	1	1	1
Madagascar	Toliara	Ambovombe	1	1	0	0
Madagascar	Antananarivo	Sabotsy Nemehana	1	1	1	0
Madagascar	Antsiranana	Antanamitarana	1	1	1	1
Madagascar	Toliara	Anosimena	1	1	1	0
Madagascar	Mahajanga	Maintirano	0	1	1	0
Madagascar	Toamasina	Toamasina (CUT)	1	1	1	1
Madagascar	Toliara	Toliara I	1	1	1	1
Mauritius	Port-Louis MC	Municipal Council of Port Louis	1	1	1	0
Mauritius	B.Bassin/R.Hill MC	Municipal Council of Beau Bassin Rose Hill	1	1	1	1
Mauritius	Vacoas/Phoenix MC	Municipal Council of Vacoas Phoenix	1	1	1	1
Mauritius	Curepipe MC	Municipal Council of Curepipe	1	1	1	1
Mauritius	Savanne	District Council of Savanne	1	1	1	1
Mauritius	Grand Port District	District Council of Grand Port	1	1	1	1

Country	Province	Council	Hub council, designated hub or long standing COE	Junior council and or active youth groups	SRHR Plan?	Rolled out the Sunrise campaign?
Mauritius	Black River District	District Council of Black River	1	1	1	1
Mauritius	Pamplemousses District	District Council of Pamplemousses	1	1	0	0
Mauritius	Riv. du Rempart District	District Council of Riviere du Rempart	1	1	0	1
Mauritius	Flacq District	District Council of Flacq	1	1	0	0
Mauritius	Moka District	District Council of Moka	1	1	1	1
Mauritius	Quatre-Bornes MC	Municipal Council of Quatre Bornes	1	1	1	1
Mozambique	Maputo Province	Boane	1	1	1	1
Mozambique	Gaza Province	Mandlakazi	1	1	1	1
Mozambique	Manica Province	Chimoio	1	1	1	1
Mozambique	Inhambane Province	Vilankulos	1	1	1	1
Mozambique	Gaza Province	Bilene	1	1	1	1
Mozambique	Maputo Province	Namaacha	1	1	1	1
Mozambique	Maputo Province	Manhica	1	1	1	1
Mozambique	Gaza Province	Chokwe	1	1	1	1
Mozambique	Gaza Province	Chibuto	1	1	1	1
Mozambique	Inhambane Province	Massinga	1	1	1	1
Mozambique	Inhambane Province	Maxixe	1	1	1	0
Mozambique	Gaza Province	Macia	1	1	0	0
Namibia	Erongo Region	Arandis	1	0	1	0
Namibia	Karas Region	Berseba	0	0	1	0
Namibia	Karas Region	Tses	0	1	1	1
Namibia	Otjozondjupa Region	Grootfontein	0	1	1	1
Namibia	Kunene Region	Otjo	1	1	1	1
Namibia	Ohangwena Region	Eenhana	0	1	0	0
Namibia	Oshana Region	Oshakati	1	1	1	0
Namibia	Omusati region	Oshikuku	0	0	0	1
Namibia	Otjozondjupa Region	Otawi	0	0	1	1
Eswatini	Shiselweni Region	Lavumisa	1	1	1	1
Eswatini	Hhohho Region	Mbabane	1	1	1	1
Eswatini	Hhohho Region	Piggs Peak	1	1	1	1
Eswatini	Lubombo Region	Siteki	1	1	1	1
Eswatini	Shiselweni Region	Hlatikhulu	1	1	1	1
Eswatini	Hhohho Region	Ezulwini	1	1	1	0
Eswatini	Hhohho Region		1	1	1	0
Eswatini	Manzini Region	Manzini	1	1	1	1
Zambia	Lusaka Province	Lusaka	1	1	1	1
Zambia	Central Province	Kabwe	1	0	1	0
Zambia	Copperbelt Province	Kitwe City Council	1	1	1	0
Zambia	Copperbelt Province	Luanshya	0	1	1	1
Zambia	Northern Province	Kasama Municipal	1	1	1	1
Zambia	Eastern Province	Chipata Municipal	1	1	1	1
Zambia	Lusaka Province	Rufunsa	0	1	1	0
Zambia	Copperbelt Province	Ndola	1	1	1	0

