



**DELIVERING
NO MATTER WHAT:**

IPPF's response to the
COVID-19 pandemic



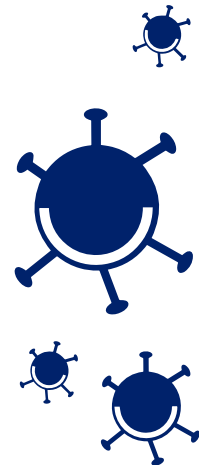
About IPPF

The International Planned Parenthood Federation (IPPF) is a worldwide Federation of national organizations working with and for communities and individuals in over 142 countries. IPPF Member Associations are leading advocates of sexual and reproductive health and rights for all and providers of quality, integrated sexual and reproductive healthcare. We prioritize the needs of poor and vulnerable communities to ensure that no one is left behind.

Acknowledgements

We are grateful to the volunteers, staff, and clients of IPPF Member Associations who have shared their stories, experiences, and innovations from the frontline to sustain the provision of essential and timely life-saving sexual and reproductive healthcare since the start of the COVID-19 pandemic. We thank all Regional Office staff involved in the IPPF COVID-19 response.

This report has been made possible thanks to the contributions of the global multi-disciplinary IPPF COVID-19 Task Force. We would also like to express our appreciation to Tia Jeewa who helped develop this report.



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Executive Summary

Good practices for delivering sexual and reproductive health and rights in a pandemic

All around the world, the COVID-19 pandemic has, and continues to change the way that people live and the way that they experience sexual and reproductive health and rights. The COVID-19 pandemic has been transformative for IPPF as it has necessitated rapid, dramatic shifts in healthcare and programme delivery so that IPPF can continue meeting the needs of their clients and communities. In the first half of 2020, the Federation responded rapidly by convening a strong, multi-faceted global coordination mechanism – a COVID-19 Task Force – that serves to gather and disseminate intelligence about the pandemic; to lead strategic, joined up actions and learning; and to scale up innovations, all with the aim of supporting Member Associations (MAs) to deliver services in exceptionally difficult contexts. Working together, we have found solutions to provide ever more options and routes for rights-based support and care. Many of these will endure long past the pandemic.

Here are a selection of the priorities, models and approaches that have best served our clients over the course of the pandemic:

- ▶ **Expanded outreach models:** Member Associations have combined digital services with tailored outreach through door-door, hotspot, and mobile units to ensure services focus on the needs of those they serve.
- ▶ **Digital approaches at scale:** Telemedicine and digital platforms have connected more people than ever to essential sexual and reproductive healthcare, including safe abortion, contraception, and sexual and gender-based violence support. Rapidly introducing alternative care models has offered continuity for clients and enabled MAs to reach ever greater numbers of young people.
- ▶ **Sexual and gender-based violence support:** Online consultations, support and counselling, digital self-assessment via smartphone applications, information hotlines, and remote provision of medications and contraceptive commodities have enabled us to reach girls and women who are vulnerable to, and/or survivors of sexual and gender-based violence. Where social movement allows it, MAs are expanding sexual and gender-based violence support to include facilitating access to safe spaces, shelters, and essential housing alongside psycho-social support.
- ▶ **Defending SRHR and countering misinformation:** MAs around the world have populated online spaces to defend hard-won gains for women's rights by countering misinformation and pushing back against efforts to focus political agendas on traditional 'family' values. Using new approaches for collaboration, we continue to leverage our partnerships with civil society and social movements to secure public support.
- ▶ **Advancing SRHR in public policy:** As members of state COVID-19 task forces in many countries, and in other countries outside of state apparatus, MAs continue to advise governments and advocate for the continued prioritisation of sexual and reproductive health and rights as critical components of healthcare and human dignity.

Deep commitment to sexual and reproductive health and rights is necessary to ensure the sustainability of service provision and programme delivery, and our MAs around the world have persevered to deliver, no matter what. Looking forward, IPPF has created a roadmap for long-term resilience that builds on the lessons we have learned to build a Federation that is stronger than ever. A Federation that will continue to deliver our mission.

Recommendations for governments, policy and decision makers

Drawing on the experiences of IPPF Member Associations as well as the Federation as a whole, the following recommendations are directed toward decision makers within governments, including leaders working on domestic policy as well as those leading international aid programmes. Delivering on these recommendations will yield significant advances in sexual and reproductive health and rights, as well as health equity more broadly.

To build stronger health systems, we ask governments, policy and decision makers to:

- ▶ Continue to allocate resources to achieve affordable and accessible healthcare for all through Universal Health Coverage (UHC), with SRHR as an essential component.
- ▶ Adopt plans to support and protect frontline healthcare workers during emergencies.
- ▶ Strengthen supply chains for essential medicines and commodities.

To protect democracy, we ask governments, policy and decision makers to:

- ▶ Ensure the creation and implementation of alternative platforms for civil society engagement when traditional approaches (e.g. in person meetings, public debates) are not possible or reduced.
- ▶ Publicly reaffirm commitments to SRHR, condemn political decisions against SRHR in emergency situations and counter misinformation about SRHR.
- ▶ Continue to uphold commitments to sexual and reproductive health and rights and invest further in these areas as needed to reach vulnerable groups during emergencies.

To promote health equity, we ask governments, policy and decision makers to:

- ▶ Identify modalities of healthcare delivery that have directly contributed to health equity during the pandemic and continue to fund and operate these services (e.g. mobile and digital technologies to increase access to safe abortion and sexuality education).
- ▶ Adopt a multisectoral approach and increase investments in interventions to address sexual and gender-based violence during emergencies.

To advance young people's access to SRH information, education and services, we ask governments, policy and decision makers to:

- ▶ Adopt policies and allocate resources to support the delivery of sexuality education through mobile and digital technologies, as supplementary to traditional, in-person models for Comprehensive Sexuality Education (CSE).
- ▶ Increase investments in specialist training in rights-based, non-judgmental youth-friendly sexual and reproductive healthcare delivery.

