


IMPACT OF COVID-19 ON WOMEN AND GIRLS' AND THIER HEALTH



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ON WOMEN AND GIRLS'
AND THIER HEALTH**



This publication has been produced by Blue Veins with the generous support from Young Omang with a purpose to provide an initial analysis of the impact of COVID-19 crisis on women and girls (not limited to mentioned challenge below), with a focus on reproductive healthcare and the increased risks of Sexual and Gender Based Violence, in addition to outline a set of recommendations for key decision makers, service providers, government departments and other non-state stakeholders working in response to reproductive health and rights or providing health services for women and girls.

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INTRODUCTION OF BOOKLET

Access to sexual and reproductive health rights have always been vulnerable to the priority of service providers in humanitarian contexts. While the outbreak of COVID-19 has also aggravated the situation and access to services has become more challenging. Women and girls are more likely to suffer in existing health conditions and economic instability than other community members due to the societal, structural and cultural challenges in access to services related to healthcare including sexual and reproductive health rights.

COVID-19 has exacerbated the pre-existing structural barriers that have continually abridged peoples' access to SRHR services and especially challenges have been increased for women, young people and adolescents. The sexual and reproductive

health impacts of COVID-19 include concerns around access to child care, increased wait times around accessing sexual and reproductive care as health care systems respond to increasing and new demands of public emergency, difficulties in accessing SRHR medications including contraceptives, hormone therapy, mental health issues and lack of access to psycho-social counselling and treatment, and HIV treatment, and the increased health risks experienced by young married girls, adolescents, and women who due to unavailability and access to services were at an even higher risk of unintended pregnancies, unsafe abortions, sexually transmitted infections (STIs), and complications arising from pregnancy.



Government, policymakers, service providers and advocates, in responding to the pandemic and also the associated challenges both in context of during and post-COVID scenario, must take cognizance of the impact the virus has on women, girls, adolescents, young people's and other marginalized groups' SRHR.

This booklet aims to provide an initial analysis of the impact of COVID-19 crisis on women and girls, with a focus on SRHR and the increased risks of Sexual and Gender Based Violence, in addition to outlining a set of recommendations for key decision makers, service providers, government departments and other non-state stakeholders working in response to reproductive health and rights or providing health services for women and girls.

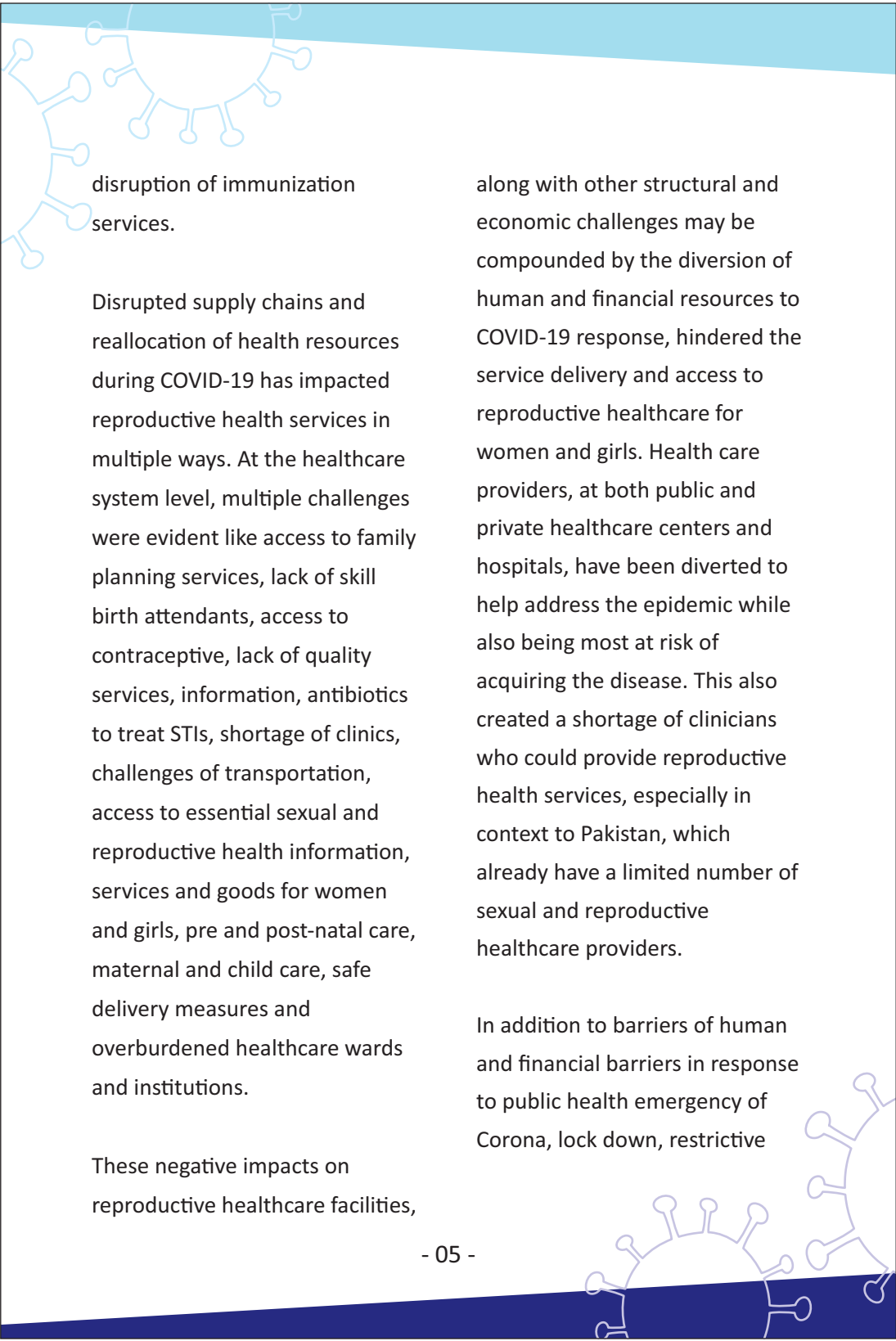


IMPACTS OF COVID-19 ON WOMEN AND GIRLS' AND THEIR REPRODUCTIVE HEALTH AND RIGHTS

The COVID-19 pandemic is the largest health and socio-economic crisis of the era, which has affected negatively our generation, differently men and women, exacerbated existing gender inequalities and with vulnerable communities, including sexual and gender minorities, women, adolescent mothers, persons with disabilities, youth, and the elderly. During public health emergencies, human and financial resources are diverted from various health programs to respond to the infectious disease outbreak.

Like other developed and wealthy countries, Pakistan has also been under pressure to keep its health systems well-organized and prepared to maintain essential

health services for everyone as COVID-19 rages on. Reinstating essential health services for its whole population remained one of Government's most urgent challenges. Many services for illnesses that are unrelated to COVID-19 were stopped, with multiple primary health care services on hold. Community health workers, vaccinators, midwives and family welfare assistants were unable to perform outreach services. The pandemic also limited women's access to life-saving maternal, newborn and other reproductive health services. Lockdowns and travel restrictions disrupt regular supply chains of essential medicines and health products, and creates a gap in the stock of essential vaccines, leading to the




disruption of immunization services.

Disrupted supply chains and reallocation of health resources during COVID-19 has impacted reproductive health services in multiple ways. At the healthcare system level, multiple challenges were evident like access to family planning services, lack of skill birth attendants, access to contraceptive, lack of quality services, information, antibiotics to treat STIs, shortage of clinics, challenges of transportation, access to essential sexual and reproductive health information, services and goods for women and girls, pre and post-natal care, maternal and child care, safe delivery measures and overburdened healthcare wards and institutions.

These negative impacts on reproductive healthcare facilities,

along with other structural and economic challenges may be compounded by the diversion of human and financial resources to COVID-19 response, hindered the service delivery and access to reproductive healthcare for women and girls. Health care providers, at both public and private healthcare centers and hospitals, have been diverted to help address the epidemic while also being most at risk of acquiring the disease. This also created a shortage of clinicians who could provide reproductive health services, especially in context to Pakistan, which already have a limited number of sexual and reproductive healthcare providers.

In addition to barriers of human and financial barriers in response to public health emergency of Corona, lock down, restrictive



movement, ban on public gathering/crowds, suspension of travel and stoppage of public transport also badly impacted the access to services including healthcare. Many people, seeking sexual and reproductive health care, are stymied by broader economic and social hurdles.


The socio-economic impact of COVID-19 and associated restrictions further limited people's ability to afford transport to health facilities.

It is also pertinent to mention that the pandemic not only disturbed the healthcare system but also the community engagement services and outreach activities have been worse hit, which includes mobilization, training, counselling, community outreach sessions, peer-to-peer-sessions,

mobile outreach and door-to-door home visits, and youth engagement channels.

According to Guttmacher Institute estimates from April 2020, in just a single year, a 10 percent decrease in sexual and reproductive health services in low- and middle-income countries could lead to another 49 million women with unmet need for contraception.

Other possible effects include another 15 million unintended pregnancies, another 28,000 maternal deaths and 168,000 newborn deaths due to untreated complications, and another 3 million unsafe abortions and 1,000 maternal deaths due to unsafe abortions.



The implications are staggering in terms of unmet needs, unintended pregnancies, unsafe abortions, and maternal and newborn deaths in 132 countries that are home to more than 1.6 billion women of reproductive age (15–49 years).

The provision of sexual and reproductive health services, including maternal health care and gender-based violence related services, are central to health, rights and well-being of women and girls.

The diversion of attention and critical resources away from these provisions result in exacerbated maternal mortality and morbidity, increased rates of adolescent pregnancies, HIV and sexually transmitted diseases.



GENDER SPECIFIC IMPACTS ASSOCIATED WITH SRHR AND COVID-19

Evidence shows that in times of public health emergency and associated crisis, access to comprehensive reproductive health services including safe delivery, contraception, safe abortion care decreases and the subsequent health outcomes are grave. Following are some key gender specific impacts of COVID-19 on access to Sexual and Reproductive Health Rights:

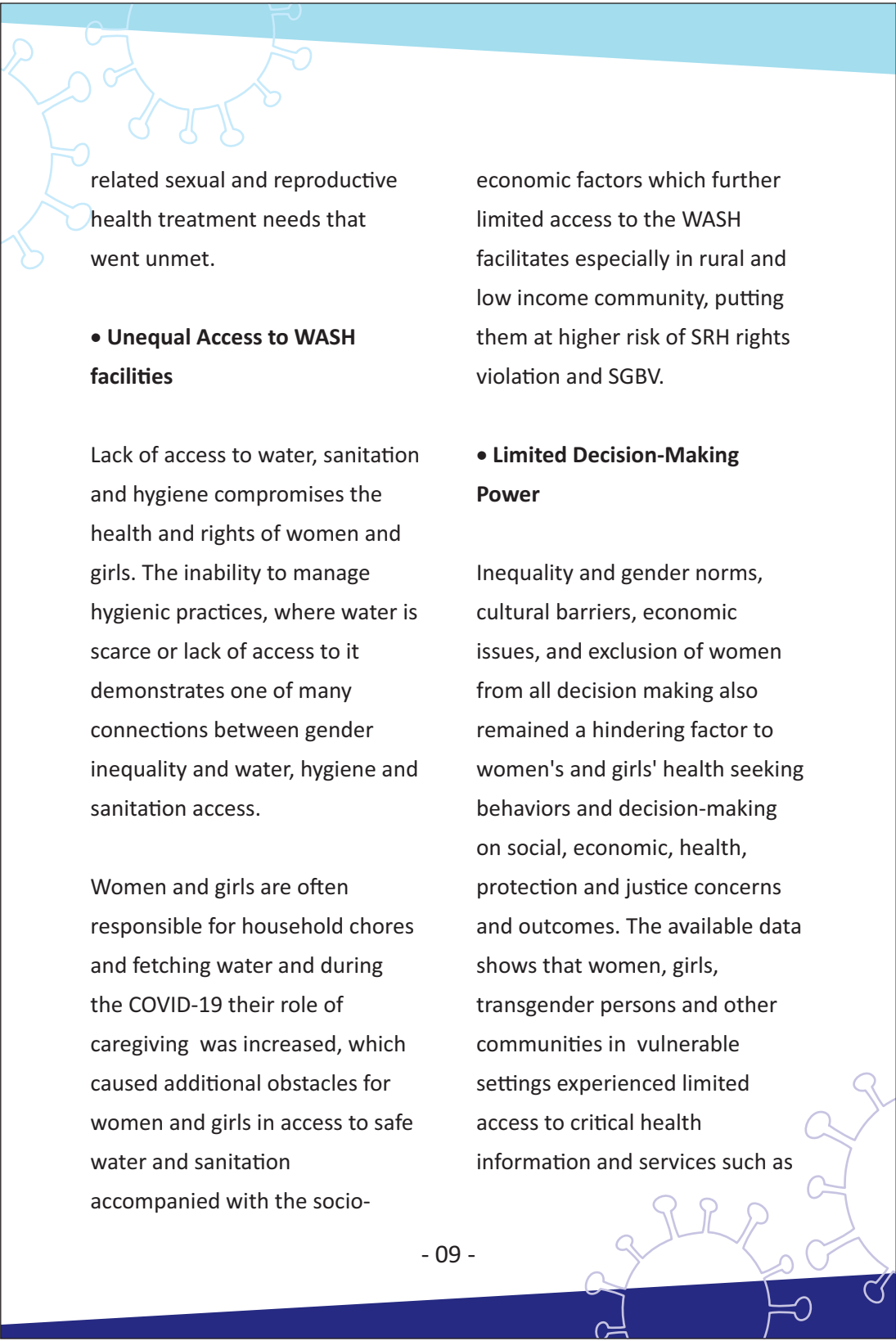
IMPACTS AT INDIVIDUAL LEVEL

- **Increased Sexual and Gender Based Violence**

As strategies to combat COVID-19 included self-isolation, lock down and quarantine, a global increase in domestic violence and SGBV is being observed. As communities around the world were forced to stay at home, women, girls,

children and transgender persons were at a heightened risk of domestic violence, intimate partner violence, child abuse, and other forms of sexual and gender-based violence.

The available media reports show that, at least 399 cases of violence against women has been reported in Khyber Pakhtunkhwa since the outbreak of COVID-19 and lock down restrictions, out of which majority of the cases were not reported to police. Financial challenges due to limited livelihood opportunities during the lockdown increased tensions in the family, as well as on decisions of resources and food security. This reality is exacerbated during crises, increased the cases of SGBV and



related sexual and reproductive health treatment needs that went unmet.

• **Unequal Access to WASH facilities**


Lack of access to water, sanitation and hygiene compromises the health and rights of women and girls. The inability to manage hygienic practices, where water is scarce or lack of access to it demonstrates one of many connections between gender inequality and water, hygiene and sanitation access.

Women and girls are often responsible for household chores and fetching water and during the COVID-19 their role of caregiving was increased, which caused additional obstacles for women and girls in access to safe water and sanitation accompanied with the socio-

economic factors which further limited access to the WASH facilitates especially in rural and low income community, putting them at higher risk of SRH rights violation and SGBV.

• **Limited Decision-Making Power**

Inequality and gender norms, cultural barriers, economic issues, and exclusion of women from all decision making also remained a hindering factor to women's and girls' health seeking behaviors and decision-making on social, economic, health, protection and justice concerns and outcomes. The available data shows that women, girls, transgender persons and other communities in vulnerable settings experienced limited access to critical health information and services such as

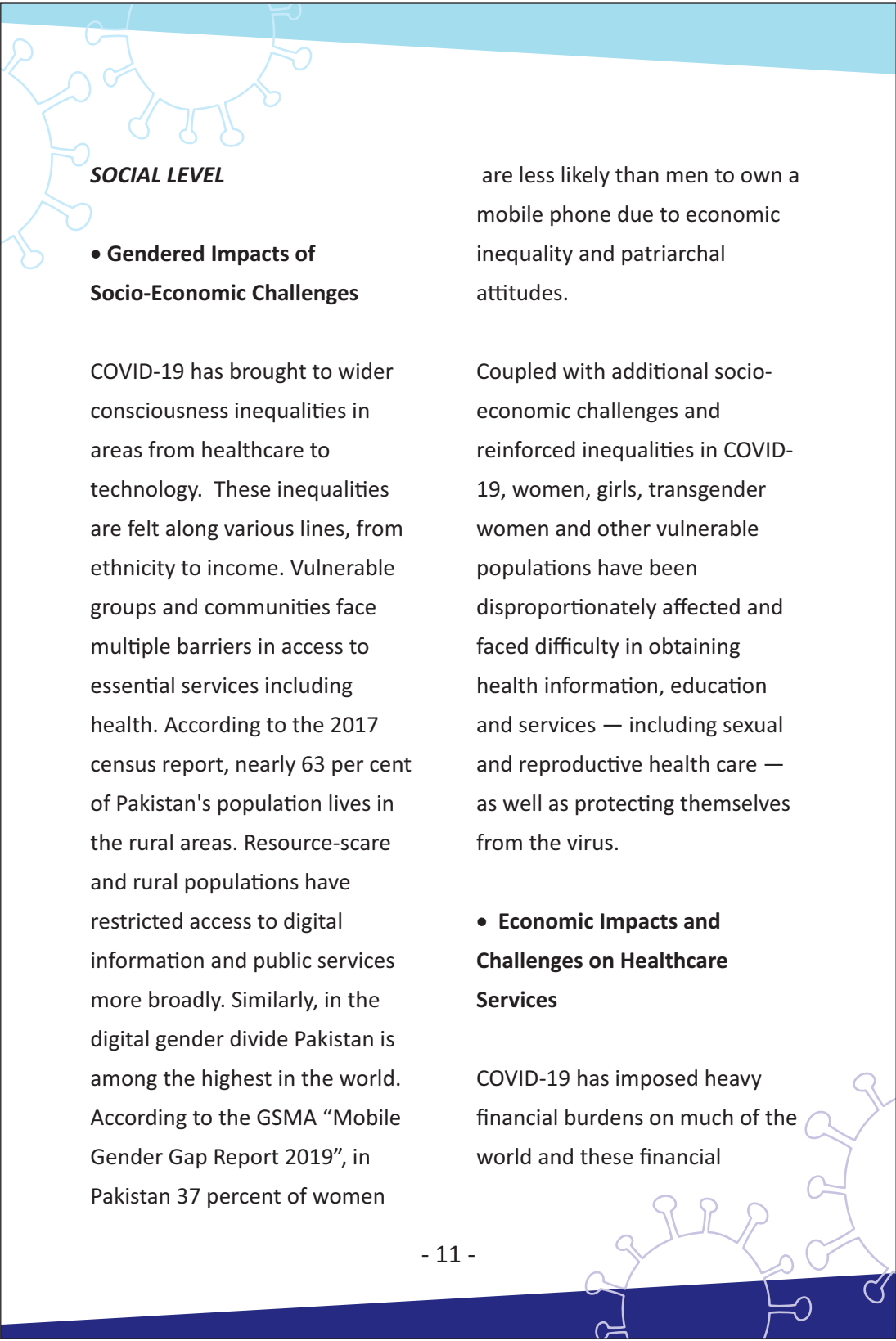


for primary, sexual and reproductive health, while available services remain strained and poorly equipped. Yet, with all these challenges, women continued to actively agitate for meaningful and full political participation and in other socio-economic arenas, including in health.

• **Risks to Maternal Healthcare**

Diversion of human and financial resources in healthcare settings responding to COVID-19 created considerable challenges in access to mother and child care services. COVID-19 mobility restrictions reduced access to essential reproductive, maternal, newborn, child and adolescent health services. According to the available media report, reproductive healthcare and family planning facilities have been negatively interrupted

during the public health emergency of COVID. Mother and child care suffered multiple challenges. Community health workers were either grounded or reluctant to make field visits due to lack of personal protective equipment's and the healthcare facilities lack COVID-19 protocol and well-equipment's to serve pre- and post-natal services. As in response to COVID-19, many extraneous factors emerged to impact maternal and child health, UNICEF has indicated expected birth of 5 million children in Pakistan in post COVID-19 situation and has appealed the governments to ensure that women have easy access to reproductive health services and information during and post-COVID scenario.



SOCIAL LEVEL

• Gendered Impacts of Socio-Economic Challenges


COVID-19 has brought to wider consciousness inequalities in areas from healthcare to technology. These inequalities are felt along various lines, from ethnicity to income. Vulnerable groups and communities face multiple barriers in access to essential services including health. According to the 2017 census report, nearly 63 per cent of Pakistan's population lives in the rural areas. Resource-scarce and rural populations have restricted access to digital information and public services more broadly. Similarly, in the digital gender divide Pakistan is among the highest in the world. According to the GSMA “Mobile Gender Gap Report 2019”, in Pakistan 37 percent of women

are less likely than men to own a mobile phone due to economic inequality and patriarchal attitudes.

Coupled with additional socio-economic challenges and reinforced inequalities in COVID-19, women, girls, transgender women and other vulnerable populations have been disproportionately affected and faced difficulty in obtaining health information, education and services — including sexual and reproductive health care — as well as protecting themselves from the virus.

• Economic Impacts and Challenges on Healthcare Services

COVID-19 has imposed heavy financial burdens on much of the world and these financial



restrictions further restricted access to contraception, maternal care, family planning services and counselling, and other SRH services. Economic hardships and the financial constraints of families during pandemics mean that girls are acutely vulnerable to GBV, particularly to exploitative relationships, early forced marriage and violation of their sexual and reproductive healthcare. The socio-economic vulnerability of marginalized communities and the corresponding effects on SRHR cannot be ignored. Compounded economic impacts are felt especially by women and girls who are generally earning less, working in informal economic sector, holding insecure jobs or living close to poverty, which adversely impacted their health, including sexual and reproductive health services, through the reallocation of resources and priorities and limited access.

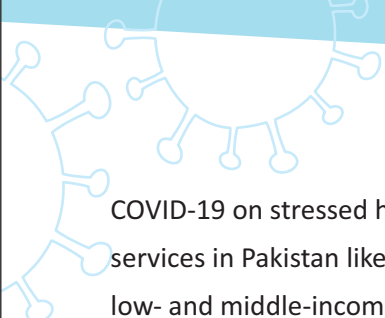
- **Fear to Seek Health Services**

Information and misinformation about COVID-19 and its transmission, disruption of services, as well as a lack of trust in the health system, caused hesitation and deterrence among women, girls and other patients, including pregnant people and others seeking reproductive healthcare services, from accessing necessary medical treatment and prevention.

STRUCTURAL LEVEL

- **Deprioritization and unavailability of Sexual and Reproductive Healthcare**

Access to sexual and reproductive health rights have always been vulnerable to the priority of service providers in humanitarian contexts. With the effects of



COVID-19 on stressed health services in Pakistan like other low- and middle-income countries also disrupted essential SRH care and deprioritized these services, including maternal health, SGBV counseling and safe spaces, family planning, HIV care and treatment, contraception, safe abortion care and other related services. Similarly, diversion of healthcare workers to handle the COVID crisis, understaffed, underfunded or closed SRH centers, mobility restrictions, and supply chain challenges further limited access to healthcare facilities for women and girls.

• **Disruption of Health Supply Chain**

Women and girl's specific healthcare needs are often not reflected in decision-making on the response to public health

emergencies. Disruption of health supply chain is also one of the negative impact of COVID on SRH care and services. Many SRH services has stopped, with multiple primary health care services on hold. Inability of community healthcare workers to provide services at community level, disruption of regular supply chains of essential medicines and health products due to lockdowns and travel restrictions, created a gap in service delivery and access to modern contraception, maternal and newborn health and other SRH healthcare.



IMPACTS ON MENTAL HEALTH OF YOUNG PEOPLE ESPECIALLY WOMEN AND GIRLS


The outbreak of COVID-19 created several socio-economic challenges, deepening pre-existing inequalities, and has been exacerbating the vulnerabilities in social, political, and economic and legal systems. The consequences of crisis are more intensified among young people, girls, women, children, transgender community, and other vulnerable group.

The disruption of services, curtailing measures, social distancing, closure of business, educational institutions, loss of jobs and other associated crisis has also adversely impacted the mental and physical health of the general public and especially of young people. The need for mental health services and counselling is paramount in the

time of public health crisis, as many people, including young people, face or are at higher risk of anxiety, stress and other mental health issues.

The available data and media reports show that young people are negatively affected by closures of non-formal education opportunities, depriving them of social engagement with their peers and educators. Prolonged periods of closures and movement restrictions lead to additional emotional unrest and anxieties. The closure of youth services restrict youth from engaging directly with their peers and communities.

Pre-existing toxic social norms and gender inequalities, economic and social stress



caused by the COVID-19 pandemic, coupled with restricted movement and social isolation measure and exponential increase in SGBV, actually worsened the existing mental illnesses and led to more cases among young people. Especially with young girls and women taking on much larger responsibilities of unpaid care work, as well as facing the brunt of domestic violence, had grave outcomes on their mental health. The prolonged social isolation and stress increased the incidences of mental health conditions in young people including suicidality throughout the world. Since January 2020, about 29 suicidal and attempted suicide cases were reported in Pakistani press media. Yet young people are an important resource in mitigating risks, and to support community outreach in the crisis and Pakistan has a large number of youth which could be of great force and play multiple roles during and after this crisis.

Such roles can be varied – from economic and personal to political and social.



PRELIMINARY RECOMMENDATIONS

A key structural mid to long-term COVID-19 response is to invest in health systems strengthening, in a joint undertaking between government and non-government stakeholders. During the public health crises, the existing dynamics of individual, social and structural inequalities further reinforce each other, increasing the risk of rights violations for the most vulnerable populations. Based on the lesson learned and experience during the pandemic, following are some key recommendation for government and other stakeholders:




GENERAL RECOMMENDATIONS

- ➔ Include women, girls, transgender community and young people in decision making to the response strategies and programs of public health emergencies.
 - ➔ Prioritize access to sexual and reproductive health services and vulnerable populations' ability to seek and access care amidst restricted mobility and ensure their inclusion in social security schemes.
 - ➔ Facilitate and ensure equal access to clean water, sanitation and hygiene services by mapping water insecurity and implementing emergency measures, including deferring water utility bills during the pandemic, tapping water from alternative sources and providing water through supply tankers wherever needed.
 - ➔ Increase availability of telehealth and telemedicine
- where possible to communicate how to avoid infection and track COVID-19 transmission and treatment; as well as to provide sexual and reproductive health counseling.
- ➔ Ensure communication and outreach on responses to health emergencies are accessible to the most hard-to-reach and most at-risk communities, including women and girls, people living with disabilities, people living with HIV, sexual and gender minorities, refugees and displaced populations, and rural groups.
 - ➔ Collect disaggregated data on COVID-19 with multiple dimensions, including gender, as the exclusion of women's and girls' health experiences obscures inequalities and upholds harmful norms.



RECOMMENDATIONS FOR GOVERNMENT

- ➔ Incorporate a gender analysis into the development of COVID-19 policies in order to lead to the development and implementation of effective policy measures which responses to gender impacts and challenges of public health crisis.
- ➔ As the pandemic unfolds, there is urgent need for sex-disaggregated data to fully understand how women and men are affected by the virus.
- ➔ To better understand the impact of lockdowns and other restrictive measures on women and girls and assess the gendered aspects of disruptions, minimized resources and supplies, gender-disaggregated data should be gathered through surveys and researches.
- ➔ Access to family planning, contraception and other related reproductive healthcare services must continue, and supply chains must be supported to avoid any stock outs during the time of public health emergency.
- ➔ Governments must continue to guarantee access without discrimination to all SRHR services, information and commodities during the crisis by recognizing that they are essential, life-saving and often time sensitive services (i.e. contraception, including emergency contraception, maternal healthcare, STIs/HIV and reproductive cancers prevention, detection and treatment, hormone treatment for transgender persons).



➔ Developing new and innovative ways for providing SRH services, such as reproductive health and contraception counselling services, using mobile phones e.g. WhatsApp messaging must be promoted in collaboration with non-government stakeholders who can be a potential partner in this regard.


➔ Government must ensure that services and resources remain available and accessible for survivors of SGBV as essential services (hotlines, shelters, referral mechanisms, and other SGBV services either provided by the state or civil society) in their provincial and national responses to the public health emergency.

➔ Prioritize strengthening of the response capacity hotlines like increasing remote access to mental health and psychosocial

support, services and safety planning opportunities with trained service providers.

➔ Government must ensure that all political responses, whether aimed at the domestic or international action, are people-centered and gender transformative, guarantee the right to health, uphold the commitment to universal health coverage (UHC) and strengthening health systems with adequate resources for SRHR, able to mitigate the impact of future epidemic outbreaks.

➔ Ensure SGBV risk mitigation and adaptation, into all aspects of the epidemic response, is included in provincial and national contingency/ preparedness and humanitarian response plans.

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- ➔ Ensure that essential services including healthcare continue to be inclusive, including those from marginalized communities, and others have equal access to GBV prevention and response during the outbreak.
 - ➔ Diversify outreach activities to ensure marginalized women and girls understand their rights and where they can obtain support: GBV response service providers should work to ensure that there are diverse outreach strategies in order to reach women and girls who face particular boundaries to obtaining services.




RECOMMENDATIONS FOR YOUTH

- ➔ Support and promote innovative and creative ways of providing information and support to adolescents and young people in vulnerable settings on sexual and reproductive health and rights through online and offline channels.
- ➔ Invest in young people to join efforts towards mitigating risk and safety by reaching out to communities through initiatives that build their capacities and knowledge, and increase their connectivity to share relevant key information during the time of crisis.
- ➔ Strengthen the capacity of youth organizations to engage young people safely, effectively and meaningfully in ways that enable them to broaden their knowledge and play an effective role in the prevention and response, including as social and community workers and as assistants to professional health staff, where needed and possible.



RECOMMENDATIONS FOR CSOs

- ➔ Governments and CSOs should in collaboration secure popular support for rights-based approaches to SRHR, championing open and positive discussions and campaigns at provincial and national levels, safeguarding already secured progressive laws and policies.
- ➔ CSOs should effectively advocate for the prioritization to reach those left behind, developing and championing adapted solutions, such as: telemedicine, mobile applications and self-care protocols for the SRH sector, developing online CSE resources and training for online CSE delivery among others.
- ➔ Protects and expands support to community organizations led by, and working in partnership with, marginalized groups on SRHR to ensure that the rights of communities regarding meaningful participation in the SRHR response are upheld.
- ➔ Provides information and support to adolescents and young people so that they can claim their SRHR, including through the use of social media, tele-health and the pooling of multiple services.
- ➔ Promote and adapt innovative approaches to provide information and community outreach services remotely, including digital and mobile technology. This includes acknowledgement of inequities in digital inclusion, including privacy and online safety especially for girls and young women.

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- ➔ Advocates for disaggregating data in the COVID-19 response to understand the gendered direct and indirect impacts, with data disaggregated by sex, age, disability and other relevant vulnerability factors.
 - ➔ Engages with existing formal and informal social networks such as women's groups, girls' groups, community groups, civil society organizations, and women's right organizations to support their efforts including as first responders, advocates and their efforts to prevent social isolation during the time of crisis.



WHO WE ARE

Blue Veins is a non-governmental advocacy organization working for the empowerment of women, girls, transgender community and other socially isolated groups. Blue Veins works to empower communities towards improving their status which is essential for them in realizing their full potential of social, political and economic development and for promoting gender diversity and inclusivity.

