**IBP Comments to Questionnaire from the UN Special Rapporteur**

**"The right to sexual and reproductive health – challenges and opportunities during COVID – 19".**

|  |  |
| --- | --- |
| Type of Stakeholder (please select one) | [ ]  Member State [ ]  Observer StateX Other (please specify)*IBP Network (collection of INGO, CSO partners working in SRHR)* |
| Name of StateName of Survey Respondent | Not ApplicableMalayah Harper, Director SRHR, EngenderHealth, Chair of IBP Network |
| Email | mharper@engenderhealth.org |
| Can we attribute responses to this questionnaire to your State publicly\*? \*On OHCHR website, under the section of SR health |  Yes X No Comments (if any): IBP Network is not a Member State. Responses can be attributed to Partners from the IBP Network. Not applicable |

The IBP Network housed at WHO is a consortium of 100 INGO, local CSO, and academic organizations dedicated to supporting the dissemination and use of evidence-based guidelines and practices in family planning and sexual and reproductive health. Over the past 20 years, with support from WHO, UNFPA, IBP is one of the most sustainable networks of SRHR organizations and professionals in the world.

EngenderHealth is the current Chair of IBP (through August 2021) and is submitting this response to the Survey on behalf of all the partners in the IBP Network.

In early June 2021 IBP convened its diverse network of partners to respond to the UN Special Rapporteur survey in preparation for remarks on Covid-19 and SRHR at the UN General Assembly. Below is a summary of some key responses organized around Policies, Programs (Challenges and Adaptations made) and Funding.

**Questions 1 & 2: Policies:**

* Emergency Contraception **policies were not adapted** in Poland and Hungary to meet the WHO guidance provided in February 2020 at the start of the Covid-19 pandemic. This guidance allowed the provision of EC and other selected contraceptive methods to be dispensed without a prescription, without physical exam, to be initiated by individuals and to be distributed in community outreach programs, where allowed by national regulations. This lack of adherence to WHO policy severely limited access to EC in these two European countries (International Consortium on Emergency Contraception).

**Question 3: Programs Challenges:**

* In many countries, partners reported that SRHR clinics and/or **dedicated rooms for SRHR services were quickly repurposed and transformed to meet Covid-19 needs** (Screening, storing equipment, etc...). As a result, SRHR services like family planning counselling and provision were stopped. (Partners in Health, FHI360).
* In India, analysis of HMIS data on service uptake during the lockdown period (April 2020-June 2020) revealed significant reductions in family planning services—There was a **43% drop in injectable doses, 50% drop in interval IUