Access to Essential Sexual and Reproductive Health and Gender-Based Violence Services during the COVID-19 Pandemic in Asia Pacific

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Acronyms

ARV	Antiretroviral drugs
APDA	Asian Population and Development Association
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
COVID-19	Coronavirus Disease
CSE	Comprehensive Sexuality Education
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
MHPSS	Mental Health and Psycho-Social Support
MISP	Minimum Initial Service Package
MSI	Marie Stopes International
MVA	Manual Vacuum Aspirator (device for provision of safe abortion)
MR	Menstrual Regulation
MA	Medical Abortion
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund
WHO	World Health Organization
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women

1. Executive Summary

Women and girls in Asia Pacific have been disproportionately affected by the COVID-19 pandemic response, particularly with respect to their sexual and reproductive health and rights (SRHR). For example, there has been increased maternal mortality and umet need for family planning and contraception, a shift in abortions from safe to unsafe, and decreased access to gender-based violence (GBV) services in 2020. The pandemic has compounded existing barriers to SRHR in the context of restrictions on freedom of movement and as health systems have become overwhelmed. This has been particularly profound for marginalized women and girls with multiple and intersecting forms of discrimination that interact to exacerbate structural inequalities.

Sexual and reproductive health needs do not cease to exist during a crisis; neither do human rights. International human rights law provides that essential services must continue to be provided even in times of emergency and that certain SRHR and GBV services should be classified as essential services. Notably, the International Covenant on Economic, Social and Cultural Rights does not provide for any restriction of the right to SRHR during emergencies. The Committee on Economic, Social and Cultural Rights 'General Comment 22 on the right to sexual and reproductive health notes which particular SRHR services and commodities must be classified as essential. Moreover, the Convention on the Elimination of Discrimination Against Women does not provide for any restriction of the right to be free from gender based violence during emergencies. The package of Essential Services for Women and Girls Subject to Violence provides international normative guidance on essential services for survivors of GBV, including health-care, psycho-social counseling, shelter, and police and justice responses.

The Asian Population and Development Association (APDA) and the United Nations Population Fund (UNFPA) have commissioned this research, which was conducted over a six month period during the first year of the global COVID-19 pandemic (July-December 2020). APDA is a civil society organization working on population and development issues, including through a network of parliamentarians in National Committees on Population and Development in Asia Pacific countries. UNFPA is the United Nations sexual and reproductive health agency, whose mission is to deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. This study reviewed SRHR and GBV laws, policies and implementation practices during the pandemic response in seven countries in Asia Pacific, namely Bangladesh, Fiji, India, Indonesia, Myanmar, Nepal and the Philippines. It has also documented good practices to increase access to essential SRHR and GBV services during COVID-19. This qualitative review employed a mixed methodology - primary data collection through remote key informant interviews and focus group discussions, and secondary data collection via desk review, with triangulation where possible. The study has focused on six thematic areas, namely HIV & STI prevention, testing and treatment; family planning and modern contraception; safe abortion to the extent of national law and post abortion care; comprehensive sexuality education; and gender based violence. Analysis has focused on international normative guidance in each thematic area regarding classification of essential services, challenges in access to and continuity of service provision during the pandemic, and the strategies employed in the countries studied to adapt to the COVID-19 context.

This study has found that the failure to classify appropriate SRHR and GBV services as essential has compounded challenges to accessing such services in the thematic areas during the pandemic. Access to HIV and STI prevention, testing and treatment has been negatively affected during the pandemic due to movement and transport restrictions, prohibitive cost of courier services for delivery of ARVs, and inadequate stocks of medicines due to global supply chain disruptions. There is increased unmet need for family planning and contraception because health facilities are closing or limiting services, and women are refraining from visiting health facilities due to fears about COVID-19 exposure or due to movement restrictions. Moreover, vital supplies for sexual and reproductive health including modern contraceptives are less readily available given the closure of production sites and disruption of global and local supply chains. Decreased access to safe abortion services to the extent of national law and to post-abortion care has led to increased unsafe abortions in the countries studied due in part to exclusion of safe abortion care as an essential service and failure to include abortion medications on national essential medicines lists. There have also been shortages of abortion medications as global supply chains are disrupted due to the pandemic. Reduced access to ante- and post-natal care and skilled birth attendance has led to increased maternal and child mortality. School closures and the digital divide have negatively impacted in-school provision of comprehensive sexuality education. The prevalence of gender-based violence has increased due to increased household tensions during lockdowns, and social and economic pressure associated with national pandemic responses and economic downturns. Moreover, access to GBV response services has been reduced due to clinic closures or reduced hours, confinement at home with GBV perpetrators making it more difficult to seek help via telephone or internet, and the lack of inclusion of some GBV services – such as clinical management of rape, psycho-social counseling, shelter, access to justice services - as essential services.

In order to increase access to essential SRHR and GBV services, countries have adapted to the COVID-19 context through a number of good practices, which may be grouped into the following categories: (i) classifying certain SRHR and GBV services and medications as essential; (ii) ensuring continuity of SRHR and GBV services through telehealth, hotlines, deliveries, peer-led and community-based service provision; (iii) developing COVID-19 adapted guidelines for inclusive SRHR and GBV service provision, with virtual training on the guidelines for providers; (iv) courts ordering continuity of SRHR and GBV essential services; (v) ensuring SRHR and GBV service provision for those left behind, vulnerable groups and key populations.

This study has made the following 21 recommendations.

HIV & STI prevention, testing, and treatment:

1. Issue guidelines to recognize HIV and STI prevention, testing and treatment as an essential service during COVID-19, including through inclusion of ARVs and STI treatment medications on national essential medicine list.
2. Scale up provision of HIV self testing, multi-month ARV prescriptions and deliveries. Establish clear pathways for further testing services and links to care.
3. Continue community outreach to key populations through peer leaders via both telehealth and physical peer outreach where possible and safe. Develop outreach guidelines for application during the pandemic and virtual training on the guidelines.

Family planning and modern contraception.

4. Advocate to governments to classify family planning services and access to contraception as essential services.

5. Support ministries of health and civil society to provide online screening and virtual family planning services.
6. Extend modern contraceptive commodity distribution from clinical settings to communities, such as through community based family planning services in quarantine centres, and community based contraceptive delivery.

Access to safe abortion services to the extent of the law and post-abortion care.

Advocate to governments to:

7. Recognize that access to safe abortion services to the extent of the law and post-abortion care is essential;
8. Include abortion medications in national list of essential medicines;
9. Issue guidelines on telemedicine and home delivery of abortion medication for home based medical abortions.

Ante- and post-natal care and skilled birth attendance.

10. Advocate to governments that ante-natal care, skilled birth attendance, and post-natal care be included as essential health services.
11. Provide for ante-natal and post-natal care via telemedicine and home visits.
12. Scale up provision of OB triage tents for referrals and/or skilled birth attendance.

Comprehensive sexuality education.

13. Advocate to governments to include comprehensive sexuality education in remote learning curricula.
14. Address the digital gender divide, including through provision of out-of-school comprehensive sexuality education through radio to increase access for rural girls and others who may be left behind.
15. Train youth leaders to provide comprehensive sexuality education to youth in their communities.

Gender-based violence.

16. Ensure that multi-sectoral GBV response services referral pathway is available and COVID-19 adapted, and that essential services for women and girls subject to violence are classified as such in line with international guidance.
17. Make sure that clinical management of rape is classified as an essential service.
18. Ensure the availability of multiple, free 24-hour psycho-social counseling hotlines, and develop virtual training and guidelines for counselors.
19. Develop survivor-centred GBV shelter guidelines and designate empty hotels, schools as temporary shelters during COVID-19.
20. Designate safe spaces to report GBV, and provide remote access to justice services, including reporting hotlines, legal aid hotlines, online case registration and hearing mechanisms.
21. Work to ensure that no one is left behind - such as people with disabilities, indigenous people, IDPs and refugees, people in humanitarian settings, those facing intersecting and multiple forms of discrimination – by ensuring that vulnerable groups have the GBV prevention and response information they need, and have access to essential life-saving services.

2. Introduction

Women and girls have been disproportionately affected by the COVID-19 pandemic response in Asia Pacific, particularly with respect to their sexual and reproductive health and rights (SRHR) and access to gender-based violence (GBV) services. For example, there has been increased

maternal mortality and unmet need for family planning and contraception, a shift in abortions from safe to unsafe, and decreased access to gender-based violence services in 2020. The pandemic has compounded existing barriers to SRHR in the context of restrictions on freedom of movement and as health systems have become overwhelmed.[1] This has been particularly profound for marginalized women and girls with multiple and intersecting forms of discrimination that interact to exacerbate structural inequalities.

Defining sexual and reproductive health and rights and gender-based violence

Sexual health and reproductive health are distinct from, but closely linked, to each other. **Sexual health**, as defined by the World Health Organization (WHO), is "a state of physical, emotional, mental and social well-being in relation to sexuality".[2] **Reproductive health**, as described in the Programme of Action of the International Conference on Population and Development, concerns the capability to reproduce and the freedom to make informed, free and responsible decisions. It also includes access to a range of reproductive health information, goods, facilities and services to enable individuals to make informed, free and responsible decisions about their reproductive behavior.[3] **Reproductive rights** embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health; it also includes their right to make decisions concerning reproduction free from discrimination, coercion and violence.[4] According to the Declaration on the Elimination of Violence against Women (see General Assembly resolution 48/104), **violence against women and girls** means "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private" perpetrated by both State and non-State actors.[5]

The Asian Population and Development Association (APDA) and the United Nations Population Fund (UNFPA) have commissioned this research, which was conducted over a six month period during the first year of the global COVID-19 pandemic (July-December 2020). APDA is a civil society organization working on population and development issues, including through a network of parliamentarians in National Committees on Population and Development in Asia Pacific countries. UNFPA is the United Nations sexual and reproductive health agency, whose mission is to deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

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[1] Centre for Reproductive Rights (2020), Sexual and Reproductive Rights During COVID-19 Response and Beyond – Standards from the United Nations, International Human Rights Law, June 2020.

[2] See WHO, *Sexual Health, Human Rights and the Law* (2015), working definition on sexual health, sect. 1.1.

[3] See Programme of Action of the International Conference on Population and Development, chap. 7.

[4] 1995 Beijing Platform for Action, Paragraph 96.

[5] United Nations Economic and Social Council, Multisectoral services and responses for women and girls subjected to violence: Report of the Secretary-General. Commission on the Status of Women, 57th Session – 4-15 March 2013, E/CN.6/2013/3, 18 December 2012.

This study reviewed SRHR and GBV laws, policies and implementation practices during the pandemic response in seven Asia Pacific countries, namely Bangladesh, Fiji, India, Indonesia, Myanmar, Nepal and the Philippines.[6] It has also documented good practices to increase access to essential SRHR and GBV services during COVID-19. The study focused on six thematic areas and their classification (or not) as an essential service during COVID-19: (i) HIV & STI prevention, testing and treatment; (ii) family planning and modern contraception; (iii) safe abortion to the extent of national law and post abortion care; (iv) ante- and post-natal care and skilled birth attendance; (v) comprehensive sexuality education; and (vi) gender based violence. Analysis has focused on international normative guidance in each thematic area regarding classification of essential services, challenges in access to and continuity of service provision during the pandemic, and the strategies employed in the countries studied to adapt to the COVID-19 context. This qualitative review employed a mixed methodology - primary data collection through remote key informant interviews and focus group discussions (with 55 stakeholders, including 37 women), and secondary data collection via desk review, with triangulation where possible. The study has utilized a human rights based approach and gender analysis.

The research is not a comprehensive or exhaustive review. It aims to identify areas which have not been classified as essential services in the countries studied to guide future advocacy work. The inception phase reduced the original scope of the research due to the limited availability of stakeholders[7] and baseline data, language barriers, short timeframe for consultations and limited working days, and as such has not included study of surrogacy[8] or Malaysia.[9] For these same reasons, it was agreed to limit the research, leaving out study of good practices and strategies for improved collaboration between parliamentarians, National Committees on Population and Development, and civil society with regard to SRHR/GBV laws and policies during COVID-19 (Objective 2). However, it was possible to collaborate with three out of four National Committees (India, Nepal, Philippines, but not Indonesia). National Committees are not in operation in Bangladesh, Fiji or Myanmar. It is recommended to carry out a separate study on Objective 2, as well as invest in capacity building for National Committees on Population and Development, including through a champions programme, developing skills on research and media engagement, and South-South cooperation, particularly through the more active National Committees.

[6] The countries were selected based on level of COVID-19 impact into population, the strategies undertaken by the government and parliament of these states to combat pandemic, and the capacity of National Parliamentarian Committees. Some of the selected countries have highest rise in COVID-19 cases in their sub-regions. Although the number of infected cases in Fiji as well as other Pacific countries is not high, the Asian Population and Development Association (APDA), would like this country to be covered in order to study an island response to COVID-19. Furthermore, these countries have implemented the GBV Essential Services Package.

[7] Countries are moving in and out of lockdowns, there are second waves, and local situations are very fluid due to the nature of the pandemic. This affects the availability of stakeholders to engage in the process.

[8] Please note that surrogacy has not been included due to unavailability of key stakeholders for this thematic issue and the necessity for longer time period for data collection with this sensitive issue. Time is needed to build confidence and trust with stakeholders. It is recommended to look at this issue in a separate study.

[9] Please note that although Malaysia was included in the original Terms of Reference for the assignment, due to unavailability of a majority of potential stakeholders in that country, this country has not been analysed or written up.

3. State obligations regarding sexual and reproductive health and rights and gender-based violence in times of emergency

We begin the decade of action for the Sustainable Development Goals (SDGs) in the midst of an unprecedented crisis, as the COVID-19 pandemic takes a massive toll on people's health and lives, and triggers a global economic recession. Whilst the health impact of the pandemic has dominated our collective mindspace and response efforts, following on the heels of this health emergency are its more long-term socio-economic implications that have a clear gendered impact, which call for urgent and equal attention. 2020 has been momentous in more ways than one. It marks a milestone in the commemoration of landmark international agreements: 40+ years of the Convention on Elimination of All Forms of Discrimination against Women (CEDAW, 1979), 25+ years since the International Conference on Population and Development (ICPD, 1994) and the 25th anniversary of the Beijing Declaration (1995). These agreements strongly underscored the idea that women's rights are essential to the full realisation of human rights and sustainable development, and this must remain our touchstone today as we navigate our way through the crisis we collectively face as a global community. [10]

Key Sustainable Development Goals for SRHR

SDG 3 – Ensure healthy lives and promote well-being for all at all ages.
Target 3.7 – By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
SDG 5 – Achieve gender equality and empower all women and girls.
Target 5.2 – Eliminate all forms of violence against women and girls.
Target 5.6 – Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences.

Sexual and reproductive health needs do not cease to exist during a crisis; nor do human rights. **International human rights law provides that essential services must continue to be provided even in times of emergency and that certain SRHR and GBV services should be classified as essential services**. Notably, the **International Covenant on Economic, Social and Cultural Rights** – which has been ratified or acceded to by all countries studied - **does not provide for any restriction of the right to sexual and reproductive health during emergencies**. The Committee on Economic, Social and Cultural Rights 'General Comment 22 on the right to sexual and reproductive health notes which particular SRHR services and commodities must be classified as essential. Similarly, **the Convention on the Elimination of Discrimination Against Women –** which has also been ratified or acceded to by all countries studied – **does not provide for any derogation from the obligation to eliminate gender based violence at any time, including emergencies**. The Committee on the Elimination of Discrimination Against Women has affirmed that the obligation in Article 2 to eliminate discrimination against women, including gender-based violence against women, is of an immediate nature, and that delays cannot be justified on

[10] Argentina Matavel, July 17, 2020, Because She Counts – COVID-19 Threatens to undo the gains made towards addressing sexual and reproductive health needs and enforcing rights of women – Op Ed in The Indian Express. https://indianexpress.com/article/opinion/covid-19-women-health-because-she-counts-6510810/

any grounds.[11] The package of Essential Services for Women and Girls Subject to Violence (WHO, UNFPA, UN Women, UNDP and UNODC) provides international guidance on essential services for survivors of GBV, which include health-care services, psycho-social counseling, shelters, police and justice responses, legal aid, and 24-hour hotline and online services.[12] In 2020, the Committee on the Elimination of Discrimination Against Women issued a Guidance Note on CEDAW and COVID-19 which underlined that **States parties must provide sexual and reproductive health services – including gender-based violence services - as essential services during COVID-19**.[13]

4. Overview of country contexts

The countries studied have varying **rates of prevalence of COVID-19** cases. This data is from 1 January-15 December 2020, by WHO and national public health agencies.

Country	Deaths	Death rate	Total cases
Bangladesh	7,089	3.8	492,332
Fiji	2	0.2	46
India	143,709	9.4	9,906,165
Indonesia	18,956	5.5	623,309
Myanmar	2,268	2.7	108,342
Nepal	1,716	4.0	249,244
Philippines	8,757	7.2	450,733

Lockdown measures during 2020

Stay-at-home orders (lockdowns) were issued globally to control COVID-19 transmission, beginning in March 2020.

Country	Initial stay at home measures	Subsequent stay at home measures
Bangladesh	23 March-30 May 2020 (10 weeks)	From 1 June restricted movement permitted; localized lockdowns in areas of highest transmission reinstated

[11] Committee on the Elimination of Discrimination Against Women, General Recommendation No. 35 (2017) on Gender Based Violence Against Women, CEDAW/C/GC/35, 26 July 2017. https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GC/35&Lang=en

[12] United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence (2015), Essential Services Package for Women and Girls Subject to Violence, UN Women, UNFPA, WHO, UNDP, UNODC.

[13] Committee on the Elimination of Discrimination Against Women (2020): Guidance Note on CEDAW and COVID-19.

Fiji	20 March lockdown; 27 March curfew 10pm-5am	From 22 June curfew 11pm-4am
India	March 24-31 May 2020 (10 weeks);	From 1 June lockdown only for containment zones to 30 June 2020
Indonesia	Jakarta stay at home order (PSBB - *Pembatasan Sosial Berskala Besa*, or Large-scale Social Restrictions) 10 April-4 June (8 weeks);	Other provinces and cities followed suit during April and May
Myanmar	Mid March-end April 2020	May-to date
Nepal	24 March-21 July 2020 – nationwide	August 5 – October 5 partial lockdown in various parts of country
Philippines	Enhanced community quarantine – Metro Manila from March 12 (7 weeks); other local governments followed suit	General community quarantine from May 1 (less stringent than enhanced community quarantine)

The Committee on Economic, Social and Cultural Rights, in its General Comment No. 22 (2016) on the right to sexual and reproductive health, affirmed that the **right to sexual and reproductive health is an integral part of the right to health enshrined in article 12 of the International Covenant on Economic, Social and Cultural Rights**.[14] All countries studied have ratified or acceded to the International Covenant on Economic, Social and Cultural Rights, which means **these countries are legally obliged to respect, protect and fulfill sexual and reproductive health rights during times of emergency**.[15]

Moreover, the Committee on the Elimination of Discrimination Against Women, affirmed that the obligation in Article 2 to eliminate discrimination against women, including gender-based violence against women, is of an immediate nature, and that delays cannot be justified on any grounds.[16] All countries studied have ratified or acceded to the Convention on the Elimination of Discrimination Against Women.[17] Therefore, **these countries are legally obliged to respect, protect and fulfill the right to be free from gender-based violence, including during times of emergency**.

[14] Committee on Economic, Social and Cultural Rights (2016), General Comment No. 22 on the right to sexual and reproductive health, E/C.12/GC/22.

[15] Bangladesh 1998, Fiji 2018, India 1979, Indonesia 2006, Myanmar 2017, Nepal 1991, Philippines 1974. https://indicators.ohchr.org

[16] Committee on the Elimination of Discrimination Against Women, General Recommendation No. 35 (2017) on Gender Based Violence Against Women, CEDAW/C/GC/35, 26 July 2017. https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GC/35&Lang=en

[17] Bangladesh (1984 a), Fiji (1995 a), India (1993), Indonesia (1984), Myanmar (1997 a), Nepal (1991), Philippines (1981). https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-8&chapter=4&lang=en

5. Access to HIV & STI prevention, treatment and testing

5.1 Normative statement

Sexual and reproductive health and rights (SRHR) and HIV are intrinsically linked. HIV is primarily sexually transmitted or associated with pregnancy, birth and breastfeeding, and people living with HIV have specific SRHR needs. Moreover, sexual and reproductive ill-health and HIV share root causes, including gender inequality, harmful cultural norms and social marginalization of the most vulnerable populations.[18]

The Committee on Economic, Social and Cultural Rights, in its General Comment No. 22 (2016) on the right to sexual and reproductive health,[19] has laid out the normative content of the right to sexual and reproductive health, which includes the following elements:

- States should aim to **ensure universal access without discrimination for all individuals,** including those from disadvantaged and marginalized groups, **to a full range of quality sexual and reproductive health care, including prevention, diagnosis and treatment of sexually transmitted infections and HIV/AIDS**.
- **Essential medicines** should be available, **including a wide range of contraceptive methods,** such as condoms and emergency contraception, **and medicines for the prevention and treatment of sexually transmitted infections and HIV**.
- **All individuals and groups, including adolescents and youth**, have the right to evidence based information on all aspects of sexual and reproductive health, **including prevention and treatment of sexually transmitted infections, including HIV/AIDS**.

5.2 Overview of national law and policy indicators

Following are some of the laws and policies which cover HIV and STI prevention, testing and treatment in the countries studied. **Bangladesh** – List of Essential Drugs (includes condoms).[20] **Fiji** – HIV/AIDS Decree 2011 – Section 27 requires provision of pre and post-test counseling. Section 29 covers HIV testing.[21] **India** – HIV and AIDS (Prevention and Control) Act 2017 – Section 5 covers HIV testing.[22] Also relevant: The National HIV Counselling and Testing Services (HCTS) Guidelines require parental/guardian consent.[23] **Indonesia** has a National HIV Strategy and Action Plan, [24] Health Ministerial Regulation (21/2013) on HIV and AIDS Response, and Health Ministerial Regulation (74/2014) on Guidelines for examinations, counselling and HIV testing, and a Minimum Service Standard for HIV, which is a regulation for requirement for national and local governments on how to design HIV programme. Anti-retrovirals are covered

[18] https://index.srhhivlinkages.org

[19] Committee on Economic, Social and Cultural Rights (2016), General Comment No. 22 on the right to sexual and reproductive health, E/C.12/GC/22.