Country	Province	Council	Hub council, designated hub or long standing COE	Junior council and or active youth groups	SRHR Plan?	Rolled out the Sunrise campaign?
Zimbabwe	Mashonaland East Province	Murehwa Rural District Council	1	1	1	1
Zimbabwe	Bulawayo Province	Bulawayo City Council	1	1	1	1
Zimbabwe	Midlands Province	Zibagwe Rural District Council	1	1	1	0
Zimbabwe	Harare Province	Harare City Council	1	1	1	0
Zimbabwe	Matebeleland North Province	Plumtree Town Council	1	1	0	0
Zimbabwe	Masvingo Province	Masvingo City Council	1	1	1	1
Zimbabwe	Mashonaland Central Province	Mvurwi Town Council	1	1	1	0
Zimbabwe	Mashonaland West Province	Kadoma City Council	1	1	1	1
Zimbabwe	Matebeleland North Province	Nkayi Rural District Council	0	0	0	0
Zimbabwe	Matebeleland South Province	Beitbridge Town Council	1	1	0	0
Zimbabwe	Mashonaland Central Province	Bindura Rural District Council	1	1	1	0
Zimbabwe	Midlands Province	Gweru City Council	1	1	1	1
Zimbabwe	Manicaland Province	Mutare City Council	1	1	1	0
Zimbabwe	Manicaland Province	Makoni Rural District Council	1	1	0	0
Zimbabwe	Masvingo Province	Bikita Rural District Council	0	1	0	0
Zimbabwe	Mashonaland West Province	Zvimba Rural District Council	1	1	1	1
Zimbabwe	Matebeleland North Province	Umguza Rural District Council	1	1	1	0
Total			87	89	86	66

ANNEX B

EXAMPLE OF A COE COVID-19 SRHR ACTION PLAN



COVID-19 AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS RESPONSE PLAN

CONTENTS

- 1.0. INTRODUCTION
 - 2.0. OVERAL OBJECTIVE OF THE SRHR RESPONSE PLAN
 - 3.0.-
10.0. STRATEGIC PRIORITIES
 - 11.0. IMPLEMENTATION OF THE PLAN
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1.0. Introduction

COVID-19 has proved to be putting the Sexual and Reproductive Health and Rights of women and girls and other vulnerable groups across Zimbabwe at risk. The nation has put more of its focus on the COVID-19 pandemic therefore some essential services like SRHR being left behind. Issues of Gender Based violence continue to rise during this period and victims are currently isolated with perpetrators leading to a notable rise of the cases. Murewa as a district is not left behind in this situation and the Council in conjunction with key stakeholders came up with a Gender responsive plan in relation to SRHR. Murewa RDC is also a key member of the Murewa COVID-19 Gender Sub-Committee.

2.0. Overall objective of the SRHR response plan:

To ensure that access to SRHR services by women and girls prevail during the lockdown/COVID-19 pandemic period.

3.0. Strategic priorities:

1. Personal Protective Equipment (PPE) at Council Rural Health Centres.
2. Ensuring access to contraceptives and reproductive health services
3. Ensuring that menstrual education and sanitary ware is accessible to women and girls.
4. Making sure that maternal health services (including waiting mothers homes) are accessible to Murewa community.
5. To ensure that cervical cancer screening, STI treatments and HIV/AIDS services exist during the period.
6. Ensuring continuity of public awareness on SRHR and GBV issues.
7. Rapid response services for GBV cases and provision of shelter to victims.

4.0. Strategic priority 1.- Personal Protective Equipment (PPE) at Council Rural Health Centres

To ensure that health workers at council clinics are protected and willing to provide all essential services like SRHR services- Council is providing PPE material to its clinics during the period.

5.0. Strategic priority 2.- Ensuring access to contraceptives at all Council Clinics

All Murewa Rural District Council 16 Rural Health Centres are operational and contraceptives are available at all centres. Council has liaised with the District Medical Officer to ensure that there is adequate supplies at all clinics and health centres in the district.

6.0. Strategic Priority 3.-Ensuring that menstrual education and sanitary ware is accessible to women and girls

Due to the COVID-19 restrictions, many women and girls will find it difficult to access sanitary ware and menstrual health education. Murewa RDC will continue distribution of sanitary ware and provision of menstrual health education/awareness.

7.0. Strategic Priority 4. - Making sure that maternal health services (including waiting mothers homes) are accessible to Murewa community

Maternity services i.e. pre and post antenatal care services shall be available at all council clinics and waiting homes shall be fully operational during the COVID-19 pandemic period.

8.0. Strategic priority 5. - To ensure that cervical cancer screening, STI treatments and HIV/AIDS services exist during the period

The COVID-19 Gender sub-committee liaised with the District Medical Officer so that cervical cancer screening services resume at health centres. STI treatment is being done at all Council clinics. ART services are also available at all Council clinics.

9.0. Strategic priority 6. - Ensuring continuity of public awareness on SRHR and GBV issues

Public awareness on SRHR and GBV issues continue to be a priority. The District COVID-19 Gender sub-committee is raising awareness on SRHR and GBV (child marriage, sexual violence etc). Councillors who are close to the communities are now regarded as referral points for GBV cases for onward reporting to relevant offices.

10.0. Rapid response services for GBV cases and provision of shelter to victims

The RMT centre continues to provide shelter to GBV victims in the district during the COVID-19 pandemic period. A District COVID-19 Gender committee was set to ensure that they rapidly respond to reported cases of GBV.

11.0. Implementation of the plan

1. To ensure implementation of the plan, a COVID-19 gender committee was set at district level.
2. Making use of the provisions in the Council Gender and other committees' budget.
3. Councillors being closer to the people, they assist with continued awareness to the public on SRHR issues.
4. Partnership with development partners and Government Ministries in the district.