

# Online Seminar on the Impacts of COVID-19 Pandemic on Gender

13:00 - 14:40  
05.04.2021



From  
the People of Japan



## Online Seminar on the Impacts of COVID-19 Pandemic on Gender

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**Prof. Kiyoko Ikegami**, AFPPD Interim Executive Director and the seminar's overall facilitator, greeted the speakers and participants and shared her hope that everyone is safe from COVID-19. She thanked everyone for their attendance despite the short notice. She reminded the speakers to keep their presentations and reactions to time in order that parliamentarians who need to go early for an equally important prior engagement may be able to do so without missing the important discussions. She then proceeded to give the welcoming address in both English and Japanese.

She announced the availability of Japanese interpretation and close captioning services throughout the seminar.

After giving a brief run-through of the program and the photo session, she happily noted that the seminar is graced by two regional offices of UNFPA, and encouraged everyone to listen intently to the presentations around policy review so that other speakers and participants alike may adopt the lessons for their own policy work.

## **OPENING ADDRESSES**



**Hon. Prof. Keizo Takemi, AFFPD Chair**, addressed the body and his fellow parliamentarians. He acknowledged that COVID-19 is a global health emergency that continues to cause human suffering by posing many social and economic challenges that affect everyone, especially vulnerable groups like women. Women face multiple risks which include reduced access to reproductive health care and services and economic dislocation, and the quarantine measures have exposed women, particularly older women, to abuse.

Hon. Prof. Takemi shared AFPPD's ongoing initiative that assesses its members' needs and the interim result indicates that gender-related issues, along with the AFPPD's two focus issues – ageing and youth - remain an important issue across different regions. Parliamentarians have expressed concerns over increased gender-based violence and declining economies. Nevertheless, there is a growing awareness on the possibility of closing the gender gap, especially on political empowerment. He assured the body that AFPPD is committed to pursue its role in providing spaces for policy discussions. He hopes that the meeting will surface policy responses and strategies to reduce risks and vulnerabilities of women.

Hon. Prof. Takemi revealed the growing number of suicides in Japan due to the negative effects of the pandemic. He encouraged everyone to share their country's similar experience and work together toward containing the factors that force this kind of situation.



**Mr. Björn Andersson**, Regional Director of UNFPA Asia Pacific, reminded everyone of this year's women's day/month theme – “Women in Leadership Achieving an equal future in a COVID- 19 world” – which is fitting with the seminar's topic. He admits that the world looks to parliamentarians to shape a future and recovery that

recognizes the needs of all for equal protection in a COVID-19 world.

Mr. Andersson thanked and professes to applaud all the women leaders in the frontline for their role in the COVID-19 response. These women have found new and innovative ways to reach those in need, providing life-saving services, despite stringent restrictions. Such actions have benefitted millions of people. Women have kept societies going and sustaining health systems throughout the pandemic while managing household chores. They have sustained operation of shelters for survivors of gender-based violence and braved mountains to deliver reproductive health services and other essentials supplies.

However, COVID-19 also brought challenges to women who exercise their agency and assert autonomy, particularly in shaping their lives. COVID-19 worsened pre-existing gender gaps. A UNFPA study revealed that approximately 23 million women may not have been able to obtain contraceptives resulting in at least 2.3 million unintended pregnancies.

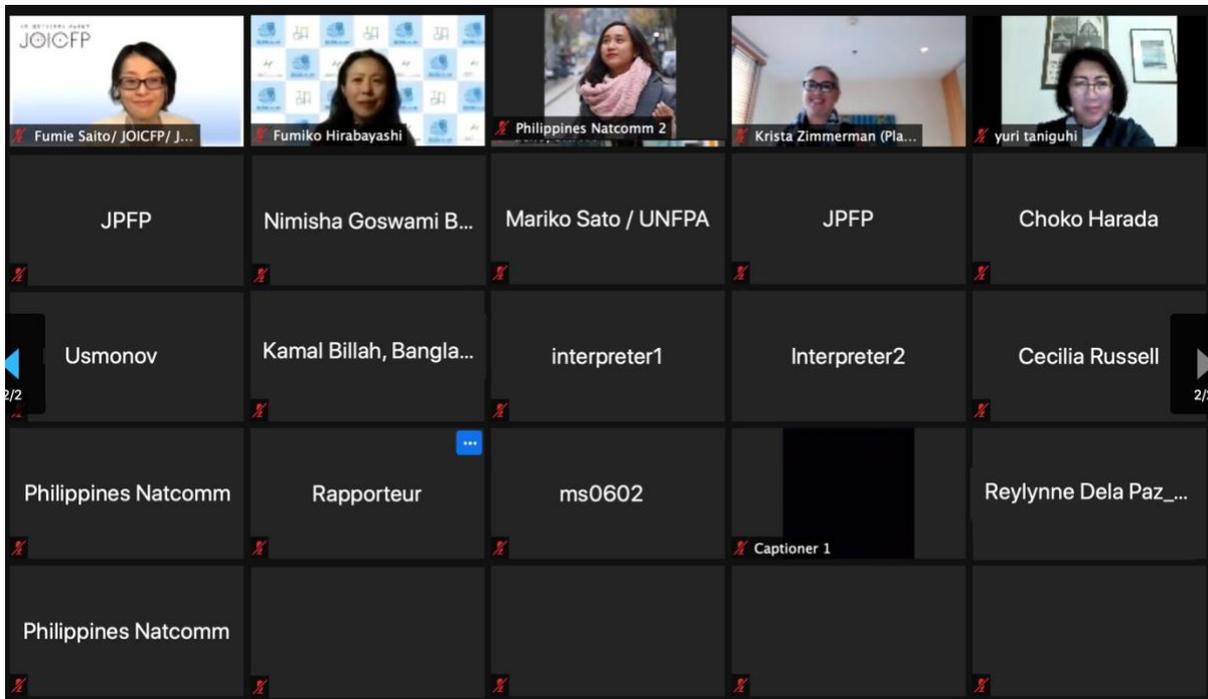
COVID-19 restrictions have impaired the robust face-to-face data gathering that respects the safety and confidentiality of the respondents. A recent UN Women and UNFPA big data analysis of online searches and social media content in eight Asian countries points to a significant increase in gender-based violence - a scenario that has been predicted by UNFPA at the outset of crisis.

*“Gender equality is essentially a question of power, but equal power will not happen by itself. Women have an equal right to speak with authority on the decision that affects their life. This is how we will ensure that decisions are inclusive and reflect the needs of the entire population. This is how we will rebuild from a pandemic that has made gender inequality worse; that has pushed more women into poverty, out of jobs, and away from access to education and medical services including for sexual and reproductive health. This is how we will solve the urgent challenges of our time from the pandemic to climate change, to deepening inequalities, conflict and democratic backsliding.”*

– UN Secretary General.