[20] List of Essential Drugs, Ministry of Health & Family Welfare, Public Health-1 Branch, Bangladesh Gazette, May 22, 2008. https://www.who.int/docs/default-source/searo/hsd/edm/neml-ban-2008-govweb-ok.pdf?sfvrsn=e3c54fdc_2

[21] HIV/AIDS Decree 2011 (Decree No. 5 of 2011), https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_154092.pdf

[22] HIV and AIDS (Prevention and Control) Act 2017, http://naco.gov.in/sites/default/files/HIV%20AIDS%20Act.pdf

[23] The National HIV Counselling and Testing Services (HCTS) Guidelines (NACO, 2016), http://naco.gov.in/sites/default/files/National%20HIV%20Counselling%20&%20Testing%20Services%20Guideline,%20Dec%202016_0.pdf
http://www.naco.gov.in/sites/default/files/National_Guidelines_for_HIV_Testing_21Apr2016.pdf

[24] www.ilo.org › documents › legaldocument › wcms_173075

in a Presidential Decree. Indonesia has a draft SRHR Policy at national level, and local district regulations cover procurement of STI medicines. **Myanmar** has National Guidelines – A Core Package for HIV Prevention Amongst Key Populations, which covers HIV and STI prevention, treatment and testing.[25] **Nepal** has HIV Testing and Treatment Guidelines 2017, which specify the age of consent at 16,[26] and the National HIV Strategic Plan 2016-2021.[27] The **Philippines** legislation on HIV testing and treatment is contained in the Philippine HIV and AIDS Policy Act 2018 (Republic Act 11166), and STI testing and treatment in the Responsible Parenthood and Reproductive Health Act of 2012.[28]

Stakeholders confirmed that there have been no amendments to the above laws or policies during 2020.[29] However, the Philippines Department of Health developed **Interim Guidelines on the Implementation of Education and Comprehensive Health Intervention for Key Populations and Vulnerable Communities in HIV and AIDS**.[30] Please see Section 5.4.2 below for more detailed discussion.

5.3 Decreased access to prevention, testing and treatment in 2020

According to UNAIDS, recent data collection in Indonesia and Myanmar has shown that the COVID-19 pandemic has had a **significant impact on HIV testing services**, but the impact on HIV treatment has been less than originally feared.[31] **Large, sustained decreases in HIV testing services have been seen in Indonesia and Myanmar**, with reduced services reported starting in April. Myanmar has rebounded to pre-COVID-19 testing levels, while in other countries, such as Indonesia, testing remains low.[32] The **impact on services for the prevention of vertical transmission of HIV (from mother to child) is mixed**—by April, countries generally saw a decline in the number of women tested for HIV at their first antenatal clinic visit, but by June that decline had been reversed.[33] Countries including **Indonesia and Myanmar experienced declines in women tested for HIV at their first antenatal clinic visit in April compared to January**. By June or July, Myanmar was back to the February level of testing, but Indonesia was not. Among the 15 countries reporting on **treatment among pregnant women living with HIV, all but five**

[25] National Guidelines – A Core Package for HIV Prevention Amongst Key Populations, 2014 https://myanmar.unfpa.org/sites/default/files/pub-pdf/NationalGuidelinesACorePackageforHIVPreventionAmongstKeyPopulationsinMyanmar.pdf

[26] National HIV Testing and Treatment Guidelines, http://mohp.gov.np/downloads/National%20HIV%20testing%20and%20Treatment%20Guidelines%202017.pdf

[27] Key informant interview.

[28] https://pcw.gov.ph/republic-act-10354/

[29] Key informant interviews.

[30] Republic of the Philippines Department of Health, Office of the Secretary, Interim Guidelines on the Implementation of Education and Comprehensive Health Intervention for Key Populations and Vulnerable Communities in HIV and AIDS, June 2020.

[31] https://www.unaids.org/en/resources/presscentre/featurestories/2020/october/20201027_covid19-impact-hiv-vertical-transmission

[32] https://www.unaids.org/en/resources/presscentre/featurestories/2020/october/20201013_covid19-impacting-hiv-testing-in-most-countries

[33] As of August 2020, the UNAIDS, World Health Organization and United Nations Children's Fund data collection exercise to identify national, regional and global disruptions of routine HIV services caused by COVID-19 had collected data on the prevention of vertical transmission of HIV from 43 countries, of which 17 countries reported data that enable the identification of trends. To measure the impact of COVID-19 on vertical transmission of HIV services, a ratio was calculated relative to January—for example, if the number of women reached in April was the same as in January, the ratio is 1; if there was a decline, the ratio is less than 1.

have recovered to the February numbers of women receiving treatment (including Indonesia and Myanmar).[34]

With respect to **HIV treatment**, a number of barriers have made it difficult for people living with HIV to access treatment. A UNAIDS/UNDP survey carried out in the Philippines in April 2020 showed that **key barriers** to accessing ARV treatment for the 60% of people living with HIV taking ARV treatment include **unavailability of public transport to go to treatment hubs, prohibitive cost of courier services for delivery of ARVs, checkpoints and crossing borders, and inadequate stocks of ARVs**.[35] In the Philippines, "During the lockdown, people had to show identity documents and doctor's notes to get their medication," said Richard Bragado, programme head of the **People Living With HIV Response Centre** in Manila. "That made their HIV status public, and led to some instances of harassment and public shaming," he said. [36] "For many people living with HIV, accessing antiretroviral therapy from the nearest treatment hub is a welcome development. **However, the nearest facility may not be within walking distance, and public transportation has been restricted. To be able to reach the HIV clinic, some need to pass through checkpoints, where they fear disclosure of their HIV status, as a few have already reportedly experienced," said Richard Bragado**, Adviser of Pinoy Plus Advocacy Pilipinas, an organization of people living with HIV, and the Administrator of Network Plus Philippines, the national network of organizations of people living with HIV. [37]

Regarding ARV stocks, the **lockdowns and border closures imposed to stop COVID-19 are impacting the production and distribution of medicine, leading to supply issues and cost increases**, and stalling progress on new infections, according to UNAIDS. In April, the World Health Organization (WHO) said 73 countries have warned that they are at risk of running out of ARV medicines as a result of the coronavirus pandemic. [38]

In Fiji, Medical Services Pacific (MSP) has a One Stop Shop in Suva and a clinical outreach programme for the rest of Fiji providing HIV testing and counselling, and STI advice and treatment, including for post-rape.[39] Key informants noted that access to these services remained the same or increased during the pandemic, noting that Fiji had a relatively short lockdown and low prevalence of COVID-19.

5.4 Good practices

5.4.1 HIV prevention, testing and treatment for female sex workers in Indonesia

In Indonesia, in collaboration with the **National Network of Sex Workers (OPSI)**, UNFPA provided HIV prevention and treatment information and services to 60,000 female sex workers

[34] https://www.unaids.org/en/resources/presscentre/featurestories/2020/october/20201027_covid19-impact-hiv-vertical-transmission

[35] Philippines UNAIDS/UNDP survey, April 2020, https://drive.google.com/file/d/1mz4wZwWlQlx3OuY7_RRcPi9UW6uqVZU6/view . Survey April 2020 of MSM, YKP, PWID, TG, FSW

[36] https://www.reuters.com/article/uk-health-coronavirus-hiv-trfn-idUSKCN24N004?fbclid=IwAR0waQO1tuiDtlCOrGQM6kYTdt0nnmsASahrOptM8vHL6G2LFV_y24MN7AQ

[37] https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200408_philippines

[38] https://www.reuters.com/article/uk-health-coronavirus-hiv-trfn-idUSKCN24N004?fbclid=IwAR0waQO1tuiDtlCOrGQM6kYTdt0nnmsASahrOptM8vHL6G2LFV_y24MN7AQ

[39] http://msp.org.fj/what-we-do/

in 88 districts via online activities and social media. Together they developed **virtual outreach guidelines and online training materials**, and conducted a series of virtual training and sharing lessons for peer leaders from the female sex worker community. Moreover, they developed and disseminated infographics and videos on HIV, mental health and COVID-19 via OPSI's social media platforms and network to minimize COVID-19 infection among female sex workers.[40]

5.4.2 Establishment of interim guidance and regulation on delivery of health services - Self screening for HIV and home delivery of anti-retroviral medicines in the Philippines

The Philippines Department of Health developed **Interim Guidelines on the Implementation of Education and Comprehensive Health Intervention for Key Populations and Vulnerable Communities in HIV and AIDS**,[41] which direct local authorities to **ensure that people living with HIV can collect their medicine at the nearest HIV clinic and encourage the use of courier services for the pick-up and home delivery of antiretroviral therapy** in order to avoid the risk of increased exposure to COVID-19. The Interim Guidelines state that social media and online platforms may be used temporarily to disseminate key messages on education and health interventions for key populations, **allow for community based approaches to information, education and service delivery, and mandate self testing for HIV**. The latter is a private screening test which may increase the number of people who test, know their status, and if positive link to treatment. [42]

To help implement the Interim Guidelines, civil society organizations have come together to support people living with HIV to access testing and treatment. For instance, five days after a coronavirus lockdown was imposed in Manila, charity LoveYourself hired 20 former motorcycle taxi riders, gave them a crash course on HIV and sent them off to deliver life-saving medication after signing confidentiality agreements.[43] The centre also added more staff to run its hotline and social media platforms, introduced chatbots, and launched a **pilot self-test programme so people at risk could test for HIV in their homes**. [44] Maintaining confidentiality was very important: medications were packed in plain brown paper bags, drivers were discreet and sometimes met clients outside their homes if they didn't want deliveries at home. [45]

In another example, CSOs – including Network Plus Philippines, Pinoy Plus Advocacy Pilipinas, the Red Whistle and TLF Share Collective - are working through a coordinated community-led mechanism, to implement the Interim Guidelines.[46] These CSOs **mobilized a pool of volunteers to collect antiretroviral therapy refills from treatment hubs and deliver them to people across the country**. "We ask treatment hubs to issue a letter of authorization to show to the checkpoint

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[40] https://indonesia.unfpa.org/sites/default/files/pub-pdf/unfpa_indonesia_covid-19_response_july-august_2020_3.pdf

[41] Republic of the Philippines Department of Health, Office of the Secretary, Interim Guidelines on the Implementation of Education and Comprehensive Health Intervention for Key Populations and Vulnerable Communities in HIV and AIDS, June 2020.

[42] Republic of the Philippines Department of Health, Office of the Secretary, Interim Guidelines on the Implementation of Education and Comprehensive Health Intervention for Key Populations and Vulnerable Communities in HIV and AIDS, June 2020.

[43] https://www.reuters.com/article/uk-health-coronavirus-hiv-trfn-idUSKCN24N004?fbclid=IwAR0waQO1tuiDtlCOrGQM6kYTdt0nnmsASahrOptM8vHL6G2LFV_y24MN7AQ

[44] https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200408_philippines

[45] https://www.reuters.com/article/uk-health-coronavirus-hiv-trfn-idUSKCN24N004?fbclid=IwAR0waQO1tuiDtlCOrGQM6kYTdt0nnmsASahrOptM8vHL6G2LFV_y24MN7AQ

[46] https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200408_philippines

authorities that the driver is delivering essential medications. We are also working with local authorities to avoid unintended disclosures of confidential information of our clients at the checkpoints," said Benedict Bernabe, Executive Director of the Red Whistle. [47] To identify the nearest treatment hubs, lists of antiretroviral therapy clinics have been disseminated through different channels, with the Red Whistle **partnering with MapBeks, an online LGBTI mapping community, to create the Oplan #ARVayanihan**, **a map that includes all treatment hubs and primary HIV care facilities**. People living with HIV can share and ask for information through different platforms. Among them is the PLHIV Response Center, established by Pinoy Plus Advocacy Pilipinas to link callers with services. The hotline disseminates information about treatment hubs available and gives advice on how to access antiretroviral therapy. [48] TLF Share Collective has developed a tool to monitor the delivery of antiretroviral therapy by the community volunteers. The organization also developed frequently asked questions cards and consolidated existing hotline numbers. [49] Some services such as **home deliveries and online counselling may persist even after the pandemic as they help preserve confidentiality and are convenient**, said Murphy at UNAIDS. [50]

5.4.3 Telecounseling and ARV deliveries for children and adolescents living with HIV in India

For the **more than 3000 people, including 330 children and adolescents, living with HIV and on antiretroviral therapy in Goa, India**, the COVID-19 outbreak is a time of worry—they are worried about COVID-19 and they are worried about being able to stay on their HIV treatment during the lockdown in India.[51] In order to respond to one of those worries, the team at the Human Touch Foundation, a community-based organization that provides care and support to children and adolescents living with HIV, has, since the start of the lockdown, organized a force of **volunteers to deliver antiretroviral therapy to people's doorsteps**. Health officials at the HIV clinics provide a list of people who need deliveries of antiretroviral therapy, after making sure that the beneficiaries consent. Alternatively, several beneficiaries connect with the Human Touch Foundation directly for a supply of medicine. "Most people living with HIV are still hiding their HIV status and do not wish that we come directly to their homes for the delivery." said Peter Borges, the founder and Chief Executive Officer of the Human Touch Foundation. [52] The Human Touch Foundation is also **offering online psychosocial support to children and adolescents living with HIV. "We have streamlined our communication through telecounselling and support**," Mr Borges added. [53]

At the national level, the **National Coalition of People Living with HIV in India (NCPI+) is coordinating efforts with the National AIDS Control Organisation (NACO) and other partners**, including UNAIDS, to ensure adherence to treatment and a continuum of care for people living with HIV. "Since the lockdown started, the National Coalition of People Living with HIV in India

[47] https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200408_philippines

[48] https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200408_philippines

[49] https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200408_philippines

[50] https://www.reuters.com/article/uk-health-coronavirus-hiv-trfn-idUSKCN24N004?fbclid=IwAR0waQO1tuiDtlCOrGQM6kYTdt0nnmsASahrOptM8vHL6G2LFV_y24MN7AQ

[51] https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200506_india

[52] https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200506_india

[53] https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200506_india

established a **good communication platform through WhatsApp and emails** connecting the National AIDS Control Organisation and networks of people living with HIV to closely monitor challenges, find joint solutions and help coordination," said Daxa Patel, the President of NCPI+ and the Secretary of the Gujarat State Network of People Living with HIV. As a result, NCPI+ has **helped more than 45 000 people living with HIV in India to get home deliveries of antiretroviral therapy**.[54]

5.4.4 Inclusion of antiretroviral therapy as an essential health care service in Myanmar

The Myanmar Humanitarian Response Plan 2020 - COVID-19 Addendum priority actions include supporting continuity of essential and life-saving **healthcare services** for targeted vulnerable groups including **antiretroviral therapy needs of people living with HIV**.[55]

5.5 Recommendations – HIV/STI prevention, testing, treatment

- Issue guidelines to recognize HIV and STI prevention, testing and treatment as an essential service during COVID-19, including through inclusion of ARVs and STI treatment medications on national essential medicine list.
- Scale up provision of HIV self testing, multi-month ARV prescriptions and deliveries. Establish clear pathways for further testing services and links to care.
- Continue community outreach to key populations through peer leaders via both telehealth and physical peer outreach where possible and safe. Develop outreach guidelines for application during the pandemic and virtual training on the guidelines.

6. Family planning and modern contraception

6.1 Normative statement

The Committee on Economic, Social and Cultural Rights, in its General Comment No. 22 (2016) on the right to sexual and reproductive health,[56] has laid out the normative content of the right to sexual and reproductive health, which includes the following elements:

- **All individuals and groups, including adolescents and youth, have the right to** evidence-based information on all aspects of sexual and reproductive health, including **contraceptives, and family planning.**
- **Essential medicines** should also be available, including a wide **range of contraceptive methods, such as condoms and emergency contraception**.
- States should **repeal, and refrain from enacting**, laws and policies that create barriers in access to sexual and reproductive health services. This includes **third-party authorization requirements, such as parental and spousal** authorization requirements for access to sexual and reproductive health services and information, including for contraception.

[54] https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200506_india

[55] https://reliefweb.int/report/myanmar/covid-19-addendum-2020-myanmar-humanitarian-response-plan-april-december-2020

[56] Committee on Economic, Social and Cultural Rights (2016), General Comment No. 22 on the right to sexual and reproductive health, E/C.12/GC/22.

6.2 Overview of laws and policies – family planning and modern contraception

Following are some of the laws and policies which cover family planning and access to modern contraception in the countries studied. **Bangladesh** covers family planning in the Fourth Health Sector Programme 2017-2021, and the National Action Plan for Postpartum Family Planning.[57] **Fiji's** Reproductive Health Policy contains a policy statement on family planning.[58] **India** has integrated family planning into the Reproductive, Maternal, Newborn, Child, and Adolescent Health Strategy.[59] In 2020, Guidelines for Ensuring continuation of family planning and safe abortion services were issued by the Directorate of Family Welfare in Odisha.[60] **Indonesia's** Ministry of Health developed the Rights-Based Family Planning Strategy and its Costed Implementation Plan (2017-2019) in coordination with BAPPENAS (Ministry of National Development Planning) and BKKBN (National Family Planning Coordination Board).[61] In 2020 BKKBN developed Operational Guidelines on Contraceptive Availability in Crisis Situations including during the COVID-19 pandemic.[62] **Myanmar** has an Essential Package of Health Services (EPHS) with inclusion of a full spectrum of contraceptive methods under implementation of the National Health Plan (2017-2021) which aims towards universal health coverage for Myanmar.[63] Moreover, the government classified family planning services as essential services during COVID-19.[64] In **Nepal** the Reproductive Health Cluster developed the Reproductive Health Interim Guidelines 2020, endorsed by Ministry of Health and Population, which include pre-natal and ante-natal care, long term family planning methods, and other essential service delivery components.[65] The **Philippines** has the Responsible Parenthood and Reproductive Health Act 2012.[66] Moreover, in 2020 the Philippines developed Guidelines on the Continuous Provision of Family Planning During Enhanced Community Quarantine.[67]

6.3 Increased unmet need for family planning and contraception in 2020

The COVID-19 pandemic has negatively impacted efforts to end unmet need for family planning and contraception. **Unmet need for family planning** is defined as the percentage of women of reproductive age, either married or in a union, who have an unmet need for family planning. Women with unmet need are those who want to stop or delay childbearing but are not using any method of contraception.[68] UNFPA has projected that **47 million women** in 114 low- and middle-income countries **may not be able to access modern contraceptives** and **7 million**

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[57] http://www.familyplanning2020.org/bangladesh

[58] Fiji Ministry of Health, Reproductive Health Policy, http://www.health.gov.fj/wp-content/uploads/2014/09/1_Reproductive-Health-Policy.pdf

[59] http://www.familyplanning2020.org/india

[60] UNFPA India, May 2020, COVID-19 Situation report. https://drive.google.com/file/d/1r7vZA6hCbxl45CfloN68Fqe6AyUhtNF9/view

[61] http://www.familyplanning2020.org/indonesia

[62] www.covid19.go.id and https://indonesia.unfpa.org/sites/default/files/pub-pdf/unfpa_indonesia_covid-19_response_july-august_2020_3.pdf

[63] http://www.familyplanning2020.org/myanmar

[64] Key informant interview.

[65] http://www.familyplanning2020.org/resources/interview-dr-ghanshyam-bhatta-health-team-leader-adra-nepal

[66] https://pcw.gov.ph/republic-act-10354/

[67] http://familyplanning2020.org/sites/default/files/COVID/Guidelines-Continuous-Provision-FP-Services-Enhanced-Community-Quarantine-COVID-19-Pandemic.pdf

[68] https://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2014/Metadata/WCU2014_UNMET_NEED_metadata.pdf

unintended pregnancies are expected to occur **if lockdowns carry on for 6 months and there are major disruptions to health services**. [69]

This is because **health facilities are closing or limiting services**, and **women are refraining from visiting health facilities** due to fears about COVID-19 exposure or due to movement restrictions. [70] For example, Marie Stopes International (MSI), which works in 37 countries, predicts that the closure of their services would result in up to **9·5 million vulnerable women and girls losing access to contraception services in 2020**. For example, countrywide lockdowns in **Nepal and India** forced clinics operated by MSI— the largest provider of family planning services in India outside of the public sector—to close. The governments of Nepal and India both ordered tough national lockdowns for several months and **because of mobility restrictions, neither providers nor clients could reach MSI clinics, forcing the clinics to close**.[71]

Moreover, vital **supplies for sexual and reproductive health including modern contraceptives are less readily available given the closure of production sites and breakdown of global and local supply chains**.[72] Product shortages and lack of access to trained providers or clinics mean that **women may be unable to use their preferred method of contraception, may instead use a less effective short-term method, or may discontinue contraceptive use entirely**. [73] UNFPA has projected that for every 3 months the lockdown continues, assuming high levels of disruption, up to 2 million additional women may be unable to use modern contraceptives. The number of unintended pregnancies will increase as the lockdown continues and services disruptions are extended. [74]

Projections in **Fiji**, for example, suggest that **if access to short-acting contraceptive methods is reduced** by 20% due to COVID-19, this has the **potential to lead to** 14 additional maternal deaths and **10,449 additional unintended pregnancies**.[75] In the Pacific, where Fiji is located, just one in four women have their need for family planning met, which is the lowest rate in the world.[76] The COVID-19 Response Gender Working Group found, "*it is likely that rates of sexual activity in the lockdown period will increase, which has consequences for rates of unwanted pregnancies and overall ability for family planning. There are gendered public health concerns regarding contraception, especially for those women who are concerned that they will be prevented from using condoms by male partners. There are also likely global supply chain problems for most contraceptives including emergency contraception, antiretroviral for HIV/AIDS and antibiotics*."[77] In the **Philippines**, a study carried out by the University of the Philippines Population Institute, found that the COVID-19-induced community quarantine is expected to

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[69] https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

[70] https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

[71] Cousins, Sophie, COVID-19 has "devastating" effect on women and girls, The Lancet, Vol 396, August 1, 2020.