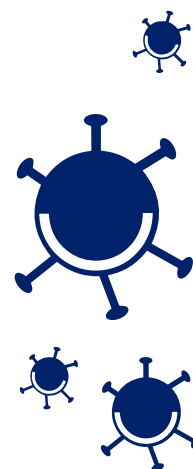




Introduction

The COVID-19 pandemic has had a profound impact on the ability of people around the world to exercise their sexual and reproductive rights. As a result of government-mandated social restrictions designed to prevent the spread of COVID-19, including strict controls on social gatherings, movement and physical contact, people's lives have been disrupted. Across many settings, burdens of care and responsibility have shifted, social networks have changed (some for the better) and many people have lost sources of support and care. Entire health systems have been tested and stretched. While families, couples and individuals have faced pressure and hardship, life-saving sexual and reproductive health services and supplies, including initiatives and services addressing sexual and gender-based violence (SGBV), have become less accessible. Existing socioeconomic inequalities have been exacerbated, especially as they pertain to girls, women and underserved groups, and we have witnessed deep losses.

As nationally owned and locally operated health service providers, IPPF Member Associations (MAs) remain committed to their communities and the people within them. However, the pandemic has strained the global sexual and reproductive health and rights (SRHR) ecosystem. Like healthcare providers everywhere who have been stretched to their limits, Member Associations' regular service provision has been disrupted. Member Associations have had to fight for public space – now partly through virtual/online means – to advance rights-based policies and legislation.



In March 2020, IPPF established an inter-regional and multi-disciplinary COVID-19 Task Force, which was initially tasked with assessing the situation for MAs across the network and leading a coordinated global response. The Task Force has gathered evidence about the impact of the pandemic, provided adaptive guidance and support, and coordinated rapid learning among MAs about effective response models and pivots. As the situation evolved, IPPF mandated the Task Force with the following three objectives to preserve and advance SRHR through the Federation:

- 1.** Ensure continued provision of essential sexual and reproductive healthcare.
- 2.** Protect, promote, and advance sexual and reproductive health and rights as responsible advocates.
- 3.** Build resilience among IPPF Member Associations to manage disruptions.

With the support of the COVID-19 Task Force, IPPF MAs have learned from each other and been supported to implement novel models that have enabled them to reach existing as well as new clients.



IPPF is proud of the rapid pivots and leaps it has made to continue delivering for its clients, no matter what. Key accomplishments include:

- ▶ By November 2020, Member Associations had resumed operations at 90% of the service delivery points that they had been forced to close in March 2020 (i.e. of 5633 service delivery points, 5051 reopened).
- ▶ MAs in 27 countries are ensuring the prioritisation of SRHR in their country's pandemic response as members of their national COVID-19 task force. Eighty-four per cent of MAs reported that SRHR was included in their government's minimum essential health service package during the pandemic.
- ▶ Telemedicine and digital modalities have been rapidly scaled up, with 29 MAs now providing telemedicine for SRH services (especially abortion, contraception and sexually transmitted infection (STI) management), 67 MAs providing digital sexuality education and 20 MAs initiating digital counselling and information sessions on SRH.
- ▶ The number of MAs providing home delivery of health commodities has doubled (from 12 MAs in April to 26 in November 2020)
- ▶ MAs have rapidly expanded sexual and gender-based violence support, including online and door-to-door care, additional referral partners and financial assistance.
- ▶ Since January 2020, MAs in 31 countries have contributed to policy and/or legislative changes in support of SRHR, including but extending beyond pandemic-related responses.

In this report, we provide an overview of the impact of the COVID-19 pandemic on IPPF and the broader SRHR ecosystem. We share progress, learning and innovation that has occurred within MAs over the course of the pandemic, and IPPF's roadmap to recovery through to the end of the pandemic. We also share IPPF's long-term plan for developing greater resilience across the Federation. Finally, we offer recommendations to governments and decision makers for improving their response to support SRHR globally during future emergencies.

Sexual and reproductive health and rights at risk

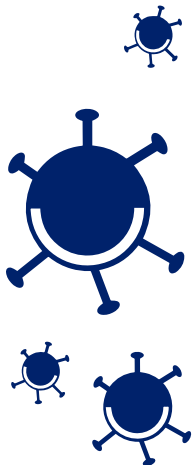
The World Health Organization (WHO) declared the ongoing COVID-19 outbreak as a pandemic in March 2020. Since then, the pandemic has continued to spread worldwide, exposing, and weakening healthcare systems. It has claimed millions of lives and caused short- and long-term illness among many others. In addition to the health consequences, government-mandated lockdowns and social restrictions continue to have significant consequences for individuals, families, communities and nations around the world, and the absolute economic and social implications will not be known for a long time yet.

However there is already evidence demonstrating that while wealthier groups in poorer and richer nations have benefitted from secure employment and social welfare systems that have prevailed in these times of crisis, the precarious and informal arrangements that millions of individuals and families rely on for income, essential supplies, care and social support have often been disregarded in state efforts to contain COVID-19. Those who were poor and marginalized have become even more poor and marginalized, while many wealthier groups have grown wealthier.

Sexual and reproductive health and rights are often deprioritized by governments during emergencies. During the COVID-19 pandemic, state budget allocations for sexual and reproductive health and rights have been redirected towards other priorities. This has resulted in less access to essential health services, especially for women. The poor, marginalized and under-served, in particular, have encountered new barriers to sexual and reproductive healthcare. Needs for contraception, safe abortion, sexually transmitted infection testing and treatment, maternity care, comprehensive sexuality education and sexual and gender-based violence services have not dissipated, however access to these essential services is more limited than ever.



Globally, about 12 million women are facing challenges accessing contraceptive services due to healthcare disruptions and commodity stockouts (UNFPA 2021).



Healthcare disruption, clinic closures and quarantine measures have left women and girls at greater risk of violence. Globally, it has been reported there has been a significant increase in sexual and gender-based violence. During lockdowns, many women and girls have had no choice but to stay at home and be isolated with their abuser(s). Women in low and low-middle income countries have been disproportionately affected by lack of access to vital healthcare (WHO 2020).