Parliamentarians are an important pillar to achieve gender equality and the health and overall wellbeing of women and girls and other vulnerable groups, especially on ensuring legislative, policy and budgetary support to ensure that no one is left behind.

# PHOTO SESSION



Prof. Ikegami underscored that the seminar is aimed at strengthening collaboration between parliamentarians and civil society organizations around policy work on gender-related issues.

## **Session 1: PRESENT SITUATION OF GENDER IN ASIA AND THE PACIFIC REGION**



Chair: **Hon. MARIA LOURDES ACOSTA-ALBA**, Member of the Philippine Parliament; Chairperson, House Committee on Women and Gender Equality



Presenter: **MS. UPALA DEVI**, *Gender Advisor*, UNFPA-APRO

Commentators:



• **MS. NIMISHA GOSWAMI**, *Senior Technical Advisor*, Humanitarian, IPPF SARO



• **MS. ZARA RAPOPORT**, *Regional Gender Equality and Inclusion Lead*, Plan International Asia Hub



• **MS. FUMIE SAITO**, *Director*, Global Advocacy, JOICFP; W7 Advisory Group member (SRHR)

### **“GENDER AND COVID-19: AND ASIA-PACIFIC OVERVIEW”**

**Ms. Upala Devi** asserted that among the huge ramifications of the pandemic include the acceleration in gender-based violence and reinforced existing inequalities for women and girls across Asia and the Pacific region. Recent Gender Gap Report revealed that the pandemic has reversed the gains that have been made in favor of women in the last 20 years, and it will take at least 75 years to regain some of them. Access to sexual and reproductive health services is further limited. Women comprise 70 percent of the health and social work force that provide primary care for the sick women, children and the elderly, globally. Homes, which should be a safe space for families, have now become

a space for committing violence for women and girls, also globally. Their inability to access services exacerbates their vulnerabilities.

COVID-19 continues to devastate the Asia-Pacific region. While Thailand and Vietnam have slowed down their cases, nearly one in five countries remain to have the outbreak. Some countries are already experiencing the third wave. India and Bangladesh are imposing another lockdown. Countries with weak health systems and limited capacity are more vulnerable to humanitarian crises such as the case of Myanmar.

UNFPA's focus on three major outcomes, namely, (1) ending gender-based violence, (2) zero maternal deaths, and (3) access to family planning, redound to ensuring the continuity and accessibility of life-saving gender-based violence and health services. It is looking at building on and strengthening established systems, partnerships and collaborations for delivery of essential and life-saving gender-based violence-related services; strengthening the capacity of UNFPA staff to enable deployment of skilled first responders, as well as forging partnerships with multi-sector stakeholders like the government and civil society organizations to adopt GBV services in line with global standards and innovations.

Advocacy, including the work in social media, enables the realization of the extent of the impacts of COVID-19 to gender-based violence and harmful practices including child marriage. This facilitates ensuring that countries prioritize policies and programs on COVID-19 response and gender-based violence. Efficient data systems provide immense help in the work of primary health care units, mobile delivery units, in hospitals and health care clinics, and in ensuring that help is provided to the most in-need.

Media engagement plays a key role in advocacy and programming work. Inter-agency collaboration among UNFPA, UN Women, UNICEF, WHO, UNDP, and others, ensures delivery of the agencies' distinct role in the continuum approach to end gender-based violence. UNFPA has developed an advocacy note on engagement of armed actors to strengthen prevention outcomes for women and girls in humanitarian situations like civil unrest and refugee influx. UNFPA spearheaded the distribution of Emergency Card in remote areas to ensure access to mental health and psychosocial support of the most vulnerable and marginalized during crisis situations, as well as ensuring that GBV risk mitigation measures are integrated in national COVID-19 response plans. The role of community leaders, faith-based and religious leaders, networks of men and boys, among others - referred to by UNFPA as the community custodians of culture and they have a huge outreach and impact on advocacy at the community level - is integral in prevention and risk mitigation measures. Finally, UNFPA is looking at adaptation of headquarters-based policy guidance on COVID-19 prevention and risk mitigation and how they can be adopted to national context and needs.

In Asia-Pacific, UNFPA developed the guidance notes on Dignity Kits for COVID-19 context, and they facilitate country-to-country sharing of knowledge, strategies and practices through South-South cooperation. The Spotlight Initiative on addressing violence against women and girls in countries like Papua New Guinea and Timor Leste, where UNFPA is working with remote service delivery workers, strengthens the responses by putting up shelters in countries like Bangladesh, India, and Thailand, and establishing innovative ways to provide psychosocial support through tele-counselling

and SMS-based psychosocial first aid, remote case management in countries like Pakistan, and the development of “women’s safety” app, which provides information on the nearest police station. This app is already being widely used in India.

UNFPA also provides capacity building in the region, which includes adaptation of GBV services and recently held regional training on the linkages between sexual and reproductive health rights and GBV that can be contextualized based on county needs. They continue to work with GBV case managers, local law enforcement authorities, frontline health workers, service delivery workers, etc., on providing services. They have developed resource kits and guidelines for frontline health workers, service providers and personnel of one stop crisis centers, based on global essential health care services.

UNFPA is also strong in the Asia-Pacific region in terms of awareness-building in data collection challenges, technical support to national socio-economic impact assessment, COVID-19 rapid gender analysis, rapid assessment of GBV service provision and linked challenges. It is leading the work in the GBV cluster, mental health and psychosocial support, the SRHR platform and bodily autonomy, and co-leading the core group on violence against women.

#### UNFPA’s Key Recommendations:

- Leveraging UNFPA expertise and experience in community engagement, social mobilization and extensive networks in different constituencies - youth and women’s organizations, religious and traditional leaders
- A human rights based approach is taken to ensure measures are aligned with international human rights law - that they don’t reproduce or perpetuate harmful gender norms, stigma, discrimination and inequalities
- Consider how the quarantine experience can be different for women and men, such as whether women’s and men’s different physical, cultural, security, and sanitary needs are being met
- Continuity of care – special attention given to those most at risk and vulnerable to infections and exposure; and that affected communities are meaningfully engaged in developing and designing response measures
- Pregnant women with respiratory illnesses must be treated with utmost priority due to increased risk of adverse outcomes, and antenatal, neonatal and maternal health units be segregated from identified COVID-19 cases
- Provision of mental health and psychosocial support and counselling for affected individuals, families, communities and health workers critical part of the response
- GBV referral pathways must be updated to reflect changes in available care facilities; key communities and service providers must be informed about those updated pathways
- Surveillance and response systems should include sex, age gender, and pregnancy status disaggregation
- All health workers, including women, responding to COVID-19 must have personal protective equipment
- Ensure humanitarian action plans consider and reflect COVID-19 response and advocate for the rights of refugees, migrants and internally displaced persons, and in all national responses

**Ms. Nimisha Goswami** underscored that investing in women and girls during crisis situation is extremely important in the entire recovery process. The IPPF member associations across the globe bear the challenge of responding to a huge crisis brought about by the COVID-19 pandemic. Their work around gender equality has been rendered behind and they are grasping for ways to start afresh to mitigate the pandemic's strong toll on women and girls, people living with disabilities, and the elderly population who are disproportionately disadvantaged. On a positive note, the very challenging pandemic situation also shows women's capacity to lead the response by being in the frontline of health care services and first responders in the community, while at the same time managing their households.