[72] UNFPA, June 2020. Coronavirus Disease (COVID-19) Pandemic - UNFPA Global Response Plan.

[73] https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

[74] https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

[75] https://pacific.unfpa.org/en/news/transformative-future-making-world-contraception-day-pacific-wcd2020

[76] https://pacific.unfpa.org/en/news/transformative-future-making-world-contraception-day-pacific-wcd2020

[77] Gender and COVID Guidance Note – Rapid Gender Analysis, by COVID-19 Response Gender Working Group (Diverse Voices and Action (DIVA) for Equality Fiji, FWRM, UN Women Multi Country Office, ADB, Ministry of Women, Children and Poverty Alleviation), 2020.

have adverse impacts on the sexual and reproductive health of Filipino women in terms of increased unmet need for family planning and unintended pregnancies. The magnitude of the potential impact is substantial: for every month of quarantine it projects an **additional 218,000 women age 15-49 to have unmet need for family planning, and an additional 79,000 unintended pregnancies**.[78] In **Indonesia**, UNFPA projected a 40% reduction of new family planning users in March compared to February**.**[79]

In some countries, there is already data confirming the expected decrease in met need for contraception. In **Indonesia**, National Population and Family Planning Board (BKKBN) data show the number of active users of contraception declined to 26 million in April from 36 million in March 2020. One-fourth or 2.5 million of those who have stopped using contraception were fertile couples aged between 20 and 35 years.[80] Data from health facilities in **India** show that between December 2019 and March 2020 the distribution of contraceptive pills and condoms dropped by 15% and 23%, respectively. Insertions of intrauterine devices for long-term birth control also tumbled.[81] MSI data shows that 31% of women in India who were seeking a contraceptive service or product were unable to leave home to attend the service due to fear of COVID-19 infection.[82] In **Bangladesh**, Ministry of Health data show reduced uptake of family planning services for long acting methods of contraception, with IUDs and implants reducing by 26% and 25% respectively from 2019 to 2020.[83] Short acting methods of contraception have declined from 2019-2020: the use of oral contraceptive pill has reduced by 20%, condoms by 34%, and injectibles by 23%.[84] In **Myanmar**, key informants advised that overall commodity imports reduced by 22% in 2020 compared to 2019. However, condom supply increased by 45% because these are sourced from neighboring Thailand. Medical devices such as IUDs and implants were not affected because these are airlifted from China and India.[85]

Key informants noted several vulnerable groups, which have least been able to access family planning services and modern contraceptives during the pandemic. In Bangladesh and Myanmar, the **Rohingya, adolescent girls and unmarried women** in Bangladesh, adolescent girls in Fiji, adolescents and **young people** in Myanmar, with unmet need the highest in Rakhine (23%), Chin (23.3%), Magway (22.3%), and Kayin (21.5%) states.[86] Even prior to the pandemic, the Committee on the Elimination of all forms of Discrimination Against Women had noted **already limited access to modern contraception**, including due to parental or spousal consent

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[78] University of the Philippines, Population Institute (11 July 2020), *The Potential impact of the COVID-19 Pandemic on SRH in the Philippines.*

[79] UNFPA (2020), UNFPA Indonesia COVID-19 Response Situational Report, 1 July-31 August 2020, https://indonesia.unfpa.org/sites/default/files/pub-pdf/unfpa_indonesia_covid-19_response_july-august_2020_3.pdf

[80] https://www.thejakartapost.com/academia/2020/08/25/threat-of-baby-boom-looms-amid-covid-19-pandemonium.html

[81] https://www.economist.com/international/2020/10/28/the-pandemic-may-be-leading-to-fewer-babies-in-rich-countries?fsrc=newsletter&utm_campaign=the-economist-today&utm_medium=newsletter&utm_source=salesforce-marketing-cloud&utm_term=2020-10-28&utm_content=article-link-1&etear=nl_today_1

[82] Marie Stopes International (2020), Resilience, Adaptation and Action: MSI's Response to COVID-19, https://www.mariestopes.org/media/3849/resilience-adaptation-and-action.pdf

[83] Key informant interview. See also Bangladesh Ministry of Health, August 2020. Challenges and strategies adopted for protecting SRMNCAH services during the pandemic. See also Bangladesh Ministry of Health, 2020. Family Planning Priorities during COVID-19 Pandemic.

[84] Key informant interview. See also Bangladesh Ministry of Health, 2020. Family Planning Priorities during COVID-19 Pandemic.

[85] Key informant interview.

[86] Draft Common Country Assessment, Myanmar, UNFPA inputs, September 2020.

for adolescent girls and unmarried women in Bangladesh, [87] parental consent for adolescent girls in Fiji, [88] and spousal consent for some methods of contraception in Indonesia. [89] It has also noted limited availability and accessibility of modern contraception in India, [90] and limited access to contraceptive information and services, including emergency contraception for Rohingya women and girls in Myanmar. [91]

6.4 Good practices – family planning and modern contraception

6.4.1 Advocacy to governments for development of guidelines on contraceptive availability and continuity of family planning services during the pandemic in Fiji, India, Indonesia, Nepal and the Philippines

In **Fiji**, the **COVID-19 Response Gender Working Group** recommended that women and girls ' sexual and reproductive health and rights be respected regardless of COVID-19 status, including **access to free, quality family planning and reproductive health services, contraception, and emergency contraception**. It also recommended that rural health centres be adequately stocked with family planning consumables and SRHR service providers to **ensure continuity of family planning services during the pandemic**. The Working Group comprises the Ministry of Women, Children and Poverty Alleviation, Fiji Women's Rights Movement, Diverse Voices and Action for Equality Fiji, UN Women and the Asian Development Bank.[92]

In **Indonesia**, UNFPA supported the National Population and Family Planning Board (BKKBN) with the **development and sensitization of the Operational Guidelines on Contraceptive Availability in Crisis Situations including during the COVID-19 pandemic, which include a hotline and dedicated government website**.[93] Moreover, 1,303 health practitioners and government officers were trained on how to ensure availability of contraceptives during crisis situations.[94] UNFPA also provided technical support and capacity building to the Indonesian Midwives Association (IBI) to strengthen family planning and SRH services during the pandemic.[95]

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[87] Committee on the Elimination of Discrimination Against Women, Concluding observations on the eighth periodic report of Bangladesh, 25 November 2016, CEDAW/C/BGD/CO/8.

[88] Committee on the Elimination of Discrimination Against Women, Concluding observations on the fifth periodic report of Fiji, 14 March 2018, CEDAW/C/FJI/CO/5.

[89] Committee on the Elimination of Discrimination Against Women, Concluding observations on the combined sixth and seventh periodic reports of Indonesia, 9-27 July 2012, CEDAW/C/IDN/CO/6-7.

[90] Committee on the Elimination of Discrimination Against Women, Concluding observations on the combined fourth and fifth periodic reports of India, 24 July 2014, CEDAW/C/IND/CO/4-5.

[91] Committee on the Elimination of Discrimination Against Women, Concluding observations on the report of Myanmar submitted under the exceptional reporting procedures, 18 March 2019, CEDAW/C/MMR/CO/EP/1.

[92] Key informant interviews. The Gendered Impacts of COVID-19 on Women in Fiji, 2020, analyses potential impacts of COVID-19 on violence against women and girls and makes recommendations for response. http://www.fwrm.org.fj/images/Gender_and_COVID_Guidance_Note_-_Rapid_Gender_Analysis.pdf

[93] www.covid19.go.id and https://indonesia.unfpa.org/sites/default/files/pub-pdf/unfpa_indonesia_covid-19_response_july-august_2020_3.pdf

[94] https://indonesia.unfpa.org/sites/default/files/pub-pdf/unfpa_indonesia_covid-19_response_july-august_2020_3.pdf

[95] https://indonesia.unfpa.org/sites/default/files/pub-pdf/unfpa_indonesia_covid-19_response_july-august_2020_3.pdf

In **India**, UNFPA advocated and provided technical support to **four states** to **issue guidelines for continuity of family planning services during the pandemic**.[96] For example, Guidelines for Ensuring continuation of family planning and safe abortion services were issued by the Directorate of Family Welfare in Odisha.[97]

In **Nepal** the Reproductive Health Cluster developed the **Reproductive Health Interim Guidelines 2020**, endorsed by Ministry of Health and Population, which include pre-natal and ante-natal care, long term family planning methods, and other essential service delivery components.[98]

Moreover, in 2020 the **Philippines** developed **Guidelines on the Continuous Provision of Family Planning During Enhanced Community Quarantine**.[99]

6.4.2 Virtual family planning and delivering contraceptives in the Philippines

6.4.2.1 Family Planning on Wheels – delivery to communities of three months contraceptive supply

In an effort to make reproductive health services easier to access, the Philippines Department of Health launched Family Planning on Wheels in April 2020, a programme where health workers visit various communities and distribute three months 'supply of women's preferred birth control.[100] "The COVID-19 pandemic has shaken our health system, disrupting access to family planning. Through Family Planning on Wheels, we **bring family planning to the doorstep of our clients**," health secretary Francisco Duque said. Duque added that initial data showed the **initiative led to an increase in the use of condoms and birth control pills**. [101]

6.4.2.2 Free delivery of condoms

The Red Whistle, an NGO dedicated to raising awareness and improving access to HIV services in the Philippines, launched the pilot run of its **Condom Hero programme**, which provides free condoms to individuals in Makati and Pasay City.[102] The programme, in partnership with the Center for Health Solutions & Innovations and UNFPA, seeks to bridge the gap between the people who are engaging in sexual activity and the sexual health products they do not have access to because of quarantine measures. Originally, the project was envisioned as physical condom stops strategically located in city halls or public health centers. However, The Red Whistle recognized the stigma of asking for condoms in public places and so adapted the project to the current model. Condoms are distributed by Condom Heroes, volunteers who advertise the delivery service on their social media sites. [103]

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[96] UNFPA India, August 2020, COVID-19 Situation report. https://drive.google.com/file/d/1PtFaknhUExIoZsOCfDvPWaI415kVIA3j/view

[97] UNFPA India, May 2020, COVID-19 Situation report. https://drive.google.com/file/d/1r7vZA6hCbxl45CfloN68Fqe6AyUhtNF9/view

[98] http://www.familyplanning2020.org/resources/interview-dr-ghanshyam-bhatta-health-team-leader-adra-nepal

[99] http://familyplanning2020.org/sites/default/files/COVID/Guidelines-Continuous-Provision-FP-Services-Enhanced-Community-Quarantine-COVID-19-Pandemic.pdf

[100] https://www.aljazeera.com/news/2020/07/14/philippines-faces-baby-boom-after-lockdown-hits-family-planning/

[101] https://www.aljazeera.com/news/2020/07/14/philippines-faces-baby-boom-after-lockdown-hits-family-planning/

[102] https://preen.ph/110905/free-condom-delivery-bn

[103] https://preen.ph/110905/free-condom-delivery-bn

6.4.2.3 Virtual Family Planning and Reproductive Health Information

The Philippines Society for Responsible Parenthood, in partnership with UNFPA, established a virtual reproductive health information website, initially focusing on **family planning information for workers**: www.rh-care.info. However, during the pandemic it expanded to include information on maternal health, STI and HIV prevention, testing and treatment, gender based violence, and comprehensive sexuality education. The website has basic information in the thematic areas, **links to health centres nationwide**, and has a **live free online consultation** facility. Nurses, doctors and family planning providers are conducting 30-50 live consultations per day. The associated FaceBook page has reached 2.5 million visitors since inception in 2020, has been receiving 300 posts per day, and 3,000-5,000 comments per day.[104]

6.4.3 Community based family planning services in Nepal's remote quarantine centres

The **visiting service provider programme**[105] works with federal, provincial and local governments as well as partner organizations MSI Nepal and ADRA Nepal – covers 16 districts that have low contraceptive prevalence rates. "Visiting service providers" specialize in **delivering family planning information and supplies to remote communities**. They often go to great lengths, scaling mountains and crossing rivers, to deliver contraceptives to women who need them. They advise individuals about the range of family planning options available, free of charge. [106]

The visiting service provider programme initially came to a halt when Nepal's stay-at-home order was announced. Since Nepal's coronavirus lockdown began in March, visits to health centres have sharply decreased, largely due to transport disruptions and fears of infection. Providers tried offering services remotely, but knew that in-person counselling and care was more effective. They also knew that the communities they serve have the greatest needs. [107]

Amid the COVID-19 pandemic, visiting service providers are coordinating with local authorities to help make sure women do not lose access to family planning services. "We **finally came to an arrangement to issue special travel passes in coordination with authorities so that the providers could go back to work, taking steps to protect themselves. We sought advice from government health officials to select the quarantine centres with families, paving the way for the deployment of visiting service providers**," said Ganesh Shahi, the UNFPA district officer in Baitadi. [108]

Outreach to quarantine centres began on 16 May, starting with Baitadi, where a team of four visiting service providers, in safety gear, reached 14 different health centres. As of 23 June, they had provided implants to more than 250 women, intrauterine devices to 40 women, and family planning counselling to 720 people across 19 quarantine sites in Baitadi alone. Across 11 districts, in both quarantine centres and the community, more than 950 women had received contraceptive implants, and more than 120 received intrauterine devices during 28 days of the

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[104] Key informant interview.

[105] Funded by DFID and UNFPA.

[106] https://nepal.unfpa.org/en/news/meeting-family-planning-needs-nepals-quarantine-centres-0

[107] https://nepal.unfpa.org/en/news/meeting-family-planning-needs-nepals-quarantine-centres-0

[108] https://nepal.unfpa.org/en/news/meeting-family-planning-needs-nepals-quarantine-centres-0

lockdown.[109] **Community based family planning services are an important and effective modality for reaching remote areas where poverty rate is high and formal health facilities do not exist.**

6.4.4 Addressing family planning needs through social media in Myanmar

DKT Myanmar was established in 2014 with the aim of **introducing new contraceptives** to the market, **increasing understanding and acceptance of family planning** and **expanding the availability of family planning products** across the country.[110] DKT Myanmar is a **leading source of sexual and reproductive health information in the country's vibrant digital and social media space, which young people are accessing in increasing numbers**.[111] During COVID-19, DKT increased presence on several social media platforms through FaceBook, the dominant platform for young people in Myanmar.[112] Two of DKT's major platforms, Thiloyarmay and Lydia (the latter of which has 2 million followers nationwide), **increased hits dramatically, with Thiloyarmay showing 200% growth in followers and Lydia 54% growth from March to August 2020**. Notably, there was a significant **increase in hits for emergency contraceptive information**. Moreover the **Lydia chatbot** has been receiving 200 messages daily to its community team who are available to respond 24 hours daily. This **led to increased access in four months with 35,000 messages received**.[113] DKT's Thiloyarmay is a **youth-friendly space where visitors can learn about relationships and reproductive health. Thiloyarmay also maps out local clinics and pharmacies to bridge young people to their contraceptive method of choice**.[114]

6.4.5 M-health for family planning in Bangladesh

In Bangladesh, Ipas has been using community radio and m-Health interventions for dissemination of family planning information. An Ipas study in 2018 had found that a majority of **women prefer voice messages over text and are receptive to the interactive voice message format, suggesting that rural and less educated women who are more likely to be illiterate may have difficulty reading text messages**.[115] In 2020, Ipas has also trained a national telemedicine network, a popular m-Health platform in Bangladesh, which received around 12 million phone calls from March-October 2020. The training helped to build capacity on providing m-Health services during the pandemic for short-acting family planning methods. The daily call volume was around 43,000, of which nearly 40% were young women.[116]

6.5 Recommendations – family planning and modern contraception

- Advocate to governments to classify family planning services and access to contraception as essential services.
- Support ministries of health and civil society to provide online screening and virtual family planning services.

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[109] https://nepal.unfpa.org/en/news/meeting-family-planning-needs-nepals-quarantine-centres-0

[110] https://www.dktinternational.org/country-programs/myanmar/

[111] https://www.dktinternational.org/country-programs/myanmar/

[112] Key informant interview.

[113] Key informant interview.

[114] https://www.dktinternational.org/country-programs/myanmar/

[115] https://www.ipas.org/news/voice-and-text-messages-help-women-in-bangladesh-make-contraceptive-choices-study-finds/

[116] Key informant interview.

- Extend modern contraceptive commodity distribution from clinical settings to communities, such as through community based family planning services in quarantine centres, and community based contraceptive delivery.

7. Access to safe abortion services[117] to the extent of national law and post-abortion care[118]

7.1 Normative position on safe abortion

The World Health Organisation (WHO) states that **abortions are safe** when they are carried out with a method that is recommended by WHO and that is appropriate to the pregnancy duration, and when the person carrying out the abortion has the necessary skills. [119] Such safe abortions can be carried out using medication (medical abortion) or a simple outpatient procedure. [120] When women with unwanted pregnancies do not have access to safe abortion, they often resort to **unsafe abortion**. [121] An abortion is unsafe when it is carried out either by a person lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. The WHO states that 45% of all abortions are unsafe; almost all these unsafe abortions occur in developing countries.[122] **Unsafe abortion is one of the five major direct causes of maternal deaths** and can result in permanent injuries and death due to complications. Unsafe abortion accounts for 13 per cent of maternal deaths, and 20 per cent of the total mortality and disability burden due to pregnancy and childbirth.[123] **Post-abortion care** is treatment for complications of unsafe abortion, [124] a life saving service following an unsafe abortion. [125]

[117] Does UNFPA promote abortion? The UNFPA policy on abortion, as approved by its Executive Board, is twofold: 1. Prevent recourse to abortion by promoting universal access to voluntary family planning; and 2. Deal with the consequences of unsafe abortions to save women's lives. UNFPA does not promote abortion. Rather, it accords the highest priority to voluntary family planning to prevent unintended pregnancies in order to eliminate recourse to abortion. UNFPA helps governments strengthen their national health systems to deal effectively with complications of unsafe abortions, thereby saving women's lives. UNFPA does not promote changes to the legal status of abortion, which are decision-making processes that are the sovereign preserve of countries. But UNFPA opposes any coercive abortion and the discriminatory practice of prenatal sex selection. https://www.unfpa.org/frequently-asked-questions

[118] Given unsafe abortion's contributions to maternal deaths worldwide, UNFPA advocates for its impact on women's health, lives and well-being to be tackled head-on and post-abortion care provided urgently. Where abortion is illegal, UNFPA supports the right of all women to get post-abortion care to save their lives. It also provides policy advice on the treatment of post-abortion complications, counselling and family planning. UNFPA trains health-care staff to provide post-abortion care as well as reproductive health information and services, including family planning. Where abortion is legal, UNFPA states that national health systems should make it safe and accessible, as agreed by United Nations Member States. https://www.unfpa.org/frequently-asked-questions

[119] https://www.who.int/health-topics/abortion#tab=tab_1

[120] https://www.who.int/health-topics/abortion#tab=tab_1

[121] https://www.who.int/health-topics/abortion#tab=tab_1

[122] https://www.who.int/health-topics/abortion#tab=tab_1

[123] Office of the High Commissioner for Human Rights (2010), *Preventable maternal mortlity and morbidity and human rights,* https://www.ohchr.org/Documents/Issues/Women/WRGS/Health/ReportMaternalMortality.pdf

[124] https://www.ipas.org/where-we-work/bangladesh/

[125] Marie Stopes International (2020), Resilience, Adaptation and Action: MSI's Response to COVID-19, https://www.mariestopes.org/media/3849/resilience-adaptation-and-action.pdf

The Committee on Economic, Social and Cultural Rights, in its General Comment No. 22 (2016) on the right to sexual and reproductive health,[126] has laid out the normative content of the right to sexual and reproductive health, which includes the following elements:

- Core obligations include taking measures to **prevent unsafe abortions** and to **provide post-abortion care and counseling** for those in need
- **Essential medicines** should be available, including medicines for safe abortion and post-abortion care
- **All individuals and groups, including adolescents and youth**, have the right to evidence based information on all aspects of sexual and reproductive health, including safe abortion and post-abortion care. [127]

7.2 National law and policy environment for access to safe abortion and post-abortion care

Access to safe abortion is limited to the extent of national law. In the countries studied, safe abortion is **criminalized** in the Philippines,[128] and is **only permitted to save the woman's life** in Bangladesh[129] and Myanmar.[130] It is permitted on broad social and economic grounds, rape, fetal impairment in India. In Indonesia, it is permitted to save the woman's life, in cases of rape, fetal impairment. In Fiji and Nepal, safe abortion is **permitted on broad social and economic grounds, and in cases of rape, incest, and fetal impairment**.[131] [132] However, **parental consent for minors** is required in Bangladesh, [133] Fiji,[134] India, [135] and Nepal.[136] **Spousal consent** is required in Indonesia.[137] **National Guidelines for Post-Abortion Care** exist in Bangladesh,[138] India,[139] Myanmar,[140] and Nepal.[141]

7.3 Challenges compounded by the pandemic

Even before the pandemic, access to safe abortion and post abortion care was limited in the countries studied. The Committee on the Elimination of Discrimination Against Women has

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[126] Committee on Economic, Social and Cultural Rights (2016), General Comment No. 22 on the right to sexual and reproductive health, E/C.12/GC/22.

[127] Committee on Economic, Social and Cultural Rights (2016), General Comment No. 22 on the right to sexual and reproductive health, E/C.12/GC/22.

[128] Constitution of the Republic of the Philippines 1987, Article II, Section 12 & The Revised Penal Code of the Philippines, Act No. 3815 of December 8, 1930, Articles 256-259.

[129] Penal Code 1860, Chapter XVI, Sections 312-316

[130] Penal Code 1860 section 312. However, key informants noted there is a Bill pending which would update the law to include rape as a ground for abortion, and include post-abortion care up to third trimester: the Protection and Prevention of Violence Against Women Bill. https://www.howtouseabortionpill.org/regions/asia/myanmar/

[131] Penal Code, Sections 172-174, 234.