While global real-time data collection and analysis in relation to especially marginalized communities are limited, evidence from other crises suggest that the groups who are already experiencing multiple barriers and discrimination in relation to different aspects of their identity may be experiencing catastrophic consequences as a result of the pandemic. These groups include people with disabilities, indigenous populations, refugees, migrants, internally displaced people, and people with diverse sexual orientation, gender identity and expression, and/or sex characteristics.

Added to this, in some countries conservative or religious fundamentalist forces have used the pandemic to call for restrictions on access to SRH or to spread misinformation, stigmatizing contraceptive usage and safe abortion. There is a grave risk that hard-won gains made in sexual and reproductive health and rights prior to the pandemic will be clawed back. The consequences – including unwanted pregnancies, unsafe abortions, morbidity and death due to pregnancy and childbirth, sexually transmitted infections, including HIV, violations of fundamental human rights – are untenable. We must persevere in our determination to realize a world where all people are free to make choices about their sexuality and wellbeing, free from discrimination.

IPPF Member Associations experienced service disruptions and closures

Government efforts to contain the spread of COVID-19 forced Member Associations to close in-person healthcare facilities and suspend some operations. Even where clinical operations were deemed safe, many people who needed healthcare stopped presenting due to fear of COVID-19 infection and stigma, and for the same reasons many healthcare providers ceased to work. Their concerns extended beyond the clinical environment itself to the journeys they needed to undertake to get there, and implications for their families such as accessing childcare or other support. The de-prioritization, disruption, and reduction of sexual and reproductive health programmes and changes in health-seeking behaviour affected the availability and accessibility of sexual and reproductive health services in many countries.



IPPF's Coordinated Global COVID-19 Response

For IPPF, the journey has been challenging yet rich in innovation, adaptability, courage, leadership, and dedication. Our MA staff and volunteers are working tirelessly in facilities and in communities to secure access to sexual and reproductive health and rights care and programmes. They have created novel delivery models to reach the most vulnerable and marginalized communities under the strictest restrictions to human movement seen in our lifetime.

The IPPF COVID-19 Task Force

Recognizing the urgent need to coordinate IPPF's response across the Federation, in March 2020 IPPF convened a global multi-disciplinary COVID-19 Task Force. The mandate of the Task Force is to enhance and coordinate systematic support to Member Associations at the national, regional, and global level, to support responses to prevent, control and mitigate the impact of COVID-19 in sexual and reproductive healthcare and programmes.

Informed by relevant teams across the IPPF Secretariat, the Task Force identifies key priorities for IPPF's response to the pandemic, it reassesses the situation periodically and pivots strategic approaches where needed. Drawing on monthly MA impact data, the COVID-19 Task Force develops, coordinates, and drives the implementation of IPPF's real-time adaptive response to the challenges posed by COVID-19. Informed by the latest evidence and science, it provides accurate, timely guidance and support to MAs. It coordinates the procurement and delivery of infection prevention equipment and commodities to ensure that MAs have the supplies they need to continue serving their communities. The Task Force administers small, catalytic grants to support MAs in launching pilot interventions to continue access to life-saving healthcare.

The Task Force is comprised of staff at the highest levels as well as staff with responsibilities for operationalising interventions and communications. The team includes diverse specialisms and responsibilities, including staff in every Regional Office. It is comprised of the following IPPF staff:

- ▶ Samia Adada, Assistant Regional Director, Arab World Regional Office (AWRO) (Chair)
- ▶ Julie Taft, Director, Humanitarian program
- ▶ Yuri Taniguchi, Chief, Strategic Partnerships & Development Advisor South East Asia, Resource Mobilization
- ▶ Amina Khan, Lead Communications
- ▶ Jameel Zamir, Director Programmes, East and South East Asia and Oceania Region (ESEAO)
- ▶ Paulin Tra, Senior Technical Manager Performance, Knowledge and New Technology, Africa Regional Office (ARO)
- ▶ Muthoni Wachira, Project Manager, ARO
- ▶ Eef Wuyts, Director of European and International Affairs, European Network (EN)
- ▶ Amaila De la Torre, Member Associations' Adviser, Americas and the Caribbean Regional Office (ACRO)
- ▶ Harjyot Khosa, Senior Technical Advisor, Business Development and Resource Mobilization, South Asia Regional Office (SARO)
- ▶ Fabian Cataldo, Senior Advocacy Adviser
- ▶ Marcel Van Valen, Supply Chain Representative
- ▶ Sadok Amine Ben Hassine, Sexual and Reproductive Health Lead, AWRO
- ▶ Priti Prabhughate, Global Lead for Impact and Evidence
- ▶ Rishikesh Thiyagaraja, Manager, Social Enterprise Hub
- ▶ Nihal Said, Senior Advisor, Research & Partnerships
- ▶ Isabella Lewis, Coordinator



“The COVID-19 pandemic is one of the greatest challenges our Federation has faced. The work we all do will be more important than ever. The weight of this health emergency will fall disproportionately on the poor and underprivileged, as every crisis does. Those are the very people we all strive to serve.”

**IPPF Director-General
Dr Alvaro Bermejo**

The three pillars of the Task Force's work are as follows:

Pillar 1.

Ensure continued provision of essential sexual and reproductive healthcare:

Strengthen IPPF MA resilience to protect sexual and reproductive health and rights during crises. Task Force support, peer exchange, and continuous assistance will enable programme continuity, staff safety and commodity security.

Pillar 2.

Protect, promote and advance sexual and reproductive health and rights as responsible advocates:

Ensure sexual and reproductive health and rights are part of essential healthcare packages. Advocate to governments to support gender-centered, intersectional and rights-based approaches. Champion innovative delivery approaches and counter attacks on sexual and reproductive health and rights.

Pillar 3.

Build resilience among IPPF Member Associations to manage disruptions:

Support MAs in business planning, operational continuity, and commodity security. Adapt and scale up alternative programme delivery models to reach people who are the most disconnected from healthcare and needing protection in the pandemic.

Over the last year, the COVID-19 Task Force has gathered evidence on a range of mitigation efforts and healthcare models that MAs have explored.

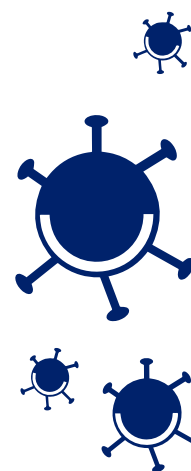
Much has been learned, adapted, and innovated, and the Task Force's mandate expanded through this work to include a role in developing the Federation's long-term sustainability. The Task Force is now reflecting on the work and learning that has taken place across the Federation throughout this exceptional time and exploring means to capture it and transform it into learning resources. IPPF will further transform and sustain our adaptive responses into a more inclusive, resilient, and robust Federation.

Rigorous data collection supported targeted responses

The COVID-19 Task Force conducted three global impact surveys among IPPF Member Associations at three pivotal points in the pandemic: March 2020, May 2020, and November 2020. The surveys were conducted online, and they were available in three languages. Across the three surveys, there was a response range of 118 to 124 countries. While each survey is a snapshot at a given point in time, we understand that different MAs may have experienced similar impacts at different points in time, improving or declining relative to each country's pandemic. Equally, impacts in the broader environment and responses to the pandemic evolved organically and specific to each country's situation.

The surveys have produced a rigorous data set about Member Associations' experiences of and responses to the pandemic. The first survey focused on Member Associations' experiences and observations, the second survey focused on MA experiences as well as wider impacts to the sexual and reproductive health and rights ecosystem, and the third survey explored resilience and innovative responses to the impacts on sexual and reproductive health and rights. The second and third stage impact surveys were particularly focused on understanding adaptations and innovations to identify core areas for IPPF recovery to build a better and stronger sexual and reproductive health and rights ecosystem worldwide. IPPF continues to play a leading role in maintaining global sexual and reproductive health and rights resilience.

The data gathered at each interval enabled programming, targeted advocacy interventions, directing resources and technical support to Member Associations working in the most challenging settings. As the waves of the pandemic reached countries at different stages, the data enabled IPPF to help prepare Member Associations for upcoming surges and demands for sexual and reproductive health and rights care. The Task Force expanded interventions for sexual and gender-based violence (SGBV) and comprehensive sexuality education (CSE) due to the high needs reported alongside tackling service and commodity disruptions.



Global service and programme disruptions across the Federation

There were five areas where Member Associations reported the greatest impacts on the sexual and reproductive health and rights ecosystem:



The table below represents a selection of the impacts observed by MAs across the Federation. Please note that these figures represent distinct moments in time – including data from the March and May 2020 surveys – and therefore do not represent the full extent of the impact over time, which was also mitigated through IPPF's response throughout the remainder of 2020 and until the present time.

Table 1: Selection of key impacts observed by MAs across the Federation

Reduced geographic coverage	Decreased range of services	Loss of skilled workforce	Commodity shortages	Limited opportunities for advocacy
<ul style="list-style-type: none"> ▶ 66% of MAs closed healthcare facilities ▶ 5633 service delivery points closed (about 1 in 5 static clinics) ▶ Reduced outreach services and community engagement, particularly youth programmes 	<p>88% of MAs (n=92) have reduced their service package, including:</p> <ul style="list-style-type: none"> ▶ HIV and AIDS services (44 MAs) ▶ Contraceptive services (41 MAs) ▶ SGBV services (36 MAs) ▶ Safe abortion services (23 MAs) ▶ Reduced CSE delivery across all MAs ▶ Lack of safe spaces for confidential and protective SGBV care 	<ul style="list-style-type: none"> ▶ 37 MAs released staff to support national health service response to COVID-19 ▶ 232 staff suspended or terminated (across 12 MAs) ▶ Loss of staff specialised in delivering youth-friendly services (including SGBV, safe abortion) 	<ul style="list-style-type: none"> ▶ 36% of MAs (n=37) experiences commodity stockouts ▶ Stockouts of contraceptives (29 MAs), HIV medicine (16 MAs), safe abortion supplies (12 MAs) ▶ Limited supplies of personal protective equipment ▶ 59 MAs experienced delays transporting supplies within state borders ▶ 19 MAs experienced commodities being delayed at customs 	<ul style="list-style-type: none"> ▶ All MAs reported decrease in advocacy-related meetings and community consultations ▶ Opposition groups are spreading misinformation and arguing for a return to traditional 'family' values

Member Associations noted that these impacts were due to a variety of internal, organizational issues, as well as external conditions such as government directives designed to reduce the spread of COVID-19. For example, multiple and combined reasons contributed to healthcare facilities closing, including low client flow, lack of permissions from the government, lack of personal protective equipment (PPE) and healthcare shortages. Health workforce shortages were due to healthcare facilities closures, government restrictions on movement, as well as personal health, including COVID-19 infection but also anxiety and other mental health concerns. The fact that sexual and reproductive health and rights were not recognized within national minimum essential health packages in many countries (at the outset of the pandemic) was a barrier to service continuity. MAs also recognized rising demand for sexual- and gender-based violence services, reflecting well-established patterns in crisis situations and particularly when women and girls may be compelled to isolate with abusers, or potential abusers.

Mitigating COVID-19 impacts by scaling up innovations, pivoting to different platforms and exploring new approaches

Between the first survey (March 2020) and the second survey (May 2020), MAs were able to re-open a number of services:

- ▶ Of 546 static clinics closed in March, 308 reopened.
- ▶ Of 1247 mobile service delivery points that closed in March, 400 reopened.
- ▶ MAs in EN, ESEAOR and Africa were able to re-open facilities to a greater extent than MAs in South Asia, Americas & the Caribbean and the Arab World.

The range of SRH services available also increased among 58 MAs, including:

- ▶ SRH counselling
- ▶ Contraceptive services
- ▶ Obstetric services
- ▶ SGBV services

While many MAs reported improvements in their commodity supply chains, as they have found new procurement partners who can ensure a reliable supply of the products they need, at the right time, in the current context, 22 MAs in Europe and Africa are reporting commodity shortages for the first time.