In order to cope with the challenges, the IPPF started its work by generating evidence and surveys on the impact of COVID-19 in order to understand what is happening with the federation and member associations across the globe – in the clinics and service delivery points. Results from the surveys corroborated that gender-based violence has drastically increased. HIV and family planning services had to be scaled down due to reduced client flow because of the lockdowns. Some of the IPPF clinics lacked personal protective equipment for the service providers because delivery, especially in remote areas, is also hampered by mobility challenges. The closing down of schools and colleges affected young people's access to sexuality education.

IPPF developed a gender-responsive service delivery model that takes into account the distinct needs of women and girls, persons with disability and the elderly. Tele-medicines, tele-consultations and digital health interventions were sought to cater to the needs in the communities. Operation of IPPF clinics were maintained and the distribution of the minimum initial service packages were continued. They build the capacity of their frontline health workers in infection prevention control and provided personal protective equipment. IPPF maintained their gender-based hotlines by utilizing hybrid models for tele-consultations. Overall, their business continuity remained unhampered.

Investing on women's leadership has been something that IPPF has been doing even before the pandemic, during peace time and in crises settings. The strong partnerships they have forged over the years are the cornerstone of inclusive and responsive programs.

**Ms. Zara Rapoport** opened by saying that Plan International's work focuses on the needs of children, adolescents and young people. They are working on ensuring their access to sexual and reproductive health, education, child protection, cash distribution, among others, even during the pandemic. They make sure that their programs are gender transformative and responsive. Their program beneficiaries didn't want to go back to 'normal', instead, to 'better' situation, hence the term 'Revolutionary Reset'; because they want the future of adolescents and all the diversity to have gender justice and enjoying their rights to education, health, protection, and even to climate justice. Plan showcases the ideas and initiatives of the people whom they serve. Even the processes of data gathering - which ensured meaningful consultations - and reporting the results of researches and surveys made the young people feel that they are listened to.

Plan's efforts in the region also includes prevention of child, early and forced marriage mostly through online advocacy. India initiated a whatsapp group to reach the broad stakeholders and keep them together for easier coordination. Sadly, the technological divide has never been more apparent than in this set-up. It keeps coming up during consultations, and so addressing this is now among Plan's priorities.

In the area of advocacy, Plan has always worked closely with governments, civil society and UN agencies on gender and humanitarian action for women and adolescent girls in Asia and the Pacific and had formed an action group among the same. Together, they developed materials like a policy brief containing joint recommendations toward achieving a better normal, and guidance notes. They also held a training on GBV and on cash transfer.

Ms. Rapoport encouraged everyone to always involve the youth as they always have something to say that will contribute greatly to better programming.

**Ms. Fumie Saito** acknowledges that the impact of COVID-19 to Japan is similar to other countries' in terms of double burden for women, with single mothers getting hit most hard. There is 50 percent increase in domestic violence and government cash payments are not reaching the most vulnerable. Access to sexual and reproductive health is limited. This year is worse for women in the working sector because at least 33 percent was forced to change their employment status similar to the ones in the informal sector in other countries. Ms. Saito confirmed Hon. Prof. Takemi's statement as regards the increase in suicide cases citing the 15 percent (almost 1,000 women) from last year's data. However, this number is still low compared to suicide cases among men, which accounts for twice the number than that of women.

Sexual and reproductive health and rights in Japan is also limited, especially the access to contraceptives and medical abortion, but the government has made emergency contraceptive available through online prescription. Moreover, the government is also beefing up over-the-counter purchase of drugs. Pregnancy decreased by 15 percent from last year.

Despite the aforementioned gloomy backdrop, youth participation has become more active in Japan. They were able to unite and in a collective voice demanded for access to emergency contraceptives, which the government heeded and resulted in the increase in over-the-counter drugs. This proves how the youth's participation in advocacy can influence positive change in COVID-19 responses.

**Hon. Viplove Thakur** (MP from India) raised the following points for UNFPA:

1. The efforts being extended to frontlines who, apart from serving the health needs of the people, are experiencing fear for their own and their children and elderly parents' health and safety for which they will need counselling. Most of them who work day and night have fallen into depression.
2. Some women-domestic helpers have been out of jobs. Mothers and wives, too, are bearing the brunt of the pandemic and its subsequent lockdowns because they take care of the house, teach their children and assist their husband whose education and job are internet-based. This becomes too much for them. What can be done to ease their plight?

3. Considering that this is the first time in this century where a pandemic of this magnitude hit mankind, there has to be a solid planning to overcome these many and interrelated challenges.
4. Violence against women and girls have been present even before the pandemic. It just got worse. Even the cases of rape have increased. Something concrete has to be done to men in this regard.

**Hon. Lork Kheng** (MP from Cambodia) recognized that women in different settings have achieved a lot and have overcome a lot of obstacles through the help of advocates of gender justice; but progress made towards achieving gender equality has been disrupted by the pandemic. Young people, especially women and girls, in developing country are still cut off from technology, education and skills development. Job opportunities are less for women, thus the need to allocate more resource for them so they will have access to health care, education and skills development. There is a need to put women front and center in the post-pandemic economic and recovery plan. Strengthen community interventions to support sustainable and resilient programs and networks for women and girls are a must.

**H.E. Amelia Tu'ipulotu** (MP from Tonga) happily shared that in March 2021, her government released a book about the Tonga national service delivery protocol for responding to cases of gender-based violence. It contains six thematic areas which are survivor-centered approach to referral pathways, and underscores confidentiality and responsiveness to diverse population. H.E. Tu'ipulotu supports the call to build the leadership capacity of women so they become respected and valued as visionaries for a better future given the current complex climate.

**Ms. Devi** agreed to the observations of the MPs that the multiple burdens and intersecting forms of discrimination that women suffer are exacerbated by the pandemic and such situation requires multi-dimensional solutions. As she noted earlier, there is no existing guidelines on how to fully address the situation because this a new phenomenon, where every country context is different, so everyone has to learn by doing. She assures the body that the distinct needs of women and girls will be prioritized in the UNFPA-led post-COVID-19 recovery.