[132] Safe Motherhood and Reproductive Health Rights Act, Chapter 4, Articles 15-19 2018.

[133] https://abortion-policies.srhr.org/country/bangladesh/

[134] https://abortion-policies.srhr.org/country/fiji/

[135] https://abortion-policies.srhr.org/country/india/

[136] https://abortion-policies.srhr.org/country/nepal/

[137] https://abortion-policies.srhr.org/country/indonesia/

[138] https://abortion-policies.srhr.org/country/bangladesh/

[139] https://abortion-policies.srhr.org/country/india/

[140] https://abortion-policies.srhr.org/country/myanmar/

[141] https://abortion-policies.srhr.org/country/nepal/

stated that **unsafe abortion is a leading cause of maternal mortality**, including in Fiji,[142] India,[143] Nepal,[144] and the Philippines.[145] The Committee recommended that (i) Bangladesh increase access to post abortion care, especially in cases involving complications resulting from unsafe abortions;[146] (ii) that Fiji, India and Indonesia ensure access to safe abortion services and post-abortion care; [147][148] [149] (iii) that Myanmar ensure the availability of safe abortion services to Rohingya women and girls, noting the prevalence of conflict related sexual violence in northern Rakhine State;[150] (iv) that Nepal raise awareness of safe abortion clinics and services;[151] and (v) that the Philippines raise awareness about the risks relating to unsafe abortion. [152]

However, civil society has noted, **as more countries impose necessary lockdowns and restrictions on in-person medical treatment, that allocation of resources, contraception and safe abortion have become harder to access, particularly in low-income countries**. As a result, there would likely be an **increase in** unplanned pregnancies and **unsafe abortions**, compounded by restricted mobility, disruption in contraceptive supply chains and higher rates of reported interpersonal violence.[153]

Key barriers to women's access to safe abortion to the extent of the law and post abortion care as an essential service during COVID-19 are (i) abortion related stigma and discrimination; (ii) mobility restrictions; (iii) failure to classify safe abortion as an essential service; (iv) third party consent requirements; and (v) abortion pill shortages. Following are some illustrations of these barriers from around the region.

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[142] Committee on the Elimination of Discrimination Against Women, Concluding observations on the fifth periodic report of Fiji, 14 March 2018, CEDAW/C/FJI/CO/5.

[143] Committee on the Elimination of Discrimination Against Women, Concluding observations on the combined fourth and fifth periodic reports of India, 24 July 2014, CEDAW/C/IND/CO/4-5.

[144] Committee on the Elimination of Discrimination Against Women, Concluding observations on the sixth periodic report of Nepal, 14 November 2018, CEDAW/C/NPL/CO/6

[145] Committee on the Elimination of Discrimination Against Women, Summary of the inquiry concerning the Philippines under article 8 of the Optional Protocol to the Convention on the Elimination of All forms of Discrimination against Women, 22 April 2015, CEDAW/C/OP.8/PHL/1.

[146] Committee on the Elimination of Discrimination Against Women, Concluding observations on the eighth periodic report of Bangladesh, 25 November 2016, CEDAW/C/BGD/CO/8.

[147] Committee on the Elimination of Discrimination Against Women, Concluding observations on the fifth periodic report of Fiji, 14 March 2018, CEDAW/C/FJI/CO/5.

[148] Committee on the Elimination of Discrimination Against Women, Concluding observations on the combined fourth and fifth periodic reports of India, 24 July 2014, CEDAW/C/IND/CO/4-5.

[149] Committee on the Elimination of Discrimination Against Women, Concluding observations on the combined sixth and seventh periodic reports of Indonesia, 9-27 July 2012, CEDAW/C/IDN/CO/6-7.

[150] Committee on the Elimination of Discrimination Against Women, Concluding observations on the report of Myanmar submitted under the exceptional reporting procedures, 18 March 2019, CEDAW/C/MMR/CO/EP/1.

[151] Committee on the Elimination of Discrimination Against Women, Concluding observations on the sixth periodic report of Nepal, 14 November 2018, CEDAW/C/NPL/CO/6

[152] Committee on the Elimination of Discrimination Against Women, Summary of the inquiry concerning the Philippines under article 8 of the Optional Protocol to the Convention on the Elimination of All forms of Discrimination against Women, 22 April 2015, CEDAW/C/OP.8/PHL/1.

[153] https://edition.cnn.com/2020/05/06/opinions/covid-19-womens-health-abortion-access-kumar/index.html

7.3.1 Abortion-related stigma and discrimination

Key informants in various countries noted that "abortion" is stigmatized, and it is even known as "menstrual regulation" in Bangladesh, and "spontaneous miscarriage" in Indonesia. Several key informants were happy to provide data anonymously, but did not want it reported for fear of government retaliation. Ipas Indonesia notes that **abortion-related stigma and discrimination** forces many women to resort to seeking unsafe abortions, and focuses its work on post-abortion care for women and adolescents.[154]

7.3.2 Mobility restrictions

In Nepal, where communities are spread across immense rural and mountainous areas, a woman might spend a full day or more walking to access health care. Now strict travel restrictions mean most cannot access health facilities even on foot.[155] Key informants noted that **safe abortion was unavailable in Nepal for at least three months** during 2020.

Similarly in India, where the greatest number of people in the world are under lockdown, women cannot get to health facilities, according to Ipas country directors.[156] Marie Stopes International (MSI) carried out a survey[157] which found that in India barriers to access to safe abortion services during the COVID-19 pandemic included perceived reduced availability of safe abortion services,[158] clinic closures,[159] increased wait time for an appointment,[160] and fear of leaving home due to domestic abuse.[161] MSI's programmes in India have faced a particularly strict lockdown, resulting in 1.3 million fewer women served than forecast, with 920,000 fewer safe abortion and post-abortion care services being delivered. Due to this drop in services, it is estimated that there will be an **additional 1 million unsafe abortions**, an additional 650,000 unintended pregnancies and 2,600 maternal deaths, **due to lack of access to MSI's India services alone**. [162]

7.3.3 Safe abortion as an essential service

In Bangladesh, menstrual regulation (as abortion is known in the country) was not initially considered a critical service during the pandemic, according to Ipas's country director, Dr. Sayed Rubayet. This meant that six of Ipas's 28 health care facilities for Rohingya in the Cox's Bazaar District, one of the world's largest refugee camps, were forced to suspect services as they were left without trained health providers. These facilities provide essential and legal safe abortion

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[154] https://www.ipas.org/where-we-work/indonesia/

[155] https://edition.cnn.com/2020/05/06/opinions/covid-19-womens-health-abortion-access-kumar/index.html

[156] https://www.devex.com/news/opinion-during-covid-19-crisis-lift-barriers-to-reproductive-health-care-including-abortion-97047

[157] Marie Stopes International (2020), Resilience, Adaptation and Action: MSI's Response to COVID-19, https://www.mariestopes.org/media/3849/resilience-adaptation-and-action.pdf

[158] 61% of women thought that abortion services were available from an abortion clinic before the pandemic, compared with 44% thinking that this service was available during the COVID-19 pandemic.

[159] Almost a third of respondents in India (30%) seeking an abortion reported that the clinic in their area was closed.

[160] A third (30%) also reported that wait time for an appointment was 1-2 weeks, and 9% reported a wait time of more than 5 weeks.

[161] 1 in 10 women (9%) surveyed in India reported needing domestic abuse services during the pandemic and a fifth of respondents (21%) seeking an abortion service reported not being able to attend a face to face appointment for fear of leaving their home due to domestic abuse, with 18% of women reporting the same when seeking contraceptive services or products.

[162] Marie Stopes International (2020), Resilience, Adaptation and Action: MSI's Response to COVID-19, https://www.mariestopes.org/media/3849/resilience-adaptation-and-action.pdf

services, post-abortion care and family planning services to many of the 900,000 refugees struggling for survival.[163]

Moreover, in India, where civil society reports that COVID-19 restrictions have compromised safe abortion access for 1.85 million women,[164] safe abortions were listed as essential services. However, many women weren't aware of this fact, stated the India Safe Abortion Youth Advocates organization. In Mumbai, one woman was unable to find a pregnancy testing kit after the lockdown started in March, and then couldn't find transport to reach care in time, said Dr. Shewetangi Shinde, who attended to her in a public hospital. By then, medical abortion wasn't an option since the pregnancy was too advanced.[165] The pandemic has highlighted how difficult it already was for many women to safely access abortion services, said Dr. Suchitra Dalvie, a gynecologist in Mumbai and coordinator of the Asia Safe Abortion Partnership. "All these people ... the marginalized groups, the vast invisible majority. This is how life is," she said.[166] In January, India began amending laws to allow certain women to obtain safe abortions up to 24 weeks instead of 20. But the pandemic interrupted it. No one expected the lockdown to continue for months, Dalvie said. Now many women face second-trimester abortions, which are more expensive and complicated, especially "because everyone who is involved needs to wear PPE."[167]

7.3.4 Consent

In Nepal, where there is a nationwide lockdown, Ipas's country director reports that **accessing contraception and safe abortion may not be a priority for most families, as men generally make decisions about travel and the use of contraception and abortion**. He warns that this sets the stage for more unwanted pregnancies and unsafe abortions.[168]

7.3.5 Abortion pill shortages, inability to train post-abortion care providers to use manual vacuum aspirator (MVA) device

The pandemic resulted in **abortion pill shortages** in several states surveyed by Foundation for Reproductive Health Services India. Only 1% of pharmacies in northern states like Haryana and Punjab had them, 2% in the southern state of Tamil Nadu and 6.5% in the central state of Madhya Pradesh. In Delhi it was 34%.[169]

Moreover, in Myanmar key informants noted that **post-abortion care declined by 83% in 2020 compared to 2019**. This was due in part to the **inability to safely train post-abortion care providers in the use of the manual vacuum aspirator (MVA) device** for provision of safe abortion.[170]

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[163] https://edition.cnn.com/2020/05/06/opinions/covid-19-womens-health-abortion-access-kumar/index.html

[164] https://www.ipas.org/news/covid-19-restrictions-compromised-abortion-access-for-1-85-million-women-in-india/

[165] https://www.devex.com/news/opinion-during-covid-19-crisis-lift-barriers-to-reproductive-health-care-including-abortion-97047

[166] https://apnews.com/article/4f3f067fa843de8d3d6cec5a74581fe5

[167] https://apnews.com/article/4f3f067fa843de8d3d6cec5a74581fe5

[168] https://www.devex.com/news/opinion-during-covid-19-crisis-lift-barriers-to-reproductive-health-care-including-abortion-97047

[169] https://apnews.com/article/4f3f067fa843de8d3d6cec5a74581fe5

[170] Key informant interviews.

7.4 Good practices

7.4.1 Advocating to governments to recognize that safe abortion care is essential in Bangladesh, India and Nepal

Ipas has been advocating to governments in Bangladesh, India and Nepal to recognize safe abortion care as an essential service during the pandemic. These kinds of innovations -- bolstered by the **World Health Organization (WHO) guidelines, which state, "women's choices and rights to sexual and reproductive health care should be respected regardless of COVID-19 status, including access to contraception and safe abortion to the full extent of the law"**-- have led some governments to recognize that safe abortion care is, in fact, essential. [171]

For instance, the Government of **India has recognised safe abortion as an essential service** during COVID-19. The **Ministry of Health and Family Welfare released a guidance note** for ensuring provision of essential health services during the COVID-19 outbreak – this includes reproductive health services and enlists safe abortion services as essential. The guidance states that all appropriate health facilities should **ensure provision of medical and surgical abortion services, with appropriate infection prevention measures comprising counselling for post-abortion care and provision of contraception**.[172]

Ipas Nepal has been working with the **Ministry of Health and Population and other partners to ensure safe abortion remains included as an essential service** and has **also proposed that counseling and provision of medication abortion and contraceptive services through telemedicine be allowed**.[173]

In Bangladesh, the **humanitarian response directive for the Rohingya camps did not initially designate MR (or menstrual regulation, as abortion is known in Bangladesh) as a "critical" service.** This led to the temporary suspension of MR services at six of the 28 camps Ipas supports for Rohingya refugees in the Cox's Bazaar district, one of the world's largest refugee camps. For the 900,000 refugees living in the camps, these facilities provide **access to family planning services, post-abortion care and essential and legal abortion services**. Travel restrictions were also imposed and only people working in critical services were able to travel. But after weeks of advocacy by Ipas Bangladesh, all clinics are once again in operation. The Refugee Relief and Repatriation Commissioner and the WHO office in **Cox's Bazaar** have **recognized reproductive health care workers in the facilities** as critical providers and have issued vehicle passes to them so they can continue to provide reproductive health services to Rohingya women and girls.[174]

[171] https://edition.cnn.com/2020/05/06/opinions/covid-19-womens-health-abortion-access-kumar/index.html

[172] https://www.expresshealthcare.in/blogs/guest-blogs-healthcare/ensuring-safe-abortions-for-women-during-covid-19/419209/

[173] https://edition.cnn.com/2020/05/06/opinions/covid-19-womens-health-abortion-access-kumar/index.html

[174] https://www.ipas.org/news/a-critical-victory-for-women-and-girls-in-rohingya-camps-in-bangladesh/

7.4.2 Abortion medications included in essential medicine list of Bangladesh and India

The Governments of Bangladesh and India have **included abortion medications in their national List of Essential Drugs**.[175] This **accords with latest guidance by the World Health Organisation in its Model List of Essential Medicines 2019 to include misoprostol and mifepristone for safe abortion and post abortion care in national lists of essential medicines**.[176] The model list presents a list of minimum medicine needs for a basic health-care system, listing the most efficacious, safe and cost–effective medicines for priority conditions. Priority conditions are selected on the basis of current and estimated future public health relevance, and potential for safe and cost-effective treatment. [177]" Around the world, **more than 150 countries use WHO's Essential Medicines List to guide decisions about which medicines represent the best value for money, based on evidence and health impact**," said WHO Director-General Dr Tedros Adhanom Ghebreyesus.[178]

7.4.3 Guidelines for telemedicine/home-based medical abortions in India and Nepal

NGOs such as Ipas and Marie Stopes International worked with the government and other partners in Nepal and India to propose that counseling and provision of medical abortion and contraceptive services through telemedicine be allowed.[179] For example, in Nepal the Reproductive Health Sub-Cluster, a multi-stakeholder group led by the Family Welfare Division and UNFPA, and NGOs including Ipas and MSI helped influence the swift approval of *'Guidelines on Reproductive, Maternal, Newborn, Child and Adolescent Health'*, which were then implemented across the country.[180] Changes in national guidelines stipulate that **medical abortions can be delivered outside of health-care facilities. As well as allowing clients and health workers to have temporary exemptions from COVID-19 travel restrictions, the guidelines allow medical abortion (MA) services to be provided in client's homes. Trained service providers and volunteers are now allowed to provide door to door delivery of medical abortion drugs and services, and trained chemists can store and distribute MA drugs**.[181] In India, the government has issued telemedicine guidelines that do not rule out medical abortion. [182] This has expanded women's ability to access safe abortion services without having to visit a health centre, by building telehealth solutions and supporting women to self-manage abortion with pills.[183] Telehealth services can improve access when distance and out-of-pocket costs are

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[175] Key informant interviews. https://www.who.int/selection_medicines/country_lists/bgd_eml_2008.pdf?ua=1; https://www.howtouseabortionpill.org/regions/asia/india/

[176] World Health Organisation (2019), Model List of Essential Medicines. https://www.who.int/publications/i/item/WHOMVPEMPIAU2019.06

[177] World Health Organisation (2019), Model List of Essential Medicines. https://www.who.int/publications/i/item/WHOMVPEMPIAU2019.06

[178] https://reliefweb.int/report/world/world-health-organization-model-list-essential-medicines-21st-list-2019

[179] https://edition.cnn.com/2020/05/06/opinions/covid-19-womens-health-abortion-access-kumar/index.html

[180] Marie Stopes International (2020), Resilience, Adaptation and Action: MSI's Response to COVID-19, https://www.mariestopes.org/media/3849/resilience-adaptation-and-action.pdf

[181] https://www.mariestopes.org/covid-19/stories-from-the-frontline/

[182] Sophie Cousins (2020), COVID-19 has "devastating" effect on women and girls: Natalia Kanem, executive director of the UN Population Fund, is among experts warning about disrupted health services and a surge in gender-based violence. The Lancet, Vol 396, August 1, 2020.

[183] https://www.ipas.org/our-work/coronavirus/

barriers. Moreover, use of telehealth services removes fear of infection and can ease pressure on struggling health systems. [184]

7.4.4 Online medical abortions to increase access to safe abortions to the extent of the law in Bangladesh, India, Indonesia, Myanmar, Nepal, and the Philippines

DKT International, a civil society organization focusing on social marketing for family planning, safe abortion, and HIV/AIDS prevention, has established a **website (www.howtouseabortionpill.org) to share facts and resources about medical abortions, including information about the legality of medical abortion in each country, where to acquire quality abortion pills, how to use them safely, and when to seek medical help if necessary**.[185] The information is in compliance with international standards and protocols including the WHO Safe Abortion: Technical and Policy Guidance for Health Systems 2012, and civil society organization protocols (Ipas, the National Abortion Federation, DKT International and carafem).[186] The **website is accessible in 24 languages, including the national languages of six of the countries studied**. Moreover, it has **online courses for professionals in safe medical abortion, including courses for pharmacists, medical students and on safe medical abortion in humanitarian settings**, the latter of which was developed in partnership with *Médecins Sans Frontières*.[187]

7.5 Recommendations – access to safe abortion to the extent of the national law and post-abortion care

Advocate to governments to:

- Recognize that access to safe abortion services to the extent of the law and post-abortion care is essential
- Include abortion medications in national list of essential medicines
- Issue guidelines on telemedicine and home delivery of abortion medication for safe home based medical abortions.

8. Pre- and post-natal care and skilled birth attendance as an essential service during COVID-19

8.1 Normative statement

The Committee on Economic, Social and Cultural Rights in its General Comment No. 14 (2000) on Article 12 (the right to the highest attainable standard of health) has stated that the **provision of maternal health services is a core obligation**: **States have an immediate obligation to take deliberate, concrete and targeted steps towards fulfilling the right to health in the context of pregnancy and childbirth**. The International Covenant on Economic, Social and Cultural Rights imposes certain core obligations; the Committee on Economic, Social and

[184] Sophie Cousins (2020), COVID-19 has "devastating" effect on women and girls: Natalia Kanem, executive director of the UN Population Fund, is among experts warning about disrupted health services and a surge in gender-based violence. The Lancet, Vol 396, August 1, 2020.

[185] Key informant interview. https://www.howtouseabortionpill.org/aboutus/

[186] Key informant interview. https://www.howtouseabortionpill.org/faq/

[187] Key informant interview. https://www.howtouseabortionpill.org/online-courses/

Cultural Rights, in its general comment no. 14, emphasized that a State party could not, under any circumstances whatsoever, justify its non-compliance with the core obligations, which are non-derogable.[188] The Committee on Economic, Social and Cultural Rights, in its General Comment No. 22 (2016) on the right to sexual and reproductive health has noted that **to lower rates of maternal mortality and morbidity requires emergency obstetric care and skilled birth attendance, including in rural and remote areas**. [189] Moreover, the Committee on the Elimination of Discrimination Against Women in its General Recommendation No. 24 on Article 12 (women and health) has stated that the **obligations that States must undertake to prevent maternal mortality and morbidity are not subject to progressive realisation but are of immediate effect**.[190] It emphasized that **States are required to ensure services for maternal health and equality in access to health services: denying services that only women need is a form of discrimination**.[191]

In June 2020, the **WHO issued international guidance: Maintaining Essential Health Services – Operational Guidance for the COVID-19 Context**,[192] which reaffirms the position that access to maternal health services should be classified as essential health services. The Guidance states that, "**countries should identify context-relevant essential health services that will be prioritized for continuation during the acute phase of the COVID-19 pandemic**, **including reproductive health services during pregnancy and childbirth**." [193]

8.2 Overview of law and policy indicators

Following are some of the laws and policies which cover ante- and post-natal care and skilled birth attendance in some of the countries studied. **Bangladesh** covers maternal and newborn health in the Fourth Health Sector Programme 2017-2021.[194] Moreover, in 2020 the Ministry of Health developed National Maternal Newborn Health Service Guidelines during COVID-19, which contains service delivery protocols for tertiary hospital level to clinic level.[195] **Fiji's** Reproductive Health Policy contains a policy statement on maternal and neonatal health.[196] **India** has the Reproductive, Maternal, Newborn, Child, and Adolescent Health Strategy.[197] Moreover, the Ministry of Health and Family Welfare released guidelines on Enabling Delivery of

[188] Committee on Economic, Social and Cultural Rights, General Comment No. 14 (2000) on Article 12 (the right to the highest attainable standard of health) https://www.refworld.org/pdfid/4538838d0.pdf

[189] Committee on Economic, Social and Cultural Rights (2016), General Comment No. 22 on the right to sexual and reproductive health, E/C.12/GC/22.

[190] Committee on the Elimination of Discrimination Against Women, General Recommendation No. 24 (1999): Article 12 of the Convention (women and health) https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_4738_E.pdf

[191] OHCHR, 2011, Practices in adopting a human rights based approach to eliminate preventable maternal mortality and human rights, Report of the Office of the High Commissioner for Human Rights, A/HRC/18/27, 8 July 2011. https://www2.ohchr.org/english/bodies/hrcouncil/docs/18session/A-HRC-18-27_en.pdf

[192] Maintaining Essential Health Services: Operational Guidance for the COVID-19 Context. Interim Guidance, June 2020, WHO https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1

[193] Maintaining Essential Health Services: Operational Guidance for the COVID-19 Context. Interim Guidance, June 2020, WHO https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1

[194] https://dghs.gov.bd/images/docs/OP/2018/MNC_AH.pdf

[195] Key informant interview.

[196] Fiji Ministry of Health, Reproductive Health Policy, http://www.health.gov.fj/wp-content/uploads/2014/09/1_Reproductive-Health-Policy.pdf

[197] http://www.familyplanning2020.org/india

Essential Health Services during the COVID-19 Outbreak in April 2020, designating pregnancy care, facility births, and post-natal care as essential.[198] **Myanmar** has a draft National Sexual and Reproductive Health and Rights Policy which has been submitted to Parliament.[199] **Nepal** has the Safe Motherhood and Reproductive Health Rights Act 2018.[200] Moreover, in 2020 the Reproductive Health Cluster developed the Reproductive Health Interim Guidelines 2020, endorsed by Ministry of Health and Population, which include pre-natal and ante-natal care, and other essential service delivery components.[201] The **Philippines** has the Responsible Parenthood and Reproductive Health Act 2012.[202]

8.3 Reduced access to ante- and post-natal care and skilled birth attendance have led to increased maternal mortality

As access to maternal health services is negatively impacted by COVID-19 responses, **maternal mortality** in the countries studied **is projected to worsen**. UN Women reports that the regional average maternal mortality rate remains extremely high, at 127 per 100,000 live births.[203] With more than 90 per cent of these deaths being reported as preventable, the high rate is indicative of challenges related to unequal access to safe services for vulnerable and marginalized women compounded by issues of conflict, poverty, restrictive family-planning policies, weak infrastructure and health systems.[204] Most of the countries studied have **already high maternal mortality rates**, with 260 deaths per 100,000 live births in Myanmar and 186 in Nepal in 2017.[205] However, the World Economic Forum COVID Action Platform has **projected an increase in the maternal mortality rates in Bangladesh, India, Indonesia, Myanmar, Nepal and the Philippines of between 17% and 50% in 2020**.[206] Key informants expected maternal mortality to increase during 2020 in the countries studied.[207] UNFPA **Indonesia** has projected an increase in maternal deaths, with 28% of health centres not fully functioning, and 84% of health centres experiencing a reduction in the number of visits during 2020.[208] In the **Philippines**, a study projects that the community quarantine is expected to increase maternal mortality rates. It states, "*If the*

[198] Government of India, Department of Health and Family Welfare, April 2020, Enabling Delivery of Essential Health Services during the COVID-19 Outbreak.

[199] Key informant interview. See also https://www.path.org/articles/myanmars-push-for-sexual-and-reproductive-health-and-rights/

[200] https://reproductiverights.org/sites/default/files/2020-01/Safe%20Motherhood%20and%20Reproductive%20Health%20Rights%20Act%20in%20English.pdf

[201] http://www.familyplanning2020.org/resources/interview-dr-ghanshyam-bhatta-health-team-leader-adra-nepal

[202] https://pcw.gov.ph/republic-act-10354/

[203] UN Women (2020), The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens.

[204] UN Women (2020), The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens.

[205] 2017 figures – maternal deaths per 100,000 births: Myanmar 250 https://www.who.int/gho/maternal_health/countries/mmr.pdf?ua=1; Nepal 186 https://www.who.int/gho/maternal_health/countries/npl.pdf?ua=1; Indonesia 177 https://www.who.int/gho/maternal_health/countries/idn.pdf?ua=1; Bangladesh 173 https://www.who.int/docs/default-source/country-profiles/bangladesh.pdf?sfvrsn=3c5a0134_6; India 145 https://www.who.int/gho/maternal_health/countries/ind.pdf; Philippines 121 https://www.who.int/gho/maternal_health/countries/phl.pdf; Fiji 34 https://www.who.int/gho/maternal_health/countries/fji.pdf?ua=1

[206] https://www.weforum.org/agenda/2020/05/women-children-covid19-srh-mortality-rates/

[207] Key informant interviews.

[208] https://indonesia.unfpa.org/sites/default/files/pub-pdf/unfpa_indonesia_covid-19_response_july-august_2020_3.pdf

community quarantine continues until the end of 2020, for every month of quarantine, we can expect an additional 60 maternal deaths."[209]

In some countries there is already data confirming these projections. As the government of **Bangladesh** grapples with containing the virus with a debilitated health system and limited logistics, there has been a **downward trend in the uptake of maternal and other reproductive health services**.[210] **Nepal has seen a 200% increase in maternal mortality rate since lockdown began**.[211] The Lancet reports that evidence from nine hospitals **in Nepal show that the number of institutional births reduced by approximately half, with increased inequality by ethnicity**.[212] The rate of neonatal deaths more than tripled, from 13 to 40 per 1,000 live births.[213] Still-births and pre-term births also increased significantly.[214]

Key barriers to women accessing ante- and post-natal care and safe delivery include coverage of essential health services,[215] fear of getting COVID-19 at hospitals or health centres, and lack of transport.[216] UNFPA reported that in Nepal, many pregnant women do not want to risk visiting a hospital for a check up as they fear getting infected with COVID-19. Moreover, the nearest health facilities may be far from home, with the only way to reach there being on foot.[217] Midwives, and birth centre workers report an **increase in pregnant women considering delivery options outside of hospital settings due to a fear of contamination, overcrowding, supply shortages and visitor restriction.** This increases the risk of unsafe and unskilled birthing practices that may lead to maternal and infant deaths. This is especially problematic for women and girls in disadvantaged and hard-to-reach areas.[218] Those most at-risk are women seeking emergency maternal and reproductive health services that require strict isolation and infection control measures, which may be unavailable due to staff deployment and shortages or lack of infrastructure (e.g. operation theatres and ward space).[219] Key informants noted the following vulnerable groups have been least able to access ante- and post-natal care and skilled birth attendance: adolescents, IDPs and refugees – particularly Rohingya, poor pregnant women, those in remote areas, and migrant workers.[220]

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[209] University of the Philippines, Population Institute (11 July 2020), *The Potential impact of the COVID-19 Pandemic on SRH in the Philippines.*

[210] https://reliefweb.int/report/bangladesh/population-expert-group-discusses-impact-covid-19-maternal-health

[211] https://kathmandupost.com/national/2020/05/27/a-200-percent-increase-in-maternal-mortality-since-the-lockdown-began

[212] https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30345-4/fulltext

[213] https://www.hrw.org/news/2020/08/18/nepal-health-facility-births-decline-half-during-covid-19-lockdown-study

[214] https://www.hrw.org/news/2020/08/18/nepal-health-facility-births-decline-half-during-covid-19-lockdown-study

[215] UN Women (2020), The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens.

[216] Key informant interviews.

[217] https://nepal.unfpa.org/en/news/covid-19-turning-pregnancy-excitement-fear

[218] UN Women (2020), The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens.

[219] UN Women (2020), The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens.

[220] Key informant interviews.

8.4 Good practices

8.4.1 Development of National Guidelines for Providing Essential Maternal Health Services, and virtual training for healthcare professionals on the Minimum Initial Service Package (MISP) in Bangladesh

In response to the significant reduction in uptake of essential maternal and newborn health services due to COVID-19 in Bangladesh, in May 2020 the Ministry of Health and other stakeholders **developed National Guidelines for Providing Essential Maternal, Newborn and Child Health Services in the Context of COVID-19**. Importantly, these Guidelines designate ante-natal, intra-partum and post-natal care as essential services.[221]

In emergency situations, the sexual and reproductive health needs of women and girls are often overlooked. Not being able to use adequate health facilities often results in women facing unsafe deliveries, which can lead to long-term health consequences such as obstetric fistula, or preventable maternal death.[222] To ensure that women and girls continue to receive life-saving sexual and reproductive health services, including safe delivery and pre- and post- natal care, during the COVID-19 crisis, UNFPA Bangladesh has conducted its first-ever **virtual training on the Minimum Initial Service Package (MISP)** for health care professionals. The MISP is a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. The MISP is a set of activities that must be implemented in a coordinated manner by appropriately trained staff.[223] Its objectives include prevention of maternal and newborn death and illness, and to plan for comprehensive sexual and reproductive health care, integrated into primary health care, as the situation permits.[224] The four-day training aims to increase the capacity of 40 midwives, nurses, and doctors to safely implement the MISP during the COVID-19 pandemic.[225]

8.4.2 Continuity of essential maternal, newborn, and child health services in COVID-19 Addendum to the Myanmar Humanitarian Response Plan 2020

The Myanmar Humanitarian Response Plan 2020 - COVID-19 Addendum priority actions include supporting continuity of essential and life-saving **healthcare services** for targeted vulnerable groups (elderly, children, pregnant women, people with disabilities, people with chronic diseases) in **maternal, newborn, child health**, and **sexual and reproductive health care services**.[226]

8.4.3 Public interest litigation to establish access to maternal health rights for pregnant women in India and Nepal

The **Supreme Court of Nepal** pronounced a landmark decision - ***Advocate Roshani Paudyal vs. Office of Prime Minister and Council of Ministers***[227] - on September 5, 2020 regarding COVID-19

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[221] https://www.healthynewbornnetwork.org/hnn-content/uploads/NNHP-newsletter_Issue-11.pdf

[222] https://bangladesh.unfpa.org/en/news/first-ever-virtual-training-healthcare-professionals-providing-life-saving-services-women-and

[223] https://www.unfpa.org/resources/what-minimum-initial-service-package

[224] https://www.unfpa.org/sites/default/files/resource-pdf/MISP_Objectives.pdf

[225] https://bangladesh.unfpa.org/en/news/first-ever-virtual-training-healthcare-professionals-providing-life-saving-services-women-and

[226] https://reliefweb.int/report/myanmar/covid-19-addendum-2020-myanmar-humanitarian-response-plan-april-december-2020

[227] Writ No. 076-WO-0962, August 5, 2020

and women's rights. Citing the WHO guidelines that state women's rights to sexual and reproductive health care should be respected regardless of COVID-19 status, it ordered the **Government of Nepal to immediately issue regulations related to safe motherhood and reproductive rights pursuant to the Reproductive Health Rights Act 2018,** [228] **observing that an essential health package should be available for women to ensure their reproductive health**.[229] The Court referred to its previously issued Mandamus Order for the protection of pregnant women, infants, and their care and medication arrangements. [230]

In India, the **Delhi High Court made an Order to ensure access to maternal health services to women during the COVID-19 lockdown**. The Sama Resource Group for Women and Health filed a **Public Interest Litigation**[231] to contest barriers to pregnant women accessing maternal health care services during the pandemic.[232] The Court ordered the establishment of a **helpline for pregnant women** for access to ante-natal, safe delivery, and post-natal care, including to access health care facilities and transportation, and the publication of such helpline number in newspapers, social media and the police. [233]

8.4.4 Ante-natal and post-natal care via tele-consultation and home visits in India and Nepal

Together with UNFPA India and District Health Department of Sheikhpura Bihar, Plan India initiated referral services for pregnant women, elderly, and women in distress through the "We Care" programme. The programme provides **family planning and maternal health services using six referral vehicles** to reach over 1000 pregnant women in over 300 villages in Bihar state. It has also launched a **"We Care" mobile based app to provide services via tele-counseling** on sexual and reproductive health services, including birth preparedness, ANC and PNC services, and **referral to transportation services to go to hospital**.[234] Moreover, this programme provides tele-counseling on family planning to couples, provides family planning supplies and hygiene kits to adolescents. [235]

In Nepal, the Reproductive Health Sub-Cluster, which reports to the Health Cluster at the Ministry of Health and Population, developed **Interim Guidance for Reproductive, Maternal, Newborn and Child Health Services in COVID-19 Pandemic.**[236] The Interim Guidance provides that MNH providers will support mothers and newborn through ANC and PNC teleconsultation services. Health facilities must follow up on postpartum mothers and newborns via phone on Day 1, 3, 7 and 28 and conduct a home visit if necessary. Pregnant women will be advised to come to the Health facility if necessary. [237]

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228 https://www.spotlightnepal.com/2020/09/05/supreme-court-pronounced-landmark-decision-covid-19/

229 https://thehimalayantimes.com/nepal/put-women-at-centre-of-covid-response-supreme-court/

230 https://www.spotlightnepal.com/2020/09/05/supreme-court-pronounced-landmark-decision-covid-19/

231 W.P.(C) 2983 of 2020] before the Delhi High Court, 22 April 2020.

232 http://www.samawomenshealth.in/hc-order-to-ensure-maternal-health-services-to-women-during-covid-lockdown/

233 http://www.samawomenshealth.in/hc-order-to-ensure-maternal-health-services-to-women-during-covid-lockdown/

234 https://www.youtube.com/watch?v=lx72MKiNeYg&feature=youtu.be

235 https://www.youtube.com/watch?v=lx72MKiNeYg&feature=youtu.be

236 Key informant interviews. https://nepal.unfpa.org/sites/default/files/pub-pdf/Interim%20guideline_SRMNCH_English.pdf

237 https://nepal.unfpa.org/sites/default/files/pub-pdf/Interim%20guideline_SRMNCH_English.pdf

8.4.5 Midwifery practices to increase maternal health care coverage in Indonesia

Midwifery is a key element of sexual, reproductive, maternal and newborn health (SRMNH) care. The latest State of the World's Midwifery report defines midwifery as "the health services and health workforce needed to support and care for women and newborns, including sexual and reproductive health and especially pregnancy, labour and postnatal care". [238] **Midwives who are educated and regulated to international standards can provide 87% of the essential care needed for women and newborns**.[239] Investing in midwives frees doctors, nurses and other health cadres to focus on other health needs, and contributes to ending preventable maternal mortality. [240] **The World Health Assembly has designated 2020 as the year of the Nurse and Midwife.** "Now more than ever, we must take action to recognize midwives as steadfast champions for the sexual and reproductive health and rights of women and girls", said Dr. Natalia Kanem in her statement on the International Day of the Midwife.[241]

As the world battles COVID-19, women continue to get pregnant and babies are still being born, with midwives working tirelessly on the front line in maternity wards, health centres and women's homes around the world. **In many countries hit hard by the COVID-19 crisis, midwives are dying due to lack of personal protective equipment (PPE)**. **UNFPA is supporting midwives on the front lines of the COVID-19 response worldwide by providing supplies and personal protective equipment**.[242] UNFPA Indonesia provided 412 PPEs to midwives in Depok, Tangerang, and South Jakarta during April-August 2020.[243]

To save the lives of those women and their newborn, UNFPA is urgently working with the Government of Indonesia to ensure maternal health services remain accessible to pregnant, delivering, and post-partum women amid COVID-19 pandemic.[244] **According to 2018 Riskesdas (Health Basic Research), 63% of the deliveries in Indonesia are assisted by midwives, 29% by OB-GYN specialists, and only 1.2% by general practitioners**.[245]

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[238] UNFPA, WHO, International Confederation of Midwives (2014), The State of the World's Midwifery 2014: A Universal Pathway. A Woman's Right to Health. https://www.unfpa.org/sites/default/files/pub-pdf/EN_SoWMy2014_complete.pdf

[239] UNFPA, WHO, International Confederation of Midwives (2014), The State of the World's Midwifery 2014: A Universal Pathway. A Woman's Right to Health. https://www.unfpa.org/sites/default/files/pub-pdf/EN_SoWMy2014_complete.pdf

[240] UNFPA, WHO, International Confederation of Midwives (2014), The State of the World's Midwifery 2014: A Universal Pathway. A Woman's Right to Health. https://www.unfpa.org/sites/default/files/pub-pdf/EN_SoWMy2014_complete.pdf

[241] https://indonesia.unfpa.org/en/news/private-midwifery-practice-provides-sense-safety-and-comfort-expecting-mothers-during-covid-19

[242] https://indonesia.unfpa.org/en/news/celebrating-midwives-unsung-heroes-front-lines-covid-19-crisis-11

[243] https://indonesia.unfpa.org/sites/default/files/pub-pdf/unfpa_indonesia_covid-19_response_july-august_2020_3.pdf

[244] https://indonesia.unfpa.org/en/news/protecting-pregnant-mothers'-lives-amid-covid-19-pandemic-0

[245] https://indonesia.unfpa.org/en/news/private-midwifery-practice-provides-sense-safety-and-comfort-expecting-mothers-during-covid-19

Ms. Anjali Sen, UNFPA Representative to Indonesia, said, "**maternity services should continue to be prioritized as an essential core health service**. Moreover, **midwives and all other health care workers providing maternal and newborn care -- whether based in health facilities or within the community-- are essential healthcare workers and must be protected** and prioritized to continue providing care to childbearing women and their babies." [246]

For the continuation of safe and effective maternal health and family planning services, UNFPA has been providing technical support to the Indonesian Midwives Association (IBI) and protecting maternity care providers through provision PPEs for midwives. [247]" **There is an increasing trend for pregnant women to come to private practice midwives during this time**. This is **because women are worried about coming to the hospital and feel safe to come to private practice midwives who comply with the IBI guidelines as well as Ministry of Health (MoH) and POGI", said Dr. Emi Nurjasmi - President of the Indonesia Midwives Association (IBI)** in her remarks during the commemoration of International Day of the Midwife (IDM), 5 May 2020 in Jakarta. [248]

8.4.6 Cash Voucher Assistance and OB Triage Tents for Pregnant Women in the Philippines

Pregnancy and childbirth is already hard as it is, but the pandemic has made it even harder for women to access quality maternal healthcare services, due to disrupted or absent transportation, health facility closures, reduced hospital availability as resources are diverted for COVID-19.[249] In response, The Philippine Society for Responsible Parenthood, in partnership with the Philippine Department of Health and UNFPA, **put up four OB Triage Tents to offer free maternal healthcare services in select areas that have been severely disrupted by the COVID-19 pandemic**. The OB Triage Tents are managed by highly skilled healthcare professionals and aim to support the continuity of life-saving sexual and reproductive health services for pregnant women, through **screening, triage and targeted referral, transportation for delivery by skilled birth attendant, or delivery of babies in cases when transport not possible**. This initiative ensures that, despite the struggles that the COVID-19 pandemic brings, pregnant women will still be able to have access to proper maternal healthcare and will be able to give birth in a proper health facility.[250]

In addition, the **Philippine Society for Responsible Parenthood launched the Cash Voucher Assistance Program for Pregnant Women**, in partnership with UNFPA and the Department of Health, **to promote prenatal checkups and facility-based deliveries** to improve maternal and

[246] https://indonesia.unfpa.org/en/news/protecting-pregnant-mothers'-lives-amid-covid-19-pandemic-0

[247] https://indonesia.unfpa.org/en/news/protecting-pregnant-mothers'-lives-amid-covid-19-pandemic-0

[248] https://indonesia.unfpa.org/en/news/private-midwifery-practice-provides-sense-safety-and-comfort-expecting-mothers-during-covid-19

[249] https://rh-care.info/ob-triage-tents?fbclid=IwAR32LOq4DUmmbgC4El8wXUMQcfbqdnmbBTAXkVvszJgY5yLWjkcNAS-o8P8

[250] https://rh-care.info/ob-triage-tents?fbclid=IwAR32LOq4DUmmbgC4El8wXUMQcfbqdnmbBTAXkVvszJgY5yLWjkcNAS-o8P8

child health care. The Cash Voucher Assistance Programme gives cash assistance and maternity packs to poor women in vulnerable areas.[251] Cash Voucher Assistance reached 1,902 women in disaster- and conflict-affected areas in Mindanao and Lanao del Sur. Cash for Health is one of UNFPA Philippines' newest programs for reducing unsafe delivery practices, increasing women's access to life-saving maternal health interventions (i.e. antenatal, postnatal care), and serving as a critical social safety net for poor pregnant women.[252]

8.5 Recommendations – ante-natal care, skilled birth attendance, and post-natal care

- Advocate to governments to include ante-natal care, skilled birth attendance, and post-natal care as essential health services.
- Provide for ante-natal and post-natal care via telemedicine and home visits.
- Scale up provision of OB triage tents for referrals and/or skilled birth attendance.

9. Comprehensive Sexuality Education

9.1 Normative position

Comprehensive sexuality education (CSE) is a **curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality**. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity, develop respectful social and sexual relationships, consider how their choices affect their own well-being and that of others, and understand and ensure the protection of their rights throughout their lives.[253] CSE is delivered in formal and non-formal settings and is (i) **scientifically accurate**; (ii) incremental; (iii) age- and developmentally-appropriate; (iv) curriculum based; (v) comprehensive; (vi) **based on a human rights approach**; (vii) **based on gender equality**; (viii) **culturally relevant and context appropriate**; (ix) transformative; (x) able to develop life skills needed to support healthy choices.[254] National policies and curricula may use different terms to refer to CSE. These include: prevention education, relationship and sexuality education, family-life education, HIV education, life-skills education, healthy life styles and basic life safety.[255]

The Committee on Economic, Social and Cultural Rights, in its General Comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights),[256] has laid out the normative content of the right to sexual and reproductive health, the core obligations of which include **ensuring all individuals and**

[251] https://rh-care.info/cash-voucher-assistance-program/?fbclid=IwAR19kPEpvkuDeSIez8jHp-e_RS6lYTnuB4hKyMMsQOFYGDH72z3vt85ph-c

[252] https://philippines.unfpa.org/sites/default/files/pub-pdf/unfpa_ph_midyear_2020_report_0.pdf

[253] UNESCO (2018), Revised Edition: International technical guidance on sexuality education – an evidence informed approach, UNAIDS, UNFPA, UNICEF, UN Women, WHO. https://myanmar.unfpa.org/sites/default/files/pub-pdf/260770eng.pdf

[254] UNESCO (2018), Revised Edition: International technical guidance on sexuality education – an evidence informed approach, UNAIDS, UNFPA, UNICEF, UN Women, WHO. https://myanmar.unfpa.org/sites/default/files/pub-pdf/260770eng.pdf

[255] UNESCO (2018), Revised Edition: International technical guidance on sexuality education – an evidence informed approach, UNAIDS, UNFPA, UNICEF, UN Women, WHO. https://myanmar.unfpa.org/sites/default/files/pub-pdf/260770eng.pdf

[256] Committee on Economic, Social and Cultural Rights (2016), General Comment No. 22 on the right to sexual and reproductive health, E/C.12/GC/22.

groups have access to age-appropriate, evidence-based, scientifically accurate comprehensive education and information on sexual and reproductive health that are non-discriminatory, non-biased, evidence-based, and that **take into account the evolving capacities of children and adolescents**.

The **International Conference on Population and Development Programme of Action**[257] urged Governments, the international community and all other relevant stakeholders to give particular attention to the areas of shortfall in the implementation of the Programme of Action, including, by **ensuring the access of adolescents and youth to full and accurate information and education on sexual and reproductive health**, including **evidence-based comprehensive education on human sexuality, and promotion, respect, protection and fulfilment of all human rights**, especially the human rights of women and girls, including sexual and reproductive health and reproductive rights.

9.2 Overview of laws and policies

Following are some of the laws and policies which cover comprehensive sexuality education in the countries studied. Data is drawn from a synthesis study by UNESCO: A Review of Policies and Strategies to Implement and Scale up Sexuality Education in Asia and the Pacific.[258] The review examined national laws and policies on HIV, population and reproductive health, youth, and education in several countries including Bangladesh, Fiji, India, Indonesia, Myanmar, Nepal and the Philippines.

National laws and policies covering aspects of sexuality education

Country	HIV	Population and reproductive health	Youth	Education
Bangladesh				
Fiji				
India				
Indonesia				
Myanmar		draft		
Nepal				
Philippines				

[257] *International Conference on Population and Development (ICPD) Programme of Action (PoA), the key actions for its further implementation and the outcome documents of its review conferences,* Resolution 2014/1, Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development, The Commission on Population and Development, 2014.

[258] UNESCO (2012), A Review of Policies and Strategies to Implement and Scale up Sexuality Education in Asia and the Pacific. https://unesdoc.unesco.org/ark:/48223/pf0000215091/PDF/215091eng.pdf.multi

In summary, all countries studied cover some aspects of sexuality education in **national education laws or policies**. Moreover, Bangladesh, Fiji, India, Indonesia, Nepal and the Philippines cover aspects of sexuality education in **national HIV, population and reproductive health, and youth laws or policies**. Myanmar has a draft National Sexual and Reproductive Health and Rights Policy which has been submitted to Parliament, which covers aspects of sexuality education.[259]

However, implementation has been a challenge, even prior to the pandemic. For example, the Committee on the Elimination of all forms of Discrimination Against Women noted the **absence of comprehensive, age-appropriate sexuality in the school curriculum** in Bangladesh, [260] and Fiji. [261] The Committee recommended **inclusion in school curricula of mandatory, age-appropriate education on sexual and reproductive health and rights, including responsible sexual behaviour, prevention of early pregnancy and sexually transmitted infections** in Bangladesh,[262] and Fiji. [263]

9.3 School closures negatively impact in-school provision of comprehensive sexuality education in 2020

According to UNESCO, the impact of COVID-19 on learning continuity has been nothing short of devastating. Due to **global school closures**, formal learning either stopped completely or was severely disrupted for the vast majority of the world's students, a situation without historical precedent. [264] **Over half a year into the crisis, UNESCO estimates that one billion children, youth and adults (about two thirds of the global student population) are still facing major interruptions to their learning and schooling**, ranging across-the-board school closures to reduced or part-time academic schedules.[265] **School closures in the countries studied have reduced access to in-school provision of CSE**. For example, in the **Philippines**, the Department of Education had planned to roll out comprehensive sexuality education in schools in 2020, [266] but this has been delayed due to the pandemic.[267] In **India** young girls and boys have been experiencing **difficulties accessing sexual and reproductive health information and services that were usually delivered through school or community health programmes**. Life-skills programmes have played an important role in imparting critical knowledge to young people so that they are able to make informed decisions about their bodies and lives. UNFPA India has

[259] Key informant interview. See also https://www.path.org/articles/myanmars-push-for-sexual-and-reproductive-health-and-rights/

[260] Committee on the Elimination of Discrimination Against Women, Concluding observations on the eighth periodic report of Bangladesh, 25 November 2016, CEDAW/C/BGD/CO/8.

[261] Committee on the Elimination of Discrimination Against Women, Concluding observations on the fifth periodic report of Fiji, 14 March 2018, CEDAW/C/FJI/CO/5.

[262] Committee on the Elimination of Discrimination Against Women, Concluding observations on the eighth periodic report of Bangladesh, 25 November 2016, CEDAW/C/BGD/CO/8.

[263] Committee on the Elimination of Discrimination Against Women, Concluding observations on the fifth periodic report of Fiji, 14 March 2018, CEDAW/C/FJI/CO/5.

[264] Tawil, Sobhi (2020), Six months into a crisis: reflections on international efforts to harness technology to maintain the continuity of learning, UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000374561

[265] Tawil, Sobhi (2020), Six months into a crisis: reflections on international efforts to harness technology to maintain the continuity of learning, UNESCO. https://unesdoc.unesco.org/ark:/48223/pf0000374561

[266] United Nations Population Fund, 2020 Mid Year Report, UNFPA Philippines, June 2020. https://philippines.unfpa.org/sites/default/files/pub-pdf/unfpa_ph_midyear_2020_report_0.pdf

[267] Key informant interviews.

been working through targeted interventions for young people to ensure continuity of these life-skills sessions and support services for the youth. [268] In **Fiji**, key informants noted that many students did not have access to the internet or computers so could not access online learning during school closures which lasted for months. Moreover, family life education through the schools outreach programme was negatively impacted by school closures.[269]

Some countries responded by including some aspects of comprehensive sexuality education in online learning modules. For example, the Department of Education in Madhyar Pradesh, **India** developed and issued guidelines for the continuation of weekly sessions of Life Skills Education via animated e-learning modules.[270] And in **Indonesia**, the Ministry of Education and Culture included a short CSE film as part of a mandatory online learning program that has been broadcast by state-owned Televisi Republik Indonesia (TVRI) in 2020. [271] Please see section 5.4.1 below. However, key informants noted that **children and adolescents - especially girls - without access to computers, the internet, and mobile phones were the least able to access comprehensive sexuality education during the pandemic due to the digital divide**.[272]

9.4 Good practices

9.4.1 Inclusion of CSE in remote learning curriculum in India and Indonesia

9.4.1.1 Animated e-learning modules in India

The Department of Education in Madhyar Pradesh India **developed and issued guidelines for the continuation of weekly sessions of Life Skills Education via animated e-learning modules**.[273]

9.4.1.2 Inclusion of short CSE film in mandatory online learning programme in Indonesia

In Indonesia, Ipas distributed a short film to help bring sexuality education to young audiences.[274] For young people across the country, learning from home is now crucial, including the ability to access information about sexual and reproductive health care. On August 3, junior and high school students nationwide were able to watch from home, via statewide television, the short "coming of age" film highlighting the complexities of teenage pregnancy. In fact, they were required to watch it. **The film, *Pindah Planet*, was chosen by the Indonesian Ministry of Education and Culture to be part of a mandatory online learning program that has been broadcast by state-owned Televisi Republik Indonesia** (TVRI) since June. When the 23-minute film was first launched several months ago, it

[268] Argentina Matavel, July 17, 2020, Because She Counts – COVID-19 Threatens to undo the gains made towards addressing sexual and reproductive health needs and enforcing rights of women – Op Ed in The Indian Express. https://indianexpress.com/article/opinion/covid-19-women-health-because-she-counts-6510810/ This may potentially result in the rise of unintended pregnancies and sexually transmitted infections (STIs). Prolonged closure of schools, along with severe economic stress at the household level, may find many girls forced into early and child marriage.

[269] Key informant interviews.

[270] UNFPA India, May 2020, COVID-19 Situation Report https://drive.google.com/file/d/1r7vZA6hCbxl45CfloN68Fqe6AyUhtNF9/view

[271] https://www.ipas.org/news/short-film-helps-bring-sexuality-education-to-young-audiences-in-indonesia/

[272] Key informant interviews.

[273] UNFPA India, May 2020, COVID-19 Situation Report https://drive.google.com/file/d/1r7vZA6hCbxl45CfloN68Fqe6AyUhtNF9/view

[274] https://www.ipas.org/news/short-film-helps-bring-sexuality-education-to-young-audiences-in-indonesia/

was screened at diverse small events, with adolescents as the main audience. "After the screenings, we would facilitate group discussions with the audience," says Jannah. "Getting these conversations started, especially among adolescent girls, is extremely important, because there is **still a great deal of religious and cultural resistance to sexuality education in Indonesia**." Now that the COVID-19 crisis has halted these in-person screenings, **Ipas is working with Guru Berbagi—a collaborative movement of government, teachers and community activists—so that teachers can facilitate online sessions with students to discuss Pindah Planet and the issues it raises**. "This is critical," says Jannah, " so that, even in the midst of this pandemic, we can keep these conversations going." While *Pindah Planet* has been shown on the television station TVRI only once to date, Kampung Halaman is in discussion with the ministry about potential reruns. In addition, other short documentaries with adolescent sexual and reproductive health themes, also produced by Kampung Halaman, are included in the ongoing programming.

9.4.2 Helping rural girls to access CSE through radio/remote CSE teacher training in Nepal

With the onset of the COVID-19 pandemic, many girls in rural Nepal have lost any opportunity to learn due to school closures. Distant learning options are farfetched choices in these areas where owning a mobile phone is a luxury. However, UNESCO, UNFPA and UN Women are working together through the Joint Programme for "**Empowering Adolescent Girls and Young Women through the Provision of Comprehensive Sexuality Education and a Safe Learning Environment in Nepal**" to empower girls and young women through quality education. UNESCO is working closely with the government and the local community to ensure relevant support can be provided to those most in need. Together with the Ministry of Education, Science and Technology, and Nepal's Association of Community Radio Broadcasters (ACORAB) it has led efforts to make radio lessons available across the country for secondary students.[275]

Moreover, SISO Nepal (Skill Information Society Nepal), an NGO working on CSE and adolescent sexual and reproductive health, has been providing technical support to the Ministry of Education, Science and Technology in **developing a training package on comprehensive sexuality education and conducting teacher training remotely during the pandemic**.[276]

9.4.3 Training youth leaders to provide CSE to young women and men in their communities in India

Ipas has been using out of school approaches to bringing comprehensive sexuality education to youth in India. In India, IPAS has **trained youth leaders to provide crucial sexual and reproductive health information – including on contraception and pregnancy prevention - during the pandemic to the young women and men in their communities**. These youth leaders are also referring young people for needed care at local health centres. [277]

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[275] https://en.unesco.org/news/how-unescos-functional-literacy-class-empowering-girls-nepal?fbclid=IwAR14h7KNLyQzyBaVpQjhTywxExXgPWniLjeCWfQ_jsHfa1ROrllVsbN7pns ; https://en.unesco.org/news/covid-19-response-learning-moves-classroom-radio-nepal

[276] Key informant interview. https://sisonepal.org.np

[277] https://www.ipas.org/where-we-work/india/

9.5 Recommendations – Comprehensive Sexuality Education

- Advocate to governments to include comprehensive sexuality education in remote learning curricula.
- Address the digital gender divide, including through provision of out-of-school comprehensive sexuality education through radio to increase access for rural girls and others who may be left behind.
- Train youth leaders to provide comprehensive sexuality education to youth in their communities.

10. Gender Based Violence

10.1 Normative position

The Committee on the Elimination of Discrimination Against Women, in its General Recommendation No. 35 (2017) on Gender Based Violence Against Women, affirmed that **Article 2 of CEDAW provides that the overarching obligation of States parties is to pursue by all appropriate means and without delay a policy of eliminating discrimination against women, including gender-based violence against women. That is an obligation of an immediate nature; delays cannot be justified on any grounds**. With respect to protection, the Committee notes the **State obligation to ensure access to legal aid, medical, psychosocial and counseling services for survivors of violence**. It notes that **health-care services should include sexual and reproductive health services, including emergency contraception and post-exposure prophylaxis against HIV**. States should provide specialized women's support services, such as **gratis helplines operating around the clock and sufficient numbers of safe and adequately equipped crisis, support and referral centres and adequate shelters** for women, their children and other family members.[278]

The Committee on Economic, Social and Cultural Rights, in its General Comment No. 22 (2016) on the right to sexual and reproductive health, also affirmed that **States must guarantee physical and mental health care for survivors of sexual and domestic violence in all situations, including access to post-exposure prevention, emergency contraception and safe abortion services**. [279]

10.2 Impact of COVID-19 on the prevalence of and response to GBV

Gender-based violence is increasing globally as the COVID-19 pandemic combines with economic and social stresses and measures to restrict contact and movement. Crowded homes, substance abuse, limited access to services and reduced peer support are exacerbating these conditions. Many **women are being forced to 'lockdown 'at home with their abusers** at the same time that services to support survivors are being disrupted or made inaccessible.[280] **Accessing help can be more difficult due to confinement with the abuser**; some hotlines are

[278] Committee on the Elimination of Discrimination Against Women, General Recommendation No. 35 (2017) on Gender Based Violence Against Women, CEDAW/C/GC/35, 26 July 2017. https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GC/35&Lang=en

[279] Committee on Economic, Social and Cultural Rights (2016), General Comment No. 22 on the right to sexual and reproductive health, E/C.12/GC/22.

[280] Policy Brief: The Impact of COVID-19 on Women, 9 April 2020, United Nations.

reporting a decrease in contacts, which they attribute to difficulties in making private calls, while text messages and emails are reportedly increasing.[281] At the same time, support services are struggling. **Judicial, police and health services that are the first responders for women are overwhelmed, have shifted priorities**, or are otherwise unable to help. **Civil society groups are affected by lock- down or reallocation of resources. Some domestic violence shelters are full; others have had to close or have been repurposed as health centres**. [282]

Before the pandemic, **women were already experiencing high levels of intimate partner violence around the Asia-Pacific region**, with UNFPA reporting 30% in South Asia, 25% in South-East Asia, and 48% in the Pacific.[283] **During times of crisis and emergency, gender inequalities can worsen, and interpersonal violence can increase**. Previous emergencies have revealed significant increases in reports of violence received by crisis services dedicated to violence against women. [284]

All of the countries studied have reported an increase in the incidence of gender based violence during 2020.[285] For instance, in **Bangladesh** the NGO Ain O Salish Kendra reports a 61.76% increase in domestic violence from April to May 2020, including a 75% increase in spousal murders.[286] In **Fiji**, the Fiji Women's Crisis Centre reported a spike in domestic violence during the enforced COVID-19 lockdown and curfew in the country, with a significant increase in calls to the National Domestic Violence helpline number during the month of April.[287] In **India**, the number of domestic violence complaints received by the National Commission for Women doubled from March 23, 2020, to April 16, 2020.[288] In **Indonesia**, an online survey conducted by the National Commission for Violence Against Women which showed that GBV cases have increased by 12% since the COVID-19 response, noting under-reporting due to lack of access to services as they are confined with perpetrators at home.[289] In **Myanmar**, UNICEF reported that recorded incidents of gender-based violence during the first quarter of 2020 increased by approximately 32 percent from the previous quarter, with 77% of those being intimate partner violence.[290] In **Nepal**, the Nepal Women's Commission and civil society organisations reported an increase in gender-based violence during the lockdown period, particularly intimate partner violence.[291] In the **Philippines**, a study by the University of the Philippines, Population Institute projected an additional 12,100 intimate partner violence cases per month of COVID-19 related

[281] OHCHR, 15 April 2020, COVID-19 and Women's Human Rights: Guidance

[282] Policy Brief: The Impact of COVID-19 on Women, 9 April 2020, United Nations.

[283] https://asiapacific.unfpa.org/en/knowvawdata

[284] UN Women (2020), First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens.

[285] Key informant interviews.

[286] Bangladesh – Ain O Salish Kendra (ASK) (June 2020), COVID-19 and the Increase of Domestic Violence Against Women: the Bangladesh Perspective.

[287] Key informant interviews. Ministry of Women, Children and Poverty Alleviation/Fiji Women Crisis Centre (2020), Fiji: COVID-19 and Gender-Based Violence – Data Analysis of National Domestic Helpline: April 2020. https://www.rnz.co.nz/international/pacific-news/415881/fiji-records-increase-in-domestic-violence-cases-during-covid-19-lockdowns

[288] https://thelogicalindian.com/gender/domestic-violence-during-lockdown-23944

[289] https://indonesia.unfpa.org/en/news/reaching-domestic-violence-survivors-amid-pandemic

[290] https://www.unicef.org/myanmar/stories/myanmars-youth-call-out-shadow-pandemic-violence

[291] https://www.nepalitimes.com/latest/in-nepal-lockdown-a-domestic-violence-spike/

quarantine.[292] UNFPA Philippines reported a 16% increase in intimate partner violence in 2020 compared to 2019.[293] **These numbers are also likely to reflect only the worst cases. Without access to private spaces, many women will struggle to make a call or to seek help online**. [294]

10.3 Gender-based violence referral systems

10.3.1 Multi-sectoral Gender-Based Violence Essential Services Package

The United Nations Joint Global Programme on **Essential Services for Women and Girls Subject to Violence**, a partnership by UN Women, UNFPA, WHO, UNDP and UNODC, aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender based violence. **The Essential Services encompass a core set of services that must be provided by the health care, social service, police and justice sectors for survivors of violence. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence**.[295] The full range of **multisectoral services and responses required** have been described in many UN reports.[296] They include **police and justice responses; shelters; legal aid; health-care services; psychosocial counselling and mental health care and support**; non-statutory interventions for perpetrators (rehabilitation programmes); **24-hour hotline and online services**; services for accompanying children in shelters; economic and employment assistance; social reintegration support; and reintegration of girls into education.[297]

10.3.2 Good practices – Gender-Based Violence Referral Pathways

All countries in this study have a strong foundation with respect to GBV referral pathways, and were selected in part on the basis that they have implemented the GBV Essential Services Package. Key informants noted that **where there are existing services already, there has been much more success in terms of adapting to the COVID-19 context. However, in countries where GBV services are more nascent, the GBV response has not been as coordinated, and these have seen more of a decline in the COVID-19 context**.[298] Following are some good examples where advocacy and existing service work has meant GBV support services have been able to continue during the pandemic.

10.3.2.1 Development of National Referral Pathways Guidelines for GBV Survivors in Bangladesh

The **Bangladesh Preparedness and Response Plan** acknowledges the need to protect women and children from domestic violence during lockdowns, including through provision of

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[292] University of the Philippines, Population Institute (11 July 2020), *The Potential impact of the COVID-19 Pandemic on SRH in the Philippines.*

[293] https://philippines.unfpa.org/sites/default/files/pubpdf/unfpa_ph_midyear_2020_report_0.pdf

[294] Policy Brief: The Impact of COVID-19 on Women, 9 April 2020, United Nations.

[295] United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence (2015), Essential Services Package for Women and Girls Subject to Violence, UN Women, UNFPA, WHO, UNDP, UNODC.

[296] Including the in-depth study on all forms of violence against women (A/61/122/Add.1 and Corr.1), in many resolutions of the General Assembly and in reports of the Special Rapporteur on violence against women, its causes and consequences.

[297] United Nations Economic and Social Council, Multisectoral services and responses for women and girls subjected to violence: Report of the Secretary-General. Commission on the Status of Women, 57th Session – 4-15 March 2013, E/CN.6/2013/3, 18 December 2012. See also UN Women, "Handbook for national action plans on violence against women", 2012, section 3.5.

[298] Key informant interviews.

messaging, legal and social services.[299] Moreover, Bangladesh is currently developing a suite of components comprising the National Comprehensive GBV Service Delivery Model, including developing **National Referral Pathways Guidelines for GBV Survivors**, an initiative through the cluster mechanism of the Ministry of Women and Children, UNFPA, UNICEF and CSO partners.[300] Other components will include a GBV Information Management System and National GBV Case Management Guidelines. The National Referral Pathways Guidelines are intended to support effective collaboration among GBV and child protection stakeholders at sub-national and national levels, and integrate a survivor centred approach. Referral pathways will cover health, psychosocial support, safe shelter, and access to justice. UNFPA and UNICEF are providing technical support.[301]

10.3.2.2 COVID-19 adaptation kit to National GBV Service Delivery Protocol together with national communications campaign to ensure GBV survivors know where to get help during pandemic in Fiji

Fiji had already developed its National Service Delivery Protocol for Responding to Cases of Gender-Based Violence: Standard Operating Procedures for Interagency Response among Social Service, Police, Health and Justice in 2018.[302] However, in April 2020 Fiji's Ministry of Women, Children and Poverty Alleviation and partners published a COVID adaptation kit, the **Community Response and Referral Guidelines – Basic Guidelines for Responding to Cases of Gender-Based Violence and Child Welfare Reports During COVID-19**, a supplementary document to the National Service Delivery Protocol. The Guidelines **outline the steps to obtain a Domestic Violence Restraining Order over the phone**.[303]

Moreover, Fiji conducted a **national communications campaign to ensure GBV survivors know where to get help during the pandemic**. This included a National GBV Prevention Communications Campaign, with **TV and radio ads with influential leaders** which aired for three months in all languages. It also produced **IEC materials promoting the Domestic Violence National Hotline and Child Helpline in English, Hindi and i-Taukei languages**. Moreover, **GBV prevention text messages, which were incorporated into the COVID-19 messaging, were sent to all Fijians with a mobile phone**.[304] These multiple communication approaches, including translation into local languages, encouraged continued utilization of essential services during the outbreak. The Ministry of Women, Children and Poverty Alleviation and the Fiji Women Crisis Centre recorded a **significant increase in calls to the National Domestic Violence helpline** number during the month of April 2020, from 87 calls in February, to 187 calls in March, and 527 calls in April.[305]

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[299] Bangladesh Ministry of Health & Family Welfare (July 2020), *Bangladesh Preparedness and Response Plan for COVID-19*.

[300] Key informant interviews.

[301] Key informant interviews.

[302] Fiji Ministry of Women, Children and Poverty Alleviation, National Service Delivery Protocol for Responding to Cases of Gender-Based Violence: Standard Operating Procedures for Interagency Response among Social Service, Police, Health and Justice , 2018. https://asiapacific.unwomen.org/en/digital-library/publications/2019/09/sops-gbv-fiji-service-delivery-protocol

[303] Fiji Ministry of Women, Children and Poverty Alleviation, Community Response and Referral Guidelines – Basic Guidelines for Responding to Cases of Gender-Based Violence and Child Welfare Reports During COVID-19, April 2020.

[304] Key informant interview.

[305] Fiji: COVID-19 and Gender Based Violence – Data Analysis of National Domestic Violence Helpline: April 2020. Ministry of Women, Children and Poverty Alleviation, Fiji Women Crisis Centre.

10.3.2.3 Adjusting GBV case management protocol and referral pathway for the pandemic in Indonesia

In **Indonesia**, UNFPA has worked with the Ministry of Women Empowerment and Child Protection to ensure access to **multi-sectoral GBV response services** for women and girls, through provision of technical assistance in **development and dissemination of government protocols on GBV prevention, management and essential services**.[306] Moreover, the partners are working to **adjust the protocol on GBV case management and referral pathway** during the pandemic, and develop national guidelines on mainstreaming GBV and gender in the Protection Cluster[307] UN Women has been supporting partners in preventing and ending violence against vulnerable groups of women, such as women living with HIV, and women migrant workers.[308]

10.3.2.4 Coordinated multi-sectoral GBV prevention and response based on a survivor centred approach in Myanmar

Myanmar has a National Gender Based Violence Prevention and Response Strategy as well as a **Humanitarian Response Plan: Myanmar 2020**, which covers Kachin, Shan, Rakhine, Chin and Kayin state, where humanitarian needs are most acute and urgent.[309] In July 2020, a **COVID-19 Addendum** was added,[310] which notes that access constraints and a ban on mobile internet services in most conflict affected townships in Rakhine severely hamper not only the delivery of humanitarian assistance but also the communication of risk messages and referral instructions.[311] Priorities include providing **referral** support, including through **mobile outreach teams in displacement areas and transportation support to identify and refer GBV survivors to life saving services**; advocating for **emergency contraception** and available and accessible **clinical care for GBV survivors**; strengthening **mental health and psychosocial support services**, including remote delivery, translation of materials to enable local actors to use them; supporting provision of temporary safe house/**shelter** for GBV survivors who face safety/security risks. [312]

Moreover, Myanmar is in the process of finalizing its **draft Standard Operating Procedures for Prevention of and Response to Gender-Based Violence in Rakhine State**.[313] The Standard Operating Procedures reflect a **survivor centred approach**, and set out minimum procedures for prevention and response to gender-based violence in the areas of health, psychosocial,

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[306] https://indonesia.unfpa.org/sites/default/files/pub-pdf/unfpa_indonesia_covid-19_response_july-august_2020_3.pdf

[307] https://indonesia.unfpa.org/en/news/reaching-domestic-violence-survivors-amid-pandemic

[308] https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/06/un%20women%20indonesia%20covid-19%20country%20brief_20200619_rc%20edit.pdf?la=en&vs=1914

[309] Key informant interviews. Humanitarian Response Plan Myanmar 2020, OCHA (2019). The Humanitarian Response Plan includes GBV response, with strong remote GBV service delivery. However, internet and mobile phone access is limited in Rakhine State, which is a conflict zone, with the government warring with non-state across. Stakeholders advised that the government uses internet disconnection as a tool for disempowerment of rebellion factions in some townships. Moreover, telephone access is limited for women in refugee camps because of poverty or because male family members tend to hold the family mobile phone. To address this, implementing partners are recruiting community based outreach providers who continue GBV response in the refugee and IDP camps.

[310] Reflecting existing humanitarian programming that was expanded or reoriented in light of the pandemic https://reliefweb.int/report/myanmar/covid-19-addendum-2020-myanmar-humanitarian-response-plan-april-december-2020

[311] https://reliefweb.int/report/myanmar/covid-19-addendum-2020-myanmar-humanitarian-response-plan-april-december-2020

[312] https://reliefweb.int/report/myanmar/covid-19-addendum-2020-myanmar-humanitarian-response-plan-april-december-2020

[313] Draft Standard Operating Procedures for Prevention of and Response to Gender-Based Violence in Rakhine State. Developed in collaboration with *DRC, IRC, RI, LWF, UNHCR, UNICEF, Legal Clinic Myanmar, DSW, SHD.* Myanmar, 2020.

legal/justice, and security. The Standard Operating Procedures are being developed by the Myanmar Department of Social Welfare, UNICEF, UNHCR, and civil society.[314]

10.3.2.5 Court ordered multi-sectoral GBV response in Nepal

The **Supreme Court of Nepal** pronounced a landmark decision - ***Advocate Roshani Paudyal vs. Office of Prime Minister and Council of Ministers***[315] - on September 5, 2020 regarding COVID-19 and women's rights. It **issued Mandamus and Directive Orders to the Government of Nepal to set up a coordination system to receive DV complaints**, for interim relief and protection for survivors, and to set up 753 helplines via local government and social media.[316]

10.3.2.6 Support for multi-sectoral GBV response through Protection Cluster/GBV Sub-Cluster in the Philippines COVID-19 Humanitarian Response Plan

The **Philippines COVID-19 Humanitarian Response Plan - through the Protection Cluster/GBV Sub-Cluster** – aims to support the government response to **ensure continuity of essential Gender-Based Violence (GBV) life-saving services** for GBV survivors amidst the COVID-19 pandemic.[317] It notes the need to prevent, anticipate and address the risks of violence, discrimination and marginalisation towards **vulnerable populations, including women, children, IDPs, people with disabilities, and indigenous peoples**, including through ensuring that protection mechanisms and referral pathways are uninterrupted. [318] The Plan discusses the **need to update and GBV Referral Pathway** to reflect new helplines, services available and new operation hours of service providers. It also aims to **support conversion of existing services into remote GBV service delivery platforms** through virtual trainings, with a focus on gender-responsive psychosocial support services and GBV case management. [319]

10.4 Health care services for gender-based violence survivors as an essential service during COVID-19

10.4.1 Challenges

UN Women has noted that **even before the pandemic many women and girls lacked access to the most basic free essential services for their safety, protection and recovery, such as health care and psycho-social counseling**. Where these services existed, they have been typically underfunded, understaffed, uncoordinated or not of sufficient quality. [320] For example, the Committee on the Elimination of Discrimination Against Women has noted **limited access to emergency contraception and post-exposure prophylaxis for survivors of rape** in **Fiji**,[321] and

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[314] Key informant interview.

[315] Writ No. 076-WO-0962, August 5, 2020

[316] https://www.spotlightnepal.com/2020/09/05/supreme-court-pronounced-landmark-decision-covid-19/

[317] COVID-19 Humanitarian Response Plan: Philippines, May, 11, 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/200511_COVID-19%20Philippines%20HRP%20Revision%20Final.pdf

[318] COVID-19 Humanitarian Response Plan: Philippines, May, 11, 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/200511_COVID-19%20Philippines%20HRP%20Revision%20Final.pdf

[319] COVID-19 Humanitarian Response Plan: Philippines, May, 11, 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/200511_COVID-19%20Philippines%20HRP%20Revision%20Final.pdf

[320] UN Women (2020) COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls, https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/brief-covid-19-and-essential-services-provision-for-survivors-of-violence-against-women-and-girls-en.pdf?la=en&vs=3834

[321] Committee on the Elimination of Discrimination Against Women, Concluding observations on the fifth periodic report of Fiji, 14 March 2018, CEDAW/C/FJI/CO/5.

inadequate access for Rohingya women and girls in refugee camps in **Bangladesh** to post-rape care, including emergency contraception, HIV/AIDS post-exposure prophylaxis, safe abortion and counselling services.[322] Evidence shows that **only 40 per cent of women who experience violence seek help of any sort due to shame, fear of reprisals, or lack of knowledge on how to access available help**. [323]

Women and girls suffering multiple forms of discrimination, such as migrant women, women living with disabilities or those living in rural and remote areas, **are at increased risk of experiencing violence and less likely to receive the support they need**. The impact of violence on women and girls is **severe in emergency settings and contexts with poor functioning health systems**, weak rule of law, high levels of violence against women and gender inequality. [324]

As health care workers become overburdened and prioritize COVID-19 cases, urgent support e.g., clinical management of rape, mental health assessment and care, including psycho-social counselling for survivors of violence, may be disrupted. [325] The Fiji COVID-19 Response Gender Working Group found that **access to clinical management of rape and psycho-social support/crisis counselling** to GBV survivors may be disrupted as movement is restricted, increased control over women's movements is facilitated, and access to healthcare centers is unavailable due to the increased burden on the health sector as a result of COVID-19.[326]

In some countries, health and social services sectors have adapted their services delivery to the COVID-19 context through use of online and/or mobile technologies, or community outreach to raise awareness and deliver support to survivors. However, moving to online support brings challenges, not least addressing the large global digital divide (see discussion in 6.5.3.1 below). **Phones, computers and internet are not always available, especially for lower-income or marginalised populations. Even when they are available, women may not always have access to or control over their use and may be closely monitored when they do.** [327]

10.4.2 Good practices – physical and sexual health service delivery for GBV survivors

10.4.2.1 National Service Delivery Protocol - One Stop Shops in Fiji

Fiji has a **National Service Delivery Protocol for Responding to Cases of Gender Based Violence: Standard Operating Procedures for Interagency Response among Social Services, Police,**

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[322] Committee on the Elimination of Discrimination Against Women, Concluding observations on the report of Myanmar submitted under the exceptional reporting procedures, 18 March 2019, CEDAW/C/MMR/CO/EP/1.

[323] UN Women (2020) COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls, https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/brief-covid-19-and-essential-services-provision-for-survivors-of-violence-against-women-and-girls-en.pdf?la=en&vs=3834

[324] UN Women (2020) COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls, https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/brief-covid-19-and-essential-services-provision-for-survivors-of-violence-against-women-and-girls-en.pdf?la=en&vs=3834

[325] UN Women (2020) COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls, https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/brief-covid-19-and-essential-services-provision-for-survivors-of-violence-against-women-and-girls-en.pdf?la=en&vs=3834

[326] Gender and COVID Guidance Note – Rapid Gender Analysis, by COVID-19 Response Gender Working Group (Diverse Voices and Action (DIVA) for Equality Fiji, FWRM, UN Women Multi Country Office, ADB, Ministry of Women, Children and Poverty Alleviation), 2020.

[327] UN Women (2020) COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls, https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/brief-covid-19-and-essential-services-provision-for-survivors-of-violence-against-women-and-girls-en.pdf?la=en&vs=3834

Health and Legal/Justice Providers.[328] The Protocol outlines best practice and minimum standards for a **survivor centred approach** to service delivery,[329] including key services in healthcare: (i) **clinical management for sexual and physical violence**, which includes treatment for injuries, PEP for HIV prevention (within 3 days), and emergency contraceptives and STI treatment (within 5 days); (iii) documentation of medical reports; (iv) referrals for counseling, legal aid, police, other. [330] The Protocol provides for a **One Stop Shop (post-rape care facility)**, run by Medical Services Pacific (MSP), to provide a confidential integrated care service for survivors of sexual assault and gender based violence. In addition, it provides for a rapid emergency response mechanism for survivors of SGBV - the **MSP Mobile Clinical SGBV Response Team** includes a doctor, nurse, counselor and legal officer who can provide services at the client's location. [331]

10.4.2.2 Ensuring the availability of mobile clinics in emergency areas in Myanmar

In Myanmar, UNFPA is supporting **mobile clinics to go to different locations, especially IDP camps**.[332] About 241,000 displaced people remain in camps or camp-like situations after fleeing violence in Kachin, Kayin, Shan and Rakhine states.[333] These mobile clinics are run by MSF, Myanmar Medical Association, and Relief International, who provide medical services and clinical management of rape. [334] UNFPA also **distributes post rape kits in emergency areas, and provides post rape kits to township hospitals and trains obstetricians in their use**.[335] Post rape kits include emergency contraception, pregnancy test, post exposure HIV prophylaxis, and treatment for STIs.[336]

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[328] National Service Delivery Protocol for Responding to Cases of Gender Based Violence: Standard Operating Procedures for Interagency Response among Social Services, Police, Health and Legal/Justice Providers, February 2018. Ministry of Women, Children and Poverty Alleviation, Ministry of Health and Medical Services, Fiji Police Force, Judicial Department, Ministry of iTaukei Affairs, Legal Aid Commission, Fiji Women's Crisis Centre, Medical Services Pacific, Empower Pacific, Homes of Hope, Salvation Army, UN Women. https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2019/09/unwomen-gbv-22jan2019-print.pdf?la=en&vs=4716

[329] Survivor centred principles across all sectors: (i) prioritise safety and security; (ii) maintain confidentiality; (iii) non-discrimination; (iv) treat her with respect and dignity; (v) provide information about services and help her access all the care and support she needs.

[330] National Service Delivery Protocol for Responding to Cases of Gender Based Violence: Standard Operating Procedures for Interagency Response among Social Services, Police, Health and Legal/Justice Providers, February 2018. Ministry of Women, Children and Poverty Alleviation, Ministry of Health and Medical Services, Fiji Police Force, Judicial Department, Ministry of iTaukei Affairs, Legal Aid Commission, Fiji Women's Crisis Centre, Medical Services Pacific, Empower Pacific, Homes of Hope, Salvation Army, UN Women. https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2019/09/unwomen-gbv-22jan2019-print.pdf?la=en&vs=4716

[331] http://msp.org.fj/health/ National Service Delivery Protocol for Responding to Cases of Gender Based Violence: Standard Operating Procedures for Interagency Response among Social Services, Police, Health and Legal/Justice Providers, February 2018. Ministry of Women, Children and Poverty Alleviation, Ministry of Health and Medical Services, Fiji Police Force, Judicial Department, Ministry of iTaukei Affairs, Legal Aid Commission, Fiji Women's Crisis Centre, Medical Services Pacific, Empower Pacific, Homes of Hope, Salvation Army, UN Women. https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2019/09/unwomen-gbv-22jan2019-print.pdf?la=en&vs=4716

[332] Key informant interview.

[333] https://www.unocha.org/myanmar

[334] Key informant interview.

[335] Key informant interview. https://myanmar.unfpa.org/en/news/united-nations-myanmar-working-towards-ensuring-continuity-sexual-and-reproductive-health

[336] https://www.unfpaprocurement.org/products

10.4.2.3 Clinical management of rape as essential service in the Philippines

As part of its policy advocacy with the Department of Health (DOH), UNFPA **incorporated protection against GBV to the Guidelines on Continuing Essential Health Services for Pregnant and Lactating Women and Children under COVID-19**. UNFPA provided technical assistance to the Health Cluster and Crisis Communication Cluster in **developing the BARMM Contingency Plan on COVID-19, which included advocating for the continuation of essential services such as clinical management of rape for pregnant and lactating women and for young people** during the pandemic.[337]

10.5 Gender-based violence counseling and support services as an essential service during COVID-19

This section examines access to gender-based violence counseling, access to shelters, and access to justice as essential services during the pandemic.

10.5.1 Access to gender-based counseling as an essential service

All countries studied have a number of government-run and CSO-run hotlines for counseling operational with staff trained on GBV response.[338] Many of these are 24 hours free access. For example, Bangladesh's GBV Cluster did a National Hotline Service Mapping in April 2020 which shows there are at least nine NGO helplines for psycho-social support and three national helplines run by various ministries.[339] Fiji has a national 24 hour domestic violence helpline and 24 hour free counseling helplines run by civil society organisations and the Fiji Police Force National Command Centre.[340] Please see 6.5.1.2.2 for discussion of staff training. Indonesia has psychosocial support hotlines run by the Ministry of Women and civil society.[341] Myanmar has a psychosocial support hotline provided by the Ministry of Social Welfare, Relief and Resesttlement and a specialist LGBQTI counseling hotline provided by Yin Phwint Yar, an NGO.[342]

Challenges include **increased call volume due to increased GBV prevalence during lockdowns**,[343] **limited access to telephone and internet for some survivors of GBV** (see 6.5.3.1 for more detailed discussion of this), **privacy to make calls – especially from the perpetrator, and language availability for minority ethnic groups**.[344]

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[337] https://philippines.unfpa.org/sites/default/files/pub-pdf/unfpa_ph_midyear_2020_report_0.pdf

[338] Key informant interviews.

[339] Key informant interviews. Bangladesh GBV Cluster (2020), National Hotline Service Mapping for GBV Cluster.

[340] Key informant interviews.

[341] Key informant interviews. https://indonesia.unfpa.org/en/news/reaching-domestic-violence-survivors-amid-pandemic

[342] Myanmar Findings from COVID-19 Crowdsourcing Initiative – UNFPA, Canada, 2020 https://myanmar.unfpa.org/sites/default/files/pub-pdf/crowdsourcing_report_final.pdf

[343] Key informant interviews. http://www.askbd.org/ask/2020/06/30/covid-19-and-the-increase-of-domestic-violence-against-women-the-bangladesh-perspective/

[344] Key informant interviews.

10.5.1.2 Good practices

10.5.1.2.1 Developing MHPSS Minimum Standards for GBV & Virtual Training Packages for frontline workers and volunteers in Myanmar

Myanmar has developed **Mental Health and Psycho-Social Support (MHPSS) Minimum Standards for GBV Interventions, which are based on IASC Guidelines on Mental Health and Psycho-Social Support in Emergency Settings**.[345] **Service provision has been adapted to community service provision with remote support from office based staff via telephone**. [346] UNFPA has been providing basic mental health and GBV trainings for local volunteers at quarantine centres amid COVID-19 pandemic.[347]

The government has a **helpline for mental health and psycho-social support**, run by the Department of Social Welfare. In addition, CSOs provide helplines, including DRC, IRC, Relief International, MSF, CFSI. In Rakhine State, the challenge is language, as normally helplines are run by Burmese speakers, so Rohingya cannot access this support. Therefore, the **NGO helplines have sought to recruit staff speaking multiple Rakhine languages, including Rohingya language, Rakhine language, and Burmese language speaking staff**.[348]

10.5.1.2.2 Development of GBV Resource Kit for Frontline Workers & Community Response Guidelines, and virtual training on these in Fiji

In Fiji, the Ministry of Women, Children and Poverty Alleviation formed and led two working groups, the Gender Based Violence Working Group, and the COVID-19 Response Gender Working Group.[349] The **COVID-19 Response Gender Working Group** developed a paper – the Gendered Impacts of COVID-19 on Women in Fiji, which analyses potential impacts of COVID-19 on violence against women and girls and makes recommendations for response.[350] The **Gender Based Violence Working Group**, which is part of the Safety and Protection Cluster, has developed numerous resources to prevent and respond to GBV during COVID-19, including: (i) a **Resource Kit to guide frontline responders on responding to gender-based violence and child protection cases during COVID-19**;[351] (ii) **Community based Response & Referral Guidelines for non GBV specialists and those doing community outreach** - during TC Harold and COVID -19 - know how to handle disclosures of GBV and child protection and refer; (iii) **Virtual training packages** to rapidly train a range of key actors on gender-based violence and child protection and how to respond/refer to cases safely and appropriately; (iv) 1.5 Hour **Training for Helpline, Social Welfare and other Frontline GBV Responders** (to date, a total of 50 frontline and community workers have been trained); (v) **IEC materials promoting the 1325 Child Helpline and 1560 Domestic Violence National Hotlines in English, Hindi and iTaukei languages**; (vi) **GBV COVID-19 prevention text messages** which were incorporated into the COVID-19 messaging and

[345] Mental Health and Psycho-Social Support (MHPSS) Minimum Standards for GBV Interventions, UNFPA, Myanmar, June 2020.

[346] Key informant interview.

[347] https://myanmar.unfpa.org/en/news/unfpa-provides-basic-mental-health-and-gender-based-violence-trainings-local-volunteers

[348] Key informant interview.

[349] https://www.fiji.gov.fj/Media-Centre/News/MEDIA-RELEASE-BY-THE-MINISTRY-FOR-WOMEN,-CHILDREN

[350] http://www.fwrm.org.fj/images/Gender_and_COVID_Guidance_Note_-_Rapid_Gender_Analysis.pdf

[351] https://www.fiji.gov.fj/Media-Centre/News/MEDIA-RELEASE-BY-THE-MINISTRY-FOR-WOMEN,-CHILDREN

send to all Fijians with access to a mobile phone.[352] 50 community and frontline workers have been trained via Zoom, with all participants stating their understanding of the effects of COVID-19 on GBV has significantly improved.[353]

10.5.1.2.3 One Stop Service Centres in Bangladesh Hospitals, multiple free, 24-hour psycho-social counseling hotlines

In addition to multiple free, 24-hour counseling hotlines in Bangladesh, every district level hospital has set up a GBV One Stop Service Centre, including doctors, counselors, and referrals for other services, such as justice. The staff at these one stop service centres have received **gender sensitive training for providing GBV counseling during COVID-19**. The NGO Ain o Salish Kendra (ASK) has been **raising awareness in rural areas of Bangladesh regarding these hotlines**, particularly regarding their free, 24-hour availability, including from mobile phones, and suggesting phoning from a friend or neighbour's house for safety and privacy.[354]

10.5.2 Shelters

10.5.2.1 Challenges

Human Rights Watch reports that for most women and girls in Bangladesh **access to safe shelter** for protection and support is lacking, with an estimated 21 government-run shelters and 15 NGO-run shelters for survivors of gender-based violence in a country with over 80 million women and over 64 million children. This is deeply inadequate considering that most women in Bangladesh face some form of violence in their lives. Of those available, the **short-term shelters only allow for a stay of up to a few days and most shelters have strict rules which exclude some women from being able to access them at all**. Some have eligibility requirements, such as requiring a court order and many of the NGO shelters are only for victims of particular types of violence such as sex trafficking; others don't allow children, and most don't allow male children above a certain age. [355] Even as the already high level of violence against women and girls increased during the pandemic in Bangladesh, government policies made it even more difficult for survivors to access urgent support **closing already-limited shelters**. The Bangladesh Legal Aid and Services Trust (BLAST) reported that most callers to their hotline said that they were **trapped, unable to escape violence at home because they could not travel to a friend or relative's home during the lockdown, and there were no accessible government shelters as an alternative**. [356]

In Fiji, the COVID-19 Response Gender Working Group noted that **access to safe shelter may be disrupted as movement is restricted**, resulting in decreased access to life-saving care and

[352] Key informant interview. Fiji: COVID-19 and GBV Response, Ministry of Women, Children and Poverty Alleviation, Gender Based Violence Working Group, 2020. Immediate Actions to Respond and Prevent GBV During COVID-19. UN Women Infographics.

[353] Key informant interview. UN Women powerpoint slides, 2020.

[354] Key informant interviews.

[355] Human Rights Watch (2020), I sleep in my own deathbed – violence against women and girls in Bangladesh: barriers to legal recourse and support, https://www.hrw.org/sites/default/files/media_2020/10/bangladesh1020_web.pdf

[356] Human Rights Watch (2020), I sleep in my own deathbed – violence against women and girls in Bangladesh: barriers to legal recourse and support, https://www.hrw.org/sites/default/files/media_2020/10/bangladesh1020_web.pdf

support for GBV survivors.[357] The Working Group recommended to **designate shelters as essential services so they can remain open.** [358]

10.5.2.2 Good practices

10.5.2.2.1 Designating empty hotels, education institutions as safe spaces/shelters for survivors of violence in Jammu Kashmir, India

In the state of Jammu and Kashmir in India, the High Court - on its Own Motion, via video conference - made a **Writ Petition in Public Interest** to mitigate the social and economic consequences of the pandemic for women and girls. It made an Order granting immediate assistance for survivors of violence, including **designation of accessible safe spaces, such as empty hotels and education institutions, as shelters** for survivors of domestic violence. In its reasoning, the Court made reference to guidance by the United Nations Secretary General regarding prevention and response to gender based violence during COVID-19, including that **shelters and helplines for women must be considered an essential service** for every country with specific funding and awareness raising about their availability, good practices from other countries around the world, and noted the difficulties in accessing services in India and the state of Jammu and Kashmir in its reasoning.[359]

10.5.2.2.2 Development of the Fiji National Gender-Based Violence Shelter Standards during COVID-19

The Fiji Ministry of Women, Children and Poverty Alleviation has been working to ensure victims of gender-based violence have access to safe houses amid the Covid-19 pandemic, together with shelter organisations from across the country and UN Women.[360] "Shelters are a critical component of a holistic response to survivors," Minister for Women Mereseini Vuniwaqa said. “The development of national regulations for women’s shelters in Fiji will help ensure that GBV services that are available are of quality, are properly-resourced and are appropriately aligned with core guidelines,” she added.[361] The **National Gender Based Violence Shelter Standards incorporate existing WHO COVID-19 guidance, and address operational aspects of shelters and the minimum standards of care**.[362] Minister Vuniwaqa adds the 1995 Beijing Declaration and Platform for Action, called on States to “provide well-funded shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counselling services and free or low-cost legal aid, where it is needed, as well as appropriate assistance to enable them to find a means of subsistence”. [363]

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[357] Gender and COVID Guidance Note – Rapid Gender Analysis, by COVID-19 Response Gender Working Group, 2020 (Diverse Voices and Action (DIVA) for Equality Fiji, FWRM, UN Women Multi Country Office, ADB, Ministry of Women, Children and Poverty Alleviation).

[358] Gender and COVID Guidance Note – Rapid Gender Analysis, by COVID-19 Response Gender Working Group, 2020 (Diverse Voices and Action (DIVA) for Equality Fiji, FWRM, UN Women Multi Country Office, ADB, Ministry of Women, Children and Poverty Alleviation).

[359] High Court of Jammu and Kashmir at Jammu, In Re: Court on Its Own Motion, Order, 6 April 2020, http://jkhighcourt.nic.in/doc/upload/orders&cir/ordersuc_jmu/Suo%20Moto%20PIL_18042020.pdf

[360] Key informant interview. https://www.rnz.co.nz/international/pacific-news/426146/access-to-safe-houses-key-for-victims-of-violence-in-fiji-govt

[361] https://www.fiji.gov.fj/Media-Centre/News/Feature-Stories/Shelters-A-Safe-Haven-For-Women,-Children

[362] Key informant interview. https://www.rnz.co.nz/international/pacific-news/426146/access-to-safe-houses-key-for-victims-of-violence-in-fiji-govt

[363] https://www.fiji.gov.fj/Media-Centre/News/Feature-Stories/Shelters-A-Safe-Haven-For-Women,-Children

10.5.2.2.3 Development of survivor-centred Guidelines for Managing Temporary Safe Houses for GBV Survivors in Myanmar

In Myanmar, there are nine shelters in four of the country's states run by the government or CSOs.[364] However, there are no existing shelters in Rakhine State. Currently, a location is being sought to establish the first safe house, which would service the whole of Rakhine State. UNFPA has been working with the Department of Social Welfare to develop **draft Guidelines for Managing DSW Safe House (Temporary) for GBV survivors in Sittwe, Rakhine State**.[365] Importantly, the Guidelines have been **developed in line with GBV guiding principles of survivor centred approach**, safety, confidentiality, non-discrimination and respect as well as a "do no harm" approach.[366]

10.5.3 Access to justice

10.5.3.1 Challenges

Across the region, GBV survivors have experienced difficulty in accessing justice. **As GBV survivors are trapped at home with their abusers due to movement restrictions imposed in response to the pandemic, reporting GBV and accessing GBV response services has become increasingly difficult**. Women in rural communities are particularly disadvantaged, especially in conflict or humanitarian disaster zones where movement is already restricted due to insecurity.[367]

As a result, reporting to the police and other justice sector actors has decreased. For instance, Fiji Women's Rights Movement research found that in 2020 there has been a **decrease in reporting to the police, but an increase in calls to hotlines**.[368] Key informants noted that **barriers include movement restrictions, and decreased operation of key justice sector actors, including police, public prosecutors and courts**.[369] Fiji Women's Rights Movement noted a decline in Office of the Director of Public Prosecutions for counts of rape, sexual assault, and indecent assault over the period February to May 2020.[370] Even as the already high level of violence against women and girls increased during the pandemic in Bangladesh, it was even more difficult for survivors to access urgent support and legal redress as justice services

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[364] Service Provision for Gender-Based Violence Survivors in Myanmar, Gender Equality Network, 2018 https://www.genmyanmar.org/system/research_and_publications/rap_file_engs/000/000/028/original/Service_Provision_for_Gender-Based_Violence_Survivors_in_Myanmar-_English_Version.pdf

[365] Draft Guidelines for Managing Department of Social Welfare Safe House (Temporary) for GBV Survivors in Sittwe, Rakhine State, Myanmar. Department of Social Welfare, UNFPA, August 2020.

[366] Draft Guidelines for Managing Department of Social Welfare Safe House (Temporary) for GBV Survivors in Sittwe, Rakhine State, Myanmar. Department of Social Welfare, UNFPA, August 2020.

[367] Key informant interviews.

[368] Fiji Women's Rights Movement (2020), Assessment of Women's Access to Justice in Fiji During COVID-19 Pandemic from January to May 2020 http://www.fwrm.org.fj/images/fwrm2017/PDFs/research/Amended_Assessment_of_Womens_Access_to_Justice_during_COVID_19_Pandemic.pdf

[369] Key informant interviews.

[370] Fiji Women's Rights Movement (2020), Assessment of Women's Access to Justice in Fiji During COVID-19 Pandemic from January to May 2020 http://www.fwrm.org.fj/images/fwrm2017/PDFs/research/Amended_Assessment_of_Womens_Access_to_Justice_during_COVID_19_Pandemic.pdf

temporarily shut down e.g. court services for victims of gender-based violence, and by turning away survivors at police stations.[371]

Hotlines have been established in each of the countries studied, which have facilitated access to justice, GBV reporting and access to health services, include those for sexual and reproductive health. For instance, the human rights and legal services program of BRAC, a major nongovernmental organization in Bangladesh, documented a nearly 70 per cent increase in reported incidents of violence against women and girls in March and April 2020 compared to the same time last year.[372] **Free legal aid hotlines have been established by governments and civil society organisations**,[373] **but depend upon GBV survivors' access to mobile phones**. Key informants in Myanmar noted that sometimes families have one phone per family and it tends to be the man of the house who has possession of it.[374] Human Rights Watch has noted that **the internet can facilitate access to** survivor support groups, counseling, health information – including about sexual and reproductive health – and other online resources that can be **critical lifelines to women experiencing gender-based violence**.[375] In Fiji, the COVID-19 Response Gender Working Group recommended provision of online legal and justice support, and better coordinated safety and justice services by the police, courts and the DPO.[376] However, the **global digital divide can also be a barrier to accessing services** in the context of the pandemic and lockdown. In low and middle-income countries, **over 300 million fewer women than men are using the mobile internet**. **Women from marginalized communities**, including older women and women with disabilities, in all countries may experience **disproportionate exclusion from access to the internet**.[377] Moreover, Human Rights Watch noted that **some governments are imposing internet shutdowns, such as in Bangladesh, India and Myanmar**.[378] Since COVID-19 spread to India, people have reported not being able to access websites that provide information about the pandemic due to **highly restricted speeds that make accessing anything beyond text messages nearly impossible**. In Myanmar, the government is blocking the internet for more than one million people in Rakhine and Chin States, with an **impact on civilians in conflict areas, and the delivery of humanitarian aid**. In Bangladesh, an internet blackout and phone restrictions at Rohingya refugee camps are hindering humanitarian groups from addressing the COVID-19 threat, and the **shutdown jeaopardises the health and lives of nearly 900,000 refugees** in Cox's Bazar and the Bangladeshi host community.[379]

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[371] Human Rights Watch (2020), I sleep in my own deathbed – violence against women and girls in Bangladesh: barriers to legal recourse and support, https://www.hrw.org/sites/default/files/media_2020/10/bangladesh1020_web.pdf

[372] Human Rights Watch (2020), I sleep in my own deathbed – violence against women and girls in Bangladesh: barriers to legal recourse and support, https://www.hrw.org/sites/default/files/media_2020/10/bangladesh1020_web.pdf

[373] Key informant interviews.

[374] Key informant interview.

[375] Human Rights Watch (2020), Women Face Rising Risk of Violence During COVID-19: Leave No Woman Behind in Governments' Response, Human Rights Watch, July 3, 2020. https://www.hrw.org/news/2020/07/03/women-face-rising-risk-violence-during-covid-19

[376] Fiji Gender and COVID Guidance Note – Rapid Gender Analysis, by COVID-19 Response Gender Working Group (Diverse Voices and Action (DIVA) for Equality Fiji, FWRM, UN Women Multi Country Office, ADB, Ministry of Women, Children and Poverty Alleviation), 2020

[377] Human Rights Watch (2020), Women Face Rising Risk of Violence During COVID-19: Leave No Woman Behind in Governments' Response, Human Rights Watch, July 3, 2020. https://www.hrw.org/news/2020/07/03/women-face-rising-risk-violence-during-covid-19

[378] https://www.hrw.org/news/2020/03/31/end-internet-shutdowns-manage-covid-19

[379] https://www.hrw.org/news/2020/03/31/end-internet-shutdowns-manage-covid-19

10.5.3.2 Good practices – access to justice

10.5.3.2.1 Safe spaces to report GBV in India

In the state of Jammu and Kashmir in India, the High Court - on its Own Motion, via video conference - made a **Writ Petition in Public Interest** to mitigate the social and economic consequences of the pandemic for women and girls. It made an Order granting immediate assistance for survivors of violence, including **designation of informal safe spaces, such as grocery stores and pharmacies, where survivors can report domestic violence without alerting the perpetrators, and increased availability of call-in services to facilitate discreet reporting of abuse, and increased tele/online legal and counseling services for women and girls**. In its reasoning, the Court made reference to guidance by the United Nations Secretary General regarding prevention and response to gender based violence during COVID-19, including increased measures for reporting and legal support, good practices from other countries around the world, and noted the difficulties in access to justice in India and the state of Jammu and Kashmir in its reasoning.[380] **UN guidance has encouraged safe spaces to report gender-based violence, such as setting up emergency warning systems in pharmacies and grocery stores to create safe ways for women to seek support without alerting their abusers**.[381]

10.5.3.2.2 Supreme Court issues Order for Government to establish online case registration and hearing mechanisms for survivors of violence in Nepal

The **Supreme Court of Nepal** pronounced a landmark decision - ***Advocate Roshani Paudyal vs. Office of Prime Minister and Council of Ministers***[382] - on September 5, 2020 regarding COVID-19 and women's rights. It **issued Mandamus and Directive Orders to the Government of Nepal to set up a coordination system to receive DV complaints**, for interim relief and protection for survivors, **online case registration and hearing mechanisms**, and to set up 753 helplines via local government and social media.[383] The Court noted the lockdown's negative impact on Nepali police, courts and other access to justice agencies for survivors of violence.[384]

10.6 Gender-Based Violence Recommendations

- Ensure that multi-sectoral GBV response services referral pathway is available and COVID-19 adapted, and that essential services for women and girls subject to violence are classified as such in line with international guidance.
- Make sure that clinical management of rape is classified as an essential service.
- Ensure the availability of multiple, free 24-hour psycho-social counseling hotlines, and develop virtual gender sensitive training and guidelines for counselors.
- Develop survivor-centred GBV shelter guidelines and expand availability of alternative accommodation to avoid confinement with abusers, including through designating empty hotels, schools as temporary shelters during COVID-19.

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[380] High Court of Jammu and Kashmir at Jammu, In Re: Court on Its Own Motion, Order, 6 April 2020, http://jkhighcourt.nic.in/doc/upload/orders&cir/ordersuc_jmu/Suo%20Moto%20PIL_18042020.pdf

[381] UN Chief Calls for Domestic Violence 'Ceasefire' amid 'Horrifying Global Scourge', 6 April 2020, https://news.un.org/en/story/2020/04/1061052

[382] Writ No. 076-WO-0962, August 5, 2020

[383] https://www.spotlightnepal.com/2020/09/05/supreme-court-pronounced-landmark-decision-covid-19/

[384] https://thehimalayantimes.com/nepal/put-women-at-centre-of-covid-response-supreme-court/

- Designate safe spaces to report GBV, and provide remote access to justice services, including reporting hotlines, legal aid hotlines, online case registration and hearing mechanisms.
- Work to ensure that no one is left behind - such as people with disabilities, indigenous people, IDPs and refugees, people in humanitarian settings, those facing intersecting and multiple forms of discrimination – by ensuring that vulnerable groups have the GBV prevention and response information they need, and have access to essential life-saving services.

11. Conclusion

As the United Nations Secretary-General has highlighted, the COVID-19 pandemic represents not only a health crisis but a human crisis.[385] As the first year of the COVID-19 pandemic in Asia and the Pacific demonstrates, the impacts of crises are not equally borne, but heaviest on those already marginalized and underserved. [386]

UNFPA Executive Director, Dr. Natalia Kanem, on International Universal Health Coverage Day, 12 December 2020: "Let's stop treating sexual and reproductive health care as anything less than essential. The case for doing so has been painfully illuminated by COVID-19. In the first few months of the pandemic, UNFPA estimated that disruptions in access to sexual and reproductive health care and contraceptives may have resulted in as many as 7 million unintended pregnancies. Acute economic distress stemming from the pandemic is tightening resources and imposing additional strain, especially on services for women and young people whose care, even before the pandemic, was often of low quality, severely underfunded and frequently overlooked. We must recognize these challenges, not treat them as an excuse to postpone our commitments. This is no time to backtrack on universal health coverage with sexual and reproductive care at the core.[392]

If we have learned anything from this and past humanitarian calamities, it is that sexual and reproductive health needs do not cease to exist during a crisis. And neither do human rights. Twenty-five years ago, the Programme of Action of the International Conference on Population and Development, ICPD, proved that change is possible when we promote sexual and reproductive health and family planning as a human right, especially women's rights. [395] A

[385] UN Women (2020), The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens, citing Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19, 27 March 2020.
[386] UN Women (2020), The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens.
[392] https://asiapacific.unfpa.org/en/news/lets-stop-treating-sexual-and-reproductive-health-care-anything-less-essential-1
[395] Argentina Matavel, July 17, 2020, Because She Counts – COVID-19 Threatens to undo the gains made towards addressing sexual and reproductive health needs and enforcing rights of women – Op Ed in The Indian Express. https://indianexpress.com/article/opinion/covid-19-women-health-because-she-counts-6510810/

gender lens on this crisis enables us to leverage existing work and expertise – from rebuilding in disasters to rebuilding peace – to ensure that the world post-COVID is built on principles of human rights and gender equality. We do this to protect the gains made on gender equality and women's empowerment, ensure that recovery is centred on the principle of leaving no one behind, and build building more equal, inclusive and sustainable economies and societies.[396] In working towards a post-COVID-19 world, let's resolve to build back better, and embrace the vision of a future that is based on social justice and gender equality, to secure rights and choices for all. [397]

[396] UN Women (2020), The First 100 Days of COVID-19 in Asia and the Pacific: A Gender Lens.

[397] Argentina Matavel, July 17, 2020, Because She Counts – COVID-19 Threatens to undo the gains made towards addressing sexual and reproductive health needs and enforcing rights of women – Op Ed in The Indian Express. https://indianexpress.com/article/opinion/covid-19-women-health-because-she-counts-6510810/

Annex A: Stakeholders consulted – 37 females, 18 males

International, regional

- Asia Population and Development Association (APDA)
    - Ms. Hitomi Tsunekawa
    - Mr. Farrukh Usmonov
- UNFPA APRO
    - Ms. Kamma Blair, Regional Programme Analyst
    - Ms. Gunilla Backman, Human Rights Advisor
    - Ms. Ingrid Fitzgerald, Technical Advisor, Gender and Human Rights
    - Ms. Sujata Tuladhar, Gender Based Violence Advisor
    - Ms. Jo Sauvarin, Youth Advisor
- UNDP Regional Office
    - Ms. Kathryn Johnson, Human Rights and Rule of Law Advisor
    - Ms. Koh Miyaoi, Gender Advisor
    - Ms. Katri Kivioja, Programme Specialist, HIV, Health and Development
- UNESCO
    - Ms. Jenelle Babb, Regional HIV and Health Education Advisor
- WHO
    - Dr. Anne Brink, Medical Officer, HIV, Hepatitis and STI, WHO Regional Office for Western Pacific, Manila
- AFAO
    - Ms. Inga Olesky, Manager, SKPA Grant, 8 countries
    - Ms. Lorela Averilla, Philippines
    - Mr. Greg Gray, Malaysia

Bangladesh

- UNFPA Country Office
    - Dr Abu Sayed Sumon, National Programme Officer, Gender
    - Dr Abu Sayed Hasan, Sexual and Reproductive Health Officer
- ASK
    - Ms. Khaleda Khanom
- Ipas Bangladesh
    - Mr. Sayed Rubayet, Country Director

Fiji

- UNFPA
    - Ms. Alexandra Robinson, Gender Technical Advisor
    - Mr. Brian Kironde, Youth Specialist (CSE)
- UN Women Country Office
    - Abigail Erikson
- Fiji Women's Rights Movement
    - Ms. Bernice Lata, Legal Officer
- Medical Services Pacific
    - Ms. Ashna Shaleen, Country Director
- Ministry of Women, Children and Poverty Alleviation
    - Ms. Jennifer Poole, Permanent Secretary

- Ms. Anareta Apole, Acting Director of Women

India

- UNFPA Country Office
  - Ms. Shobhana Boyle, National Programme Officer, Gender
- Indian Association of Parliamentarians on Population and Development
  - Mr Manmohan Sharma, Executive Secretary of IAPPD
  - Dr Prem Talwar, Technical Expert, IAPPD

Indonesia

- UNFPA Country Office
  - Dr. Sandeep Nanwani, Programme Officer, Adolescent Sexual and Reproductive Health, Human Rights Focal Point
  - Ms. Imma Aryanty, Reproductive Health Programme Specialist
  - Ms. (Maria) Risya Kori, Gender Programme Specialist
  - Mr. Cahyo (Norchayo Budi W), Male Involvement Officer, Gender Team
  - Ms. Oldri Sherli, HIV Programme Analyst

Myanmar

- UNFPA Country Office
  - Ms. Hien, Gender Policy Advocacy
  - Ms. Sandy, Gender Programme Specialist
  - Ms. Penninah Tomusange Kyoyagala, GBV Programme Specialist, Sittwe, Rakhine State
- DKT, Myanmar, Mr. Debu Satapathy, Country Director

Nepal

- UNFPA Country Office
  - Ms. Sudha Pant, Programme Officer
- National Committee on Population and Development
  - Mr. Rana Rawal
- Dr Renu Adhikari, GBV activist
- Siso Nepal
  - Mr. Kumananda Subedi, Executive Director
- Legal Aid Consultancy Centre (LACC)
  - Ms. Anita Thapaliya, Executive Director

Philippines

- UNFPA Country Office
  - Ms. Rena Dona, Deputy Representative
  - Ms. Mercedes (Ced) Apilado, HIV Specialist
  - Ms. Lavinia Oliveros, CSE Specialist
  - Mr. Rio, Youth Analyst
  - Dr. Drew Bautista, Data Analyst
  - Dr. Grace Viola, Maternal Health and Family Planning Focal Point
- WHO Country Office
  - Dr Jacqueline Kitong, Technical Officer for RMNCAH, Gender and Nutrition
- Philippine Legislators' Committee on Population and Development

    - Ms. Angie Ramirez, Manager, Advocacy and Partnerships
    - Ms. Aurora Quilala, Manager, Advocacy and Partnerships
- Philippines Society for Responsible Parenthood
    - Dr Nicolas Catindig, Project Manager
- The Red Whistle
    - Mr JF Escobanez, Executive Vice President
- Pinoy Plus Advocacy Pilipinas
    - Mr. Richard Bragado, Advisor