This is one example of how the impacts and developments reported in this document did not follow a linear trajectory: services declined, improved, and declined again in different places and at different times. However, through the COVID-19 Task Force, MAs became better equipped and prepared to respond, such that clients have become more confident that they will be able to access the care and supplies they need.

Due to internal pivots, as well as improvements in the external environment, by November 2020 MAs resumed operations in 5051 service delivery points.

However, only 29 out of 105 MAs report that abortion services are scaled up or back to pre-COVID-19 levels.

Supported by the IPPF COVID-19 Task Force, MAs across the Federation examined novel approaches to service delivery that could enable them to continue meeting the healthcare needs of their communities and to continue engaging with government and civil society to protect and advance sexual and reproductive health and rights during the pandemic. The table below represents a selection of examples. Many of these models had been piloted and were being implemented at a small scale prior to the pandemic; now they are increasingly utilised.

IPPF is currently in the process of conducted more detailed and aggregated analyses of the findings of the surveys alongside more recent, spontaneous, and issue-based communication flows with MAs.

Table 2: Novel approaches to service delivery examined by MAs across the Federation

Ensuring continuity of essential SRH services	Protecting and promoting SRHR through advocacy	Building resilience against shocks and disruptions across IPPF Member Associations
<p>Many MAs replaced, duplicated or supplemented aspects of their original service model with technology-enabled services.</p> <p>As of May 2020:</p> <ul style="list-style-type: none"> ▶ 29 MAs providing telemedicine, focused on abortion, contraception and STI management (increase from nine MAs in April 2020) ▶ 67 MAs providing digital sexuality education sessions (increase from 24 MAs in April 2020) ▶ 20 MAs initiating digital counselling and information on sexual and reproductive health ▶ 26 MAs offering home delivery of sexual and reproductive health commodities (increase from 12 MAs in April 2020) ▶ 33 MAs are supporting self-care or self-testing, including HIV testing, medical abortion, and contraception 	<ul style="list-style-type: none"> ▶ 27 MAs are members of Government-led national taskforces for COVID-19 <p>As part of government taskforces, particularly in Africa, IPPF MAs play a dual role:</p> <ul style="list-style-type: none"> ▶ ensuring the prioritisation of SRH within the national response (e.g. 84% of MAs reported that sexual and reproductive health and rights was included in the minimum essential service package); and ▶ supporting the public health system to respond to the crisis (e.g. testing, case management, multisectoral coordination) <p>For example:</p> <ul style="list-style-type: none"> ▶ Nine MAs helped develop and deliver national service delivery guidelines on sexual and reproductive health and rights in the pandemic ▶ Two MAs helped ensure access to healthcare for vulnerable populations ▶ 54 MAs partnered with governments to support survivors of sexual and gender-based violence ▶ 59 MAs advocated for continued access to sexual and reproductive healthcare for vulnerable groups 	<ul style="list-style-type: none"> ▶ MAs procured PPE equipment and training on COVID-19 protection ▶ MAs developed and disseminated technical guidance on COVID-19 ▶ MAs offered free services, employing commonly used technologies such as helplines, WhatsApp and Facebook <p>MAs addressed structural barriers to healthcare accessibility through:</p> <ul style="list-style-type: none"> ▶ door-to-door visits ▶ shelter ▶ food, ▶ free legal assistance for refugees ▶ PPE and hygiene kits for vulnerable groups in crowded housing <p>MAs rapidly expanded sexual and gender-based violence support, including:</p> <ul style="list-style-type: none"> ▶ online and door-to-door care ▶ additional referral partners ▶ financial assistance ▶ several MAs have been awarded additional funding from third parties to build their capacity and resilience against major shocks to the sexual and reproductive health and rights ecosystem

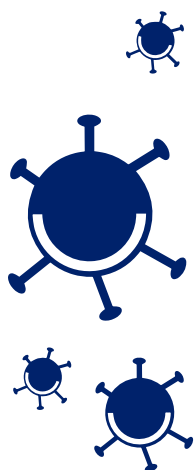


Emerging models of good practice in crisis settings

The findings of the COVID-19 Impact surveys have helped IPPF understand and build organizational resilience to mitigate the shocks and impact caused by the pandemic. Our efforts to ensure surge capacity met service demands have been holistic and comprehensive. The data from the global COVID-19 impact surveys suggest that Member Associations, aided by the coordination and knowledge translation work of the IPPF COVID-19 Task Force, have become more deeply embedded in communities by extending their networks of formal and informal contacts, particularly among hard-to-reach groups. It is certain that many individuals and groups still face barriers to services, in part due to the structural conditions that shape their everyday lives, but IPPF now has greater knowledge and more tools for serving vulnerable communities.

A global coordination mechanism

The IPPF COVID-19 Task Force has ensured that the response is holistic, comprehensive and transformative over the long term. Without the support of the Task Force, many individual MAs would not have been able to respond to the pandemic as rapidly or efficiently as they have, and for some the impacts of the pandemic may have terminated their operations permanently without the Federation's added value. Key supports provided by the Task Force included: analysis and dissemination of cutting-edge intelligence about the developing pandemic, including interventions such as vaccination programmes; guidance and support to deliver a holistic approach, encapsulating healthcare, advocacy and operational resilience; supply chain oversight and coordination; technical support for service delivery pivots and adaptations; financial bridging and sustainability support.



Safe access spaces for women and girls

IPPF Member Associations have led a gender-centred approach for women and girls experiencing violence in confinement. Safe online spaces for tele counselling, healthcare access, including self-care options for abortion and contraceptives and free helplines provided in communities. Member Associations tailored programmes to report cases of sexual and gender-based violence with access to legal support, and alternative outreach care expanded to provide support for those unable to access online services, facing extreme hardship or living in rural locations.



In Serbia, the Serbia Association for Sexual and Reproductive Health responded by building safe online drop-in platforms serviced by counsellors, doctors, and gynaecologists for holistic sexual and reproductive healthcare. This service also offered social and legal assistance to protect women from violence in the home. Outreach programmes through partners working in rural areas provide regular access to healthcare for women unable to access online services or mobile phones.



In Bangladesh, the Family Planning Association of Bangladesh expanded telephonic helplines across the country with trained sexual and gender-based violence care teams of counsellors and medical officers offering assistance to women reporting violence. Specialized door-to-door teams assess, counsel, and assist women safely and refer them to relevant clinical and legal support services.



Expanding self-care options

The pandemic has reduced access to healthcare facilities and clinics around the world. Sexual and reproductive healthcare needs and health seeking behaviour have changed under restrictions, with more women and girls needing access to care outside of clinical settings. Member Associations have adapted health models to offer self-care options with community-based providers, mailing and doorstep distribution of medical abortion, contraception and other essential sexual and reproductive healthcare products.



In Ireland, the Irish Family Planning Association (IFPA) has worked hard to ensure access to abortion care during COVID-19. The MA urged the Minister of Health to change the care model for early medical abortion to introduce innovative approaches, such as providing medical abortion care through remote consultation. Since a revised care model by the Health Service Executive in April, IFPA developed additional counselling and information support for its early medical abortion clients. IFPA will continue to support the retention of remote consultation as an option with the abortion care pathway.



In Madagascar, Fianakaviana Sambatra led an agile response to the pandemic impact and strengthened the remote delivery approach through outreach and mobile clinics to reach the most vulnerable populations. Enhancing access and information with identified women peer champions who pass on information within their communities and act as community-based distributors providing commodities and self-injectables to women.

Continuity of services for young people

COVID-19 saw the closure of schools and face-to-face gatherings worldwide, meaning a halt to comprehensive sexuality education for many young people. In response, MAs got innovative in using digital tools to engage with young people and continue sexuality education. Programmes were enhanced to ensure continuity of youth access points through mobile apps with follow up support. Many of our Member Associations are reaching larger groups of young people than ever before.



In Mali, the Malian Association for the Protection and Promotion of the Family (AMPPF) digitalized sexuality education to reach youth in their homes through digital platforms such as WhatsApp and Facebook. AMPPF conducted an interactive debate show on YouTube and Facebook with a designated TV channel.



The Family Planning Association of Hong Kong (FPAHK) was urgently requested by schools to provide sexuality education digitally to reach young people in their homes while schools were closed to reduce the spread of COVID-19. FPAHK elaborated an existing mobile app with a game addressing dating violence and supplemented it with a reading portal to encourage students to access reliable sexual health information. The game was provided on Facebook, iPad, and the internet to educate young people on sex and relationships.



In Togo, the Association Togolaise pour le BienEtre Familial (ATBEF) provided youth-friendly services through its mobile application 'Infos Ado Jeunes'. To overcome challenges in accessing healthcare facilities during COVID19, ATBEF adapted this app by adding a tollfree teleconsultation service that young clients can now use to access abortion consultations and pre and post-abortion counselling. The app has enabled young clients to continue to access care when they face challenges travelling to clinics.



Defending democratic values and sexual and reproductive rights through online advocacy

IPPF Member Associations and Secretariat have persevered in strengthening their partnerships with government and combating groups that oppose sexual and reproductive health and rights, especially as many of them have approached the pandemic as an opportunity to challenge hard-won gains in the field. In many places, the pandemic has curtailed democratic freedoms, including rights and mechanisms to hold governments to account, to participate in policy debates and to have contact with government representatives.

The technologies and approach have changed, with MAs intensifying their presence on online platforms to defend and create spaces for civil society coalition-building and engagement. MAs have fought hard to represent the experiences and needs of the most vulnerable groups (about whom we have little data during the pandemic), in partnership with communities and stakeholder organisations, and to continue fighting for sexual and reproductive health and rights. Key advocacy aims have included government adoption of telemedicine, online consultations, and the use of social media for healthcare delivery, as well as online delivery of sexuality education.

Since January 2020, 31 MAs from six regions have contributed to successful policy or legislative changes in support of sexual and reproductive health and rights. In Chad, Democratic Republic of the Congo, Ethiopia, India, Mali, Niger and Uganda, national governments adopted sexual and reproductive healthcare as an essential service during the pandemic following advocacy by MAs. Botswana, Kyrgyzstan, and Fiji all adopted specific guidelines, protocols or legislation on prevention and care around sexual and gender-based violence as a result of IPPF advocacy in those countries. Following MA advocacy in Thailand, Ireland and Colombia, the relevant national governments recognized the critical need for abortion care and/or adopted policy making it easier for women to access safe abortion.



Not all advocacy successes were COVID-19 related, but all are testament to the commitment of IPPF MAs to political engagement as a parallel component of their work, alongside healthcare and programme delivery.

Leaving no one behind

The pandemic has amplified health inequities and barriers faced by particularly marginalized communities, who may have been experiencing multiple barriers to sexual and reproductive health and rights prior to the pandemic. MAs have challenged governments to ensure that services continue to be available to and inclusive of marginalized groups, recognizing their right to health and access quality and affordable essential SRH care. MAs have enhanced their programmes to ensure that people with disabilities, people with diverse sexual orientation, gender identity and expression, sex characteristics, Roma, migrants, and refugees receive urgent SRH care, social and legal assistance, food, water, and hygiene supplies.



In Nepal, the Family Planning Association of Nepal rapidly responded to the needs of people living with disabilities and people with diverse sexual orientation, gender identity and expression, sex characteristics neglected by social systems. Programmes were transformed with digital access points for sexual and reproductive healthcare and outreach teams responded with food and hygiene supplies with door-to-door care and assistance.



In Tunisia, the Tunisian Sexual and Reproductive Health Association (ATSR), in partnership with like-minded civil society organizations, called on the government to allow sub-Saharan migrants and refugees to access medical care for free. Thanks to this advocacy, these populations are permitted the same healthcare access as Tunisians. ATSR has also mobilized additional funds to help migrants and refugees during the pandemic.

IPPF's investments in greater resilience

Recognizing the important dual role of civil society organizations as healthcare providers and advocates, IPPF's implementation of the three pillars of sexual and reproductive health and rights in its response to COVID-19 has demonstrated the components of building a more robust sexual and reproductive health and rights ecosystem. While the COVID-19 Task Force continues to focus on responding to the ongoing pandemic, the interventions that MAs have piloted and implemented have defined core areas for strengthening the Federation over the long term. The COVID-19 Task Force has accordingly defined a short-term roadmap to recovery and is simultaneously developing a strategy to build the Federation's resilience to emergencies and shocks beyond the pandemic.

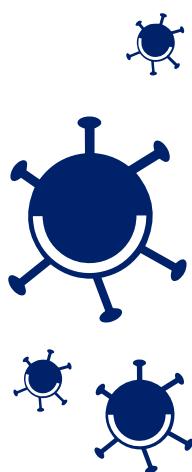
Roadmap to Recovery During and Following the COVID-19 Pandemic

The IPPF roadmap to recovery will continue to focus on the following core objectives:

- 1.** Continuity of critical, time-sensitive sexual and reproductive health and rights services and programmes.
- 2.** Expand innovative hybrid service delivery systems that use mobile technology and digital platforms to ensure access to sexual and reproductive healthcare, sexuality education and sexual and gender-based violence support during the COVID-19 pandemic.
- 3.** Advocate to maintain sexual and reproductive health and rights on the political agenda at national, regional, and global levels and demand sustained commitment to sexual and reproductive health and rights in core state infrastructure and budgets, such that it is minimally affected by shifts in political priorities.
- 4.** Invest in shielding the IPPF sexual and reproductive health and rights ecosystem through improving resilience among MAs.

Pathways to long-term resilience

The COVID-19 pandemic has brought out both the strengths of the Federation, as well as its weaknesses. We must address the chronic inequity and unmet need for vital sexual and reproductive health and rights programmes and services. Our journey has proven that innovative responses provide more options and routes for rights-based support and care. More investment will enable the scale-up of our pilot interventions that have connected people to healthcare continuously during the pandemic.



▶ Expanding outreach models

Face-to-face and clinical care has been a central part of our delivery models for decades. In the wake of the pandemic, IPPF Member Associations have combined digital services with tailored outreach through door-door, hotspot, and mobile units to ensure services focus on the needs of those they serve. To sustain these interventions, further technical and financial resources are necessary to expand the healthcare workforce and to provide healthcare providers with specialized training to maintain the surge capacity needed to reach people to the last mile.

▶ Harnessing digital approaches at scale

Healthcare has been transformed by telemedicine and digital platforms that have connected more people than ever to essential SRH care, including safe abortion, contraceptives, and SGBV support. Rapidly introducing alternative care models has offered continuity for clients in every IPPF location and online platforms have enabled greater numbers of young people to access sexuality education. More investment is needed to sustain these interventions and ensure the IPPF SRHR ecosystem can withstand shifts created by any disaster.

▶ Woman-centred care

Responding to the needs of women and girls has long been a core principle for every IPPF Member Association. We will enhance approaches to prevent and respond to SGBV, such as online consultations, support and counselling, digital self-assessment via smartphone applications, information hotlines, and remote provision of medications and contraceptive commodities. We will expand to provide a holistic continuum of care and protection with access to safe spaces, shelters, and essential housing alongside psycho-social support for those at risk experiencing SGBV. National emergency preparedness plans must include access to essential SRH services with SGBV care and prevention that is resourced and available when needed.



▶ **Defending SRHR and countering misinformation**

Around the world, opponents of SRHR are using the COVID-19 pandemic to push back against hard-won gains on women's rights, attempting to restrict access to SRHR through political lobbying. The spread of misinformation has increased, requiring targeted efforts to challenge stigma and fear to progress SRH care access. IPPF supports Member Associations to protect and advance the SRHR agenda at the national level. Leveraging strong and broad partnerships with CSO and social movements and fostering international solidarity will be further needed to amplify and legitimize the voices of SRHR defenders. Coordinated communication and strong and positively framed messaging should allow us to counter misinformation and secure public support.

▶ **Advancing SRHR in public policy**

IPPF will continue to advocate with governments to make sure that SRHR is not deprioritized in the event of a national or global emergency. Deep commitment to SRHR is necessary to ensure the sustainability of service provision and programme delivery and secure long-term investment, funding, and support for SRHR. Building resilience for CSO engagement is vital to increase support for SRH care at the national level.



Conclusion

The impact of COVID-19 on SRHR has reaffirmed the need for a comprehensive and sustained commitment to sexual and reproductive health and rights within governments and state health systems. It has also highlighted weaknesses within the IPPF sexual and reproductive health and rights ecosystem that must be strengthened and updated. We have witnessed the potential and power of joined up learning and action. COVID-19 has pushed IPPF to explore how we can adapt and innovate our delivery mechanisms. Our rapid intervention pilots have reached people when other health systems could not. We have mapped the components for a stronger ecosystem and built a roadmap to deliver no matter what.

Moving forward, we will continue expanding outreach models, harnessing digital innovations to increase our reach, support girls and women who are vulnerable to or survivors of sexual- and gender-based violence, and we will continue to champion sexual and reproductive health and rights, in the public sphere and with governments, to demand better funding, better policy and better legislation. In solidarity with partners, we will take global action to challenge power imbalances with a feminist, gender-transformative and inclusive lens to build a healthier and more resilient world, where people are safe from harm and can receive care whenever they need it.

Recommendations

Drawing on the experiences of IPPF Member Associations as well as the Federation as a whole, the following recommendations are directed toward decision makers within governments, including government actors in the domestic sphere as well as those responsible for official development assistance. If delivered, these recommendations will advance sexual and reproductive health and rights, particularly during emergencies.

Stronger health systems

The COVID-19 pandemic has exposed the terrible reality of health systems pushed to their limits. Health systems can and should be better equipped to ensure healthcare for all.

To build stronger health systems, we ask governments, policy and decision makers to:

- ▶ Continue to allocate resources to achieve affordable and accessible healthcare for all through Universal Health Coverage (UHC).
- ▶ Ensure that SRHR is included as an essential component of UHC.
- ▶ Invest in long term planning and capacity to protect health systems against shocks, such as the COVID-19 pandemic. Specifically, governments must adopt plans to support and protect frontline healthcare workers during emergencies, and they must also strength supply chains for essential medicines and commodities.

Protect spaces for civil society engagement

During the pandemic, MAs in many countries have experienced restricted opportunities and spaces to engage with government actors and decision makers. Simultaneously, groups opposing SRHR have exploited the widespread uncertainty and anxiety surrounding the pandemic to spread misinformation about SRHR and they have intensified their campaigning to reduce access to SRH.

To ensure that civil society can continue to contribute to the public debate and government action, we ask governments, policy and decision makers to:

- ▶ Create alternative platforms for civil society engagement when traditional approaches (e.g. in person meetings, public debate) are not possible.
- ▶ Publicly counter misinformation and reaffirm government commitments to sexual and reproductive health and rights.
- ▶ Ensure that public decision-making processes are transparent and open to scrutiny.
- ▶ Continue to uphold commitments to sexual and reproductive health and rights and invest further in these areas as needed to reach vulnerable groups during emergencies.

Prioritize health equity through feminist and intersectional approaches

Health equity refers to the opportunities that people have to exercise their rights related to health and achieve the highest standard of health. These opportunities are shaped by social determinants, such as gender, race, ethnicity, where people live, their socioeconomic background and status, the political, cultural and institutional context, including the content, delivery and organisation of health services.

To promote health equity, we ask governments, policy and decision makers to:

- ▶ Identify modalities of healthcare delivery that have expanded health equity during the pandemic and continue to fund and operate these services, such as using mobile and digital technologies to increase access to safe abortion and comprehensive sexuality education.
- ▶ Adopt systematic approaches to analyse the gendered, age-related and sex-related dimensions of healthcare data and ensure that the outcomes feed into decision-making practices at all levels.
- ▶ Recognize that sexual and gender-based violence increases during emergencies and focus greater attention in this area accordingly. Governments must take a multisectoral approach to prevent and address sexual and gender-based violence.

Advance young people's sexual and reproductive health and rights

Young people face many challenges in exercising their sexual and reproductive rights, and in many places these challenges have been exacerbated during the COVID-19 pandemic, particularly during lockdowns and government-mandated restrictions on social movement.

To advance young people's access to sexual and reproductive health and rights information, education and services, we ask governments, policy and decision makers to:

- ▶ Adopt policies and allocate resources to support the delivery of sexuality education through mobile and digital technologies, which has made sexuality education available to many more young people throughout the pandemic. Digital and mobile modalities should be funded in addition to traditional, in-person models for comprehensive sexuality education, because vulnerability is experienced in diverse ways and different delivery mechanisms reach different audiences.
- ▶ Increase investments in specialist training to increase the proportion of the healthcare workforce who have skills and knowledge to deliver rights-based, non-judgmental youth-friendly sexual and reproductive healthcare.

Source materials

IPPF (2020) COVID-19 Global Impact Assessment of IPPF Member Associations: 1st survey results and analysis. London: IPPF. Accessed 26 June 2021. Available at: <https://ippf-covid19.org/2020/04/14/covid-19-survey-results/>

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Photography:

Cover: El Salvador, Commission focus on SGBV 2021. IPPF/Carlos Barrientos/El Salvador.

Page 4: IPPF humanitarian response to the earthquake in Sulawesi and flooding in Kalimantan, Indonesia, 2021. IPPF/Jenny Frans Pongrangga/Indonesia.

Page 7: Online CSE. IPPF/Marvin Maduro/Aruba.

Page 8: Leny De la Mata Aquino, Obstetrician, responsible for counselling on sexual and reproductive health, Peru 2021. IPPF/Camila Zevallos/Peru.

Page 9: IPPF humanitarian response to the earthquake in Sulawesi and flooding in Kalimantan, Indonesia, 2021. IPPF/Jenny Frans Pongrangga/Indonesia.

Page 11: Staff member of SLPPA explains how to use a Female Condom, St Lucia 2021. IPPF/Clement Prospere/St Lucia.

Page 12: Staff outside of BFPA office, Barbados 2021. IPPF/Anton Nixon/Barbados.

Page 13: SFPA staff reaching local communities with hand sanitizer, Sudan 2020. SFPA/Sudan.

Page 15: Cyclone Amphan India 2020. Chotu Naskar, 27, (Sex worker, Transgender Community). Tollygunge, Kolkata. IPPF/Disha Arora/India

Page 18: SFPA staff and volunteers making hand sanitizer, Syria 2020. SFPA/Syria.

Page 22: IPPF humanitarian response to the earthquake in Sulawesi and flooding in Kalimantan, Indonesia, 2021. IPPF/Jenny Frans Pongrangga/Indonesia.

Page 23: FPAB community health worker providing essential SRH healthcare during COVID-19, Bangladesh 2020. FFAB/Bangladesh.

Page 24: Home Care Pack, Ireland. IFPA/Ireland.

Page 25: Student, and mother, Aminata Sonogo (22) after a sexual healthcare event with young students at her school in Bamako, Mali 2020. IPPF/Xaume Olleros/Mali.

Page 26: Partson Banda, a Youth Action Movement chairperson and social media agent, Youth Life Center in Dowa, Malawi 2020. IPPF/Tommy Trenchard/Malawi.

Page 27: Tunisia/ATSR.

Page 30: Lebanon MA (SALAMA). Clinic staff in full PPE; clinics reopened to deliver healthcare, 2020. Lebanese Association for Family Health.

Page 31: Members of the Youth Action Movement (YAM), Barbados 2021. IPPF/Anton Nixon/Barbados.

This report is dedicated to all the frontline IPPF healthcare workers at the forefront of the fight against COVID-19

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4 Newhams Row London SE1 3UZ tel +44 (0)20 7939 8200 fax +44 (0)20 7939 8300
www.ippf.org info@ippf.org UK Registered Charity No. 22947