Since the start of the pandemic in March 2020, UNFPA has been making sure that their frontline service provider partners are able to avail of their rest and leave, and they have access to counselling and other safety nets and support. This also enabled them to continue providing life-saving services. The UNFPA's policy guidance notes also recommends to government, policy actors and stakeholders to observe the same in favor of the unique needs of their workers.

**Ms. Goswami** echoed the concern for the frontline health workers that is why IPPF launched a program where the frontline health workers are given mental health first aid and afforded compassionate leave – especially those who have been infected by COVID-19. IPPF is also working to educate men and boys, and the family members of women and girls, on the prevention of gender-based violence.

## Session 2: PRESENT SITUATION OF GENDER IN CENTRAL ASIA

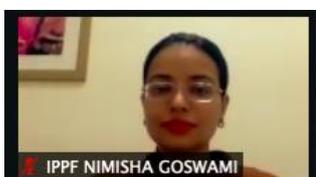


Chair: **Hon. MEHER AFROZE**, Member of Bangladesh National Parliament



Presenter: **MR. MEDER OMURZAKOV**, *International Program Coordinator*, UNFPA - EECARO

Commentators:



- **MS. NIMISHA GOSWAMI**, *Senior Technical Advisor*, Humanitarian, IPPF – SARO



- **MR. ULUKBEK BATYRGALIEV**, *Trustee, IPPF; Chair*, National Youth Committee at the Reproductive Health Alliance of Kyrgyzstan

### “IMPACT OF COVID-19 ON GENDER IN CENTRAL ASIA”

**Mr. Meder Omurzakov** began his presentation by sharing the history of the pandemic in Central Asia, which was recorded in March 2020 in Kazakhstan. This was followed by Uzbekistan, Tajikistan and Kyrgyzstan, consequently. This resulted in health and humanitarian crisis due to the multiple socio-economic impacts arising from loss of jobs, disruption in education and other opportunities at all levels. These crises have reinforced gender inequalities across age, ethnicity and social groups. The economic and social development progress that were gained in the region was jeopardized and placed at-risk the fundamental aim of the SDGs of leaving no one behind.

In the Central Asia region, UN agencies conducted gender assessment and rapid socio-economic impact assessments of COVID-19 to support the actions of the governments of Kazakhstan, Uzbekistan, Tajikistan and Kyrgyzstan by providing them the results of study. Like in other countries, the pandemic has caused profound and disproportional impact on women and girls because they suffer higher rates of unemployment, increased violence within the home, as well as in unpaid care and domestic work.

The gender analysis was used to understand opportunities and resources men and women have access to, and to evaluate how lockdown restrictions impacted their

economic status, employment and income, and to study how new technologies can be used to adapt changing living condition and distribution of unpaid domestic work and reproductive burden of child care and education. It also provided useful information on gender roles, responsibilities, opportunities and vulnerabilities that have emerged in societies during the pandemic. Desk review of relevant documents like legislations and policies in the countries were undertaken, as well as surveys to collect opinions of men and women on various topics. The following are some of them:

### *1 Main source of information about COVID-19*

- Kyrgyzstan – Women, more than men, rely mainly on the internet but they also get information from radio, television and newspapers. Women were likely to get information from healthcare institutions and family doctors and men would only go to doctors when it is absolutely necessary.
- Tajikistan - Women received information from television, radio and newspapers and they visit health facilities while for men was the internet and social media.

### *2 Employment and income*

- Kazakhstan - 26% of women and 21% of men who were employed before pandemic lost their jobs; 69% of SMEs of women entrepreneurs stopped their activities, compared with 59 % of men entrepreneurs; 76% of self-employed women and 66% of self-employed men suspended their activities.
- Kyrgyzstan - Men who worked in the agricultural sector, had own businesses or were employed as hired workforce experienced significant decline in income; Women lost earnings mostly from the remittances of migrants (22% of women as compared to 13% of men).
- Tajikistan - 33 % of men against 18% of women were expecting not to get paid and 5% against 1% were likely to lose their job; 27% of women and 18% of men depended on remittances; 24% of women and 16% of men depended on support from family/friends; 10% of women and 6% of men depended on pension, other social payments;

### *3 Unpaid care and domestic work*

- Kazakhstan - Women indicated an increase in time spent on cleaning and cooking inside the home, and men were responsible the repairs, grocery shopping and keeping the house clean and organized.
- Kyrgyzstan - Women spent more time on cleaning, cooking, serving meals, and tending to children while men started to spend more time on cleaning and shopping.
- Tajikistan - Women mainly spent their time on cleaning, washing, cooking and serving meals while men spent most of their time on household management and shopping for family members.
- Uzbekistan - The burden on women had increased either “significantly” or “slightly”; Over a third of respondents reported that women’s workload had not changed; Very small proportion felt that their workload had decreased.

#### 4 *Access to essential services*

- Kazakhstan - The respondents faced difficulties in accessing health services, goods and food supplies. Men reported more problems with access to basic services compared to women; 13-16% of women used RH services, and 6% had encountered difficulties in accessing maternal health services.
- Kyrgyzstan - 54.7% of women and 46% of men had more problems with purchasing food supplies; 32.7% of women and 19.3% of men experienced difficulties related to the ban of public transport; 12% of women had some problems with access to gynecological and obstetric care.
- Tajikistan - 43% of women and 37% of men had problems with access to buying food products/supplies; 28% of women and 22% of men had difficulties with access to hygiene/sanitary products.
- Uzbekistan - majority of the 90% of respondents reported that residents of their communities had applied for assistance due to the COVID-19 pandemic.

#### 5 *Domestic violence*

- Kazakhstan - Calls to support hotlines tripled and most of them are women reporting domestic.
- Kyrgyzstan - 65% increase of cases of domestic violence (Ministry of Internal Affairs, MIA); 32% of respondents said they heard about an increase of domestic violence or experienced it themselves.
- Uzbekistan - Fivefold increase in calls to hotlines in the first week of quarantine;
- The MIA reported increased number of reported domestic violence cases from 187 to 213 for July 6-12; 527 protection orders were issued (January to April 2020), whereas none was issued from September to December 2019.

COVID-19 provides a good opportunity to reorient public priorities and policies to be able to build resilient societies and be prepared for the challenge of the future. As countries build back better, the following policy responses are recommended:

- Include gender equality, the empowerment and rights of women and girls in the COVID-19 responses and recovery packages;
- Strengthen gender-responsive social protection systems and improve and expand social infrastructure;
- Ensure family-friendly and flexible working arrangements in the public and private sector;
- Work to redistribute unpaid care and domestic work and enable women to access employment and access to resources;
- Extend coverage of services to leave no one behind;
- Close gender gaps in technological innovation and digital skills specially in science, technology, engineering and mathematics (STEM);
- Design, resource and implement prevention and response laws policies to end GBV;

- Address harmful gender social norms and attitudes.

Mr. Omurzakov ended his presentation by saying that every woman and every child deserves a life free from violence and they have the right to it.

**Ms. Nimisha Goswami** commended UNFPA for highlighting the impact on reproductive health of COVID-19 in Central Asia. However, based on IPPF's field experience as regards the restrictions on social gatherings and mobility, maternal health services, family planning and HIV testing had to be significantly scaled down because the client flow was reduced. Access to education of young people was heavily impacted, too. It was because of these challenges that IPPF's member associations adapted to the situation and developed innovations utilizing digital platforms for service delivery such as tele-medicine and online consultations.

As peer educator and youth advocate, **Mr. Ulukbek Batyrgaliev** believes that the idea of gender equality has yet to fully reach the public's consciousness and adolescents' sexual and reproductive health concerns are invisible to the state. He says that it is easy to convince people that gender equality is against their culture and that morality still lingers to the religious conservatism and traditionalism in society. The concept of women's participation and holding of power is seen as something unnatural and wrong because women are expected to just tend to her family.

Services for young people and adolescents are either unfriendly because the conditions needed to provide anonymity and confidentiality are not present or they are unavailable altogether due to the absence of specialists. Many young people and adolescents, especially girls, report negative experience during their visits to gynecologists. The lack of free contraceptives and sexuality education results in unwanted pregnancies and consequent abortion, early marriages, sexual violence and increased HIV cases among the sector. Unwanted pregnancies forced girls to leave their school which could potentially put them behind men in terms of employment opportunities. Women in Kyrgyzstan are largely excluded from decision making, thus, girls getting married are decisions made by family members.

Women and girls suffer from various forms of violence, such as domestic violence, sexual violence, forced and early marriages, and bride kidnapping. According to different sources, the cases of Kyrgyzstan women in rural areas being married off as a result of bride kidnapping increased from 30% to 67%. Harmful and humiliating practices that undermine women's dignity, such as virginity check before marriage, is still prevalent. Women's involvement in radical religious groups also puts them at disadvantage in accessing employment opportunities. Rural women and girls have restrictive access to productive resources and COVID-19 worsened this situation.

**Mr. Batyrgaliev** recalls that in over 20 years of Reproductive Health Alliance of Kyrgyzstan's membership to IPPF, their organization has become one of the important centers for obtaining population and SRH services. Their peer educators sustained online trainings during quarantine. Their social media pages receive 50-80 messages daily basis from girls and women asking for help. They were able to reach over 8,000 young people through social network, including women and girls with personal concerns, as well as over 50,000 young people through information events. They also

developed information education communication materials in Kyrgyzstan language for young people about sexual assault and a teaching guide for teachers to educate housewives on HIV prevention.

He admits that despite their outputs, they are far from covering the needs of every teenager and young person, and that the country needs strong political will to provide solutions to address emergency situations.

**Hon. Afroze** concurred with all the speakers that the pandemic has brought significant challenges to the reproductive and adolescent health and maternal health concerns, including access to contraceptives and other materials and services.

Without any comments from the body, Prof. Ikegami intervened and cited clarity as the possible reason for the silence.

In closing, **Hon. Afroze** thanked all the frontliners – doctors, nurses, law enforcement, civil society advocates, governments officials, administrators, media. She said that together, the challenges can be overcome. Responding to gender-based violence takes comprehensive and multisectoral solutions and it requires hard investments. Involving women in decision-making and designing the digital future can improve the outcomes for more gender-balanced and equitable systems including the digitalization of governance and business process where women's contribution can go a long way in reducing gender bias in the systems. More resources, such as technical support from AFPPD and UNFPA, are needed to overcome the challenging journey brought about by COVID-19.

Hon. Afroze disclosed that she is currently nursing her COVID-19 infection and she apologized if she looked tired because she does feel tired. She was supposed to be resting but she regards the seminar to be very important hence her attendance. She entreated the body to pray for her full recovery.

Before formally closing the seminar, Prof. Ikegami made three announcements:

1. All the attendees are requested to fill out the evaluation form, which will be emailed right after the seminar;
2. Activities for the remainder of the first half of 2021;
  - a. Meeting of the AFPPD Executive Committee is scheduled on April 19, 2021
  - b. General Assembly is on May 24, 2021 || 1330hrs – 1500hrs, Tokyo time
3. AFPPD's website was renovated and has been activated. Everyone can access copies of documentation of activities as well as other resource materials, such as the ones pertinent to the seminar on ageing held on December 17, 2020.

Prof. Ikegami thanked all the participants, speakers and the two women leaders, the MP-session chairs. She apologized for the brief time extension but she underscored the importance and fruitfulness of the discussion then proceeded to bid everyone safety.

## Resources Available

### Program

13:00-13:05	Welcoming Remarks Prof. Kiyoko Ikegami, Interim Executive Director, AFPPD
13:05-13:15	Opening
	Opening Addresses Hon. Prof. Keizo Takemi, MP, Japan, Chair of AFPPD Mr. Björn Andersson, Regional Director, UNFPA APRO
13:15-13:20	Photo Session
13:20-13:35 13:35-14:10	<p>Session 1: Present situation of gender in Asia and the Pacific Region &lt;Session Chair: Philippines &gt;</p> <ul style="list-style-type: none"> <li>• Presenter: Ms. Upala Devi, Gender Advisor UNFPA APRO</li> <li>• Commentators: <ul style="list-style-type: none"> <li>• Ms. Nimisha Goswami. Senior Technical Advisor-Humanitarian, IPPF SARO</li> <li>• Ms. Zara Rapoport, Regional Gender Equality and Inclusion Lead, Plan International Asia Hub</li> <li>• Ms. Fumie Saito, Director, Global Advocacy, JOICFP W7 Advisory Group member (SRHR)</li> </ul> </li> </ul> <p>Discussion</p>
14:10-14:25 14:25-14:40	<p>Session 2: Present situation of gender in Central Asia &lt;Session Chair: Bangladesh &gt;</p> <ul style="list-style-type: none"> <li>• Presenter: Mr. Meder Omurzakov, International Program Coordinator, UNFPA EECARO</li> <li>• Commentators: <ul style="list-style-type: none"> <li>• Ms. Nimisha Goswami. Senior Technical Advisor-Humanitarian, IPPF SARO</li> <li>• Mr. Ulukbek Batyrgaliev, Member of IPPF's Board of Trustees, Chair of National Youth Committee at the Reproductive Health Alliance of Kyrgyzstan</li> </ul> </li> </ul> <p>Discussion</p>
14:40	Closing Remarks

Rapporteur: Ms. Nenita Dalde, Manager of Advocacy and Partnership of PLCPD

# Presentation of Ms. Upala Devi, Gender Advisor UNFPA APRO

**Gender and COVID-19: An Asia-Pacific overview**

UNFPA APRO  
Presentation for AFPPD Forum

Upala Devi, APRO Region Gender Advisor  
3rd April, 2021

**01** Macro-Overview Gendered Impacts

**02** COVID-19 in the Asia-Pacific

**03** UNFPA and COVID-19 Focus on GBV

**04** Challenges

**05** Interim Lessons Learned

**06** Key Recommendations

**Presentation outline**

**Gendered Impacts of COVID-19**

- Pandemics make existing gender inequalities for women and girls worse, and can impact how they receive treatment and care. Disease outbreaks affect women and men differently - gender gaps have widened.
- Sexual and reproductive health and rights is a significant public health issue that requires high attention during pandemics like COVID-19 as well as ensuring equal rights for virus testing and access to treatment. Pregnant women can be at particular risk.
- Since women represent 70% of the health and social sector workforce globally and are the primary caregivers to children, the elderly and ill - they have been disproportionately impacted.
- Domestic spaces can be the sites of violence as domestic violence and intimate partner violence increases due to heightened tensions in the households. Girls and women may not find adequate protection and safety support as systems and community structures may be weakened.

**COVID-19 in Asia-Pacific**

- Most countries in the region have cases of COVID-19 (except DPRK and a few Pacific countries).
- New cases slowing down in a few countries, others seeing rapid rises, including second wave (and possibly, a third wave).
- Countries with weak health and governance systems, limited testing capacity, cross-border movements remain extremely vulnerable.
- Almost all countries **recognize the heightened risks of gender-based violence (GBV) for women and girls.**
- Key focus: ensuring the **continuity and accessibility of life-saving GBV and health response services.**

**Addressing GBV in COVID-19 context**

**Continuum approach to addressing GBV in COVID-19 context**

- Strengthening systems**  
Building on established systems, partnerships and collaborations for delivery of essential and life-saving GBV response services.
- Adapting to COVID-19 context**  
Strengthening capacities of UNFPA staff, government and partners to deliver adapted GBV services in line with global guidance, including innovations in programming.
- Advocacy**  
Contributing to advocate necessity of services and policies to ensure GBV is a priority in COVID-19 preparedness and response.
- GBV/VAW data**  
Providing guidance on collecting GBV service data ethically and safely to strengthen evidence-based programme and policy interventions, where possible.
- Capturing knowledge**  
Documenting promising practices, lessons learned and lived experiences. Capturing stories of GBV frontline workers. Engaging with media as a thought leader.
- Strengthening coordination and collaboration**  
Leading Inter-agency coordination mechanisms for GBV response. Co-leading Mental Health and Psychosocial Support Working Group.

**Prevention & risk-mitigation initiatives**

**Prevention & risk-mitigation initiatives**

- Advocacy note on engagement of armed actors to strengthen prevention outcomes for women and girls
- Community-based radio, TV, SMS and social media messages that integrate COVID-19 and GBV awareness and available services.
- Emergency card distribution to the communities with information on GBV services and mental health and psychosocial support messaging
- Ensuring GBV risk-mitigation measures are included in national contingency, preparedness and response plans
- Engaging with faith-based organizations and religious leaders on GBV prevention messaging.
- Adaptation of HQ-based guidance for national contexts

**Services & innovative delivery models**

**Life-saving, essential GBV response services**

**Regional initiatives:**

- Guidance note on adaptation of dignity kits for COVID-19 context.
- Technical guidance on remote provision of GBV response services.
- Facilitating country to country sharing of knowledge, strategies and promising practices

### Life-saving, essential GBV response services



#### National:

- Re-programming, including innovative programming – Spotlight Initiative in Papua New Guinea and Timor Leste
- Supporting national strategies and response plans to strengthen life-saving GBV services.
- Creative shelters.
- Innovative means to provide psychosocial support through tele-counselling, community psychosocial workers, SMS-based psychosocial first aid.
- Remote case management.
- Women safety apps.



### Life-saving, essential GBV response services



#### National:

- One-stop crisis centres as extension of COVID-19 response.
- Dignity kits adapted for different populations, including those facing extreme vulnerabilities.
- Health sector response through female health workers, midwives and other frontline workers; tip sheets for health workers to identify, respond to and refer GBV cases.
- Alternative modalities for referrals (online and phone-based).



### Capacity development on GBV response services



#### Regional:

- Virtual trainings on adaptation of GBV response services to COVID-19 context.

#### National:

- Online training of GBV case managers, police officers, hotlines workers.
- Capacity building of frontline health workers on psychosocial first aid, including mental health and psychosocial support training tools for midwives and other health staff.
- Resource kit and guidelines for service providers (frontline workers, shelters, one-stop crisis centres).



### Research and data collection



#### Regional:

- Guidance note on GBV data collection.
- Advocacy and awareness building on data collection challenges, supporting guiding CDS and organizations in making appropriate decisions.
- Thought leadership in media.

#### National:

- Technical support to national socio economic impact assessment.
- COVID-19 Rapid Gender Analysis
- Rapid assessment of GBV service provision and linked challenges.



### Inter-agency initiatives



- Leading or co-leading **GBV sub-cluster coordination** at national and sub-national levels.
- Co-leading **mental health and psychosocial support working groups** in select countries.
- Co-leading **UNITE Working Group** which has led to joint advocacy and communication on VAW, including IPV risks for UN staff.
- Co-leadership of **Issue Based Coalition on Gender Equality, Women's Empowerment and Human Rights.**



### Challenges



- Engagement with health/social services sector to include GBV as an essential COVID-19 response.
- Lack of understanding of gender-responsive and gender-just response - no focus on gender transformative programming.
- Overwhelmed and under-resourced service providers.
- Reduced GBV response workforce due to COVID-19 impact at home or at work settings.
- New forms of violence and new means of perpetrating violence.
- Sustainability of promising practices.
- Uptick in violence as restrictions ease, coinciding with potential dismantling of GBV remote services (online and tele-services).
- Travel restrictions prefer and learn best through face to face interaction. The pandemic also resulted in delays in the implementation of programmatic activities.
- How to build back better?



### Interim Lessons Learned in the A-P context

- Much more focus and attention needs to be directed on supporting long term social norm change on GBV prevention - this includes not just programmatic interventions but also coordination among different actors, advocacy with government and donors to ensure that the complexity of the issue is understood and complementarity in approaches is garnered.
- The need to strengthen work in humanitarian -development continuum was highlighted during COVID-19. Those OOs that has strong existing GBV programming were able to adapt to COVID 19 response much quicker than others. Therefore, going forward, all programming needs to embrace this continuum approach.
- While digital innovations appear to be a solution in reaching and engaging adolescent girls and boys during the pandemic lockdowns, marginalized groups were excluded given the lack or limited access to devices and internet. At the household level, boys are often given priority to access and use these already limited ICT resources.

### Key Recommendations

- Leveraging UNFPA expertise and experience in community engagement, social mobilization and extensive networks in different constituencies - youth and women's organizations, religious and traditional leaders.
- A human rights based approach is taken to ensure measures are aligned with international human rights law - that they don't reproduce or perpetuate harmful gender norms, stigma, discrimination and inequalities.
- Consider how the quarantine experience can be different for women and men, such as whether women's and men's different physical, cultural, security, and sanitary needs are being met.
- Continuity of care - special attention given to those most at risk and vulnerable to infections and exposure; and that affected communities are meaningfully engaged in developing and designing response measures.
- Pregnant women with respiratory illnesses must be treated with utmost priority due to increased risk of adverse outcomes, and antenatal, neonatal and maternal health units be segregated from identified COVID-19 cases.
- Provision of mental health and psychosocial support and counselling for affected individuals, families, communities and health workers critical part of the response.
- GBV referral pathways must be updated to reflect changes in available care facilities; key communities and service providers must be informed about those updated pathways.
- Surveillance and response systems should include sex, age, gender, and pregnancy status disaggregation.
- All health workers, including women, responding to COVID-19 must have personal protective equipment.
- Ensure humanitarian action plans consider and reflect COVID-19 response and advocate for the rights of refugees, migrants and internally displaced persons, and in all national responses

## Presentation of Ms. Fumie Saito, Director, Global Advocacy, JOICFP



### Impacts of COVID-19 on Women and Girls in Japan

Fumie Saito  
Director, Global Advocacy  
Japanese Organization for International Cooperation in Family Planning (JOICFP)

AFFPPD, Online Seminar on Impact of COVID-19 Pandemic on Gender 5 April 2021

### Impacts of COVID-19 on Women and Girls in Japan (JULY, 2020)

- Double Burden**  
Women suffer from the double burden of paid and unpaid work due to school closure
- Single parent**  
Most Affected. 60% of single mothers experienced reduced income. 18% lost employment
- Domestic Violence**  
Sharp increase of Domestic Violence 4,400 calls/month to hotline (May) Counselling support increased by 3
- Cash Payment**  
Cash payment did not always reach the most vulnerable as the head of households received cash payments for all family members
- Healthcare Workers**  
70% of healthcare workers are women. They faced double burden & discrimination against them and their children
- Sexual and Reproductive Health & Rights**  
Increased teenage pregnancy Limited access to emergency contraceptives Increased concerns of pregnant women

### Impacts of COVID-19 on Women and Girls in Japan (APRIL, 2021)

- Employment**  
21.9% of women had over 30% reduction in income, whereas men are 15.6%. When women lose work, harder to find a job.
- Non-regular workers**  
33% of women non-regular workers had a change in their employment status. 20% of them had to take more than 7 days-off.
- Domestic Violence**  
50% increase of calls of Domestic Violence (April 2020 - Jan 2021)
- Suicide**  
More women commit suicide in 2020. Compared with the previous year, 934 more women committed suicide. (15% increase)
- Sexual and Reproductive Health & Rights**  
Emergency contraceptives available by online prescription, and now Gov plans to increase access to over-the-counter drugs. Youth advocacy was effective in sharing the national gender plan. Pregnancy decreases about 5% compared with the previous year (As of OCT 2020) The number of birth is expected to decrease by 7.5% in 2021.

## Presentation of Mr. Meder Omurzakov, International Program Coordinator, UNFPA EECARO



### Impact of COVID-19 on gender in Central Asia.

AFFPPD meeting  
April 5, 2021

### Impact of COVID-19 on gender in Central Asian countries

- Rapid Gender Assessments and Socio-Economic Impact of COVID;
- Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan.

Main source of information about COVID-19 	
Kyrgyzstan	Tajikistan
<ul style="list-style-type: none"> <li>Women rely on radio/television/newspapers as main sources of information more than men, but their major source of information was still Internet;</li> <li>Women were likely to get information from healthcare institutions and family doctors while men did not go to doctors until they really needed it.</li> </ul>	<ul style="list-style-type: none"> <li>Women received information from television/radio/newspapers. They also visit health facilities;</li> <li>The main sources of information on COVID-19 for men was internet / social media and mobile phones.</li> </ul>

Employment and income 		
Kazakhstan	Kyrgyzstan	Tajikistan
<ul style="list-style-type: none"> <li>26% of women and 21% of men who were employed before pandemic lost their jobs;</li> <li>69% of SMEs of women entrepreneurs stopped their activities, compared with 59% of men entrepreneurs;</li> <li>76% of self-employed women and 66% of self-employed men suspended their activities.</li> </ul>	<ul style="list-style-type: none"> <li>Men who worked in the agricultural sector, had own businesses or were employed as hired workforce experienced significant decline in income.</li> <li>Women lost earnings mostly from the remittances of migrants (22% of women as compared to 13% of men).</li> </ul>	<ul style="list-style-type: none"> <li>33% of men against 18% of women were expecting not to get paid and 5% against 1% were likely to lose their job;</li> <li>27% of women and 18% of men depended on remittances;</li> <li>24% of women and 16% of men depended on support from family/friends;</li> </ul>

Unpaid care and domestic work 			
Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan
<ul style="list-style-type: none"> <li>Women indicated an increase in time spent on cleaning and cooking;</li> <li>Men were more likely to be responsible for household repairs, grocery shopping and keeping the house clean and organized.</li> </ul>	<ul style="list-style-type: none"> <li>Women spent more time on cleaning, cooking, serving meals, and playing with, talking and reading to children;</li> <li>Men started to spend more time on cleaning and shopping.</li> </ul>	<ul style="list-style-type: none"> <li>Women mainly spent most of their time on cleaning/washing, cooking and serving meals;</li> <li>Men spent most of their time on household management and shopping for family members.</li> </ul>	<ul style="list-style-type: none"> <li>The burden on women had increased either "significantly" or "slightly";</li> <li>Over a third of respondents reported that women's workload had not changed;</li> <li>Very small proportion felt that their workload had</li> </ul>

Access to essential services 			
Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan
<ul style="list-style-type: none"> <li>The respondents faced difficulties in accessing health services, goods and food supplies;</li> <li>Men reported more problems with access to basic services compared to women;</li> <li>13-16% of women used RH services. 6% had encountered difficulties in</li> </ul>	<ul style="list-style-type: none"> <li>54.7% of women and 46% of men had more problems with purchasing food supplies;</li> <li>32.7% of women and 19.3% of men experienced difficulties related to ban of public transport;</li> <li>12% of women had some problems</li> </ul>	<ul style="list-style-type: none"> <li>43% of women and 37% of men had problems with access to buying food products/supplies;</li> <li>28% of women and 22% of men had difficulties with access to hygiene/sanitary products.</li> </ul>	<ul style="list-style-type: none"> <li>90% of respondents reported that residents of their communities had applied for help due to the COVID-19 pandemic;</li> <li>The majority of those applying for and receiving assistance were women.</li> </ul>

Domestic violence 		
Kazakhstan	Kyrgyzstan	Uzbekistan
<ul style="list-style-type: none"> <li>Calls to support hotlines tripled;</li> <li>The growth in domestic violence rates during quarantine was reported by women.</li> </ul>	<ul style="list-style-type: none"> <li>65% increase of cases of domestic violence (MIA);</li> <li>32% of respondents said they heard about an increase of domestic violence or experienced it themselves.</li> </ul>	<ul style="list-style-type: none"> <li>Fivefold increase in calls to hotlines in the first week of quarantine;</li> <li>The MIA reported increased number of reported domestic violence cases from 187 to 213 for July 6-12;</li> <li>527 protection orders were issued (January to</li> </ul>

Policy recommendations 
<ul style="list-style-type: none"> <li>Include gender equality, the empowerment and rights of women and girls in the COVID-19 responses and recovery packages;</li> <li>Strengthen gender-responsive social protection systems and improve and expand social infrastructure;</li> <li>Ensure family-friendly and flexible working arrangements in the public and private sector;</li> <li>Work to redistribute unpaid care and domestic work and enable women to access employment and access to resources;</li> <li>Extend coverage of services to leave no one behind;</li> <li>Close gender gaps in technological innovation and digital skills specially in STEM;</li> <li>Design, resource and implement prevention and response laws policies to end GBV;</li> <li>Address harmful gender social norms and attitudes.</li> </ul>



**Thank you!**

## Participants' List

No	Title	Name	Country	Position
AFPPD National Committees on Population and Development				
1	Hon. Dr.	Khadija Elham	Afghanistan	Member of Wolesi Jirga (House of People)
2	Hon.	Meher Afroze	Bangladesh	MP
3	Hon.	Adiba Anjum Mita	Bangladesh	MP
4	Hon.	Lork Kheng	Cambodia	MP, Chair, Commission on Public Health, Social Works, Veterans, youth Rehabilitation, Labor, Vocational Training and Women's Affairs of the National Assembly
5	Hon.	Ermalena Muslim Hasbullah	Indonesia	MP, Chair of Indonesian Forum of Parliamentarians on Population and Development (IFPPD)
6	Hon. Prof.	Keizo Takemi	Japan	MP, Chair of AFPPD, Executive Director of JFPF
7	Hon.	Maria Lourdes Acosta-Alba	Philippines	MP, Chair of the House Committee on Women and Gender Equality and PLCPD's Chairperson for the House of Representatives
8	Hon. Dr.	Jetn Sirathranont	Thailand	MP, Secretary General of AFPPD
9	H.E.	Amelia Tu'ipulotu	Tonga	Minister of Health
10	Hon.	Lord Tu'ivakano	Tonga	MP, Chair of Population and Development Parliamentary Committee
Japanese Parliament				
11	Hon.	Teruhiko Mashiko	Japan	MP, Vice-Chair of JFPF
12	Hon.	Kanehiko Shindo	Japan	MP
13	Hon.	Shizuka Terata	Japan	MP
14	Hon.	Yayoi Kimura	Japan	MP
15	Hon.	Tsunehiko Yoshida	Japan	MP

Former Parliament				
16	Hon.	Viplove Thakur	India	Former MP, Vice-Chair of IAPPD, Former Vice-Chair of AFPPD
National Committee Secretariat				
17	Mr.	Nezamudin Adel	Afghanistan	Director General for International Relations Department Wolesi Jirga National Assembly of Afghanistan
18	Mr.	Manmohan Sharma	India	Executive Secretary of IAPPD
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20	Mr.	Dinh Ngoc Quy	Vietnam	The Committee for Social Affairs of the National Assembly of Vietnam
MP Secretary				
21	Mr.	Yoshiharu Makino	Japan	Secretary to Hon. Keizo Takemi
The United Nations Population Fund (UNFPA)				
22	Mr.	Björn Andersson	APRO	Regional Director of UNFPA APRO
23	Ms.	Mariko Sato	Japan	Director, UNFPA Tokyo
24	Ms.	Kamma Blair	APRO	Regional Programme Specialist (Disability, Parliamentarians, Knowledge Management, Innovation) of UNFPA APRO
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27	Ms.	Fuyo Ueno	Japan	Administrative assistant of UNFPA Tokyo
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28	Ms.	Yuri Taniguchi	U.K	Chief Resource Mobilization Advisor (S.E. Asia)

				International Planned Parenthood Federation (IPPF)
29	Ms.	Nimisha Goswami Commentator	SARO/ Session 1, 2	Senior Technical Advisor-Humanitarian, IPPF SARO
30	Mr.	Ulukbek Batyrgaliev Commentator	Kyrgyzstan/ Session 2	Member of IPPF's Board of Trustees, Chair of National Youth Committee at the Reproductive Health Alliance of Kyrgyzstan
31	Ms.	Fumie Saito Commentator	JOICFP/ Session 1	Director, Global Advocacy, JOICFP W7 Advisory Group member (SRHR)
32	Ms.	Krista Zimmerman	Plan International Asia-Pacific Regional Hub/ Session 1	Regional Head of Influencing and Policy researcher, Plan International Asia-Pacific Regional Hub
33	Ms.	Zara Rapoport Commentator	Plan International Asia-Pacific Regional Hub/ Session 1	Regional Gender Equality and Inclusion Lead, Plan International Asia-Pacific Regional Hub
34	Ms.	Reylynne Dela Paz	Plan International Asia-Pacific Regional Hub/ Session 1	Regional Girls' Rights Policy and Advocacy Senior Officer, Plan International Asia-Pacific Regional Hub
Related Institutions				
35	Ms.	Cecilia Russell		Inter Press Service (IPS)
37	Ms.	Fumiko Hirabayashi	Japan	Ex-Board member in charge of gender equality of the Japan Society of Tropical Medicine
38	Ms.	Yoko Kagawa	USA	Senior Public Sector, Specialist, the World Bank Group
Asian Forum for Parliamentarians' on Population and Development (AFPPD)				
39	Prof. Dr.	Kiyoko Ikegami	Japan	Interim Executive Director
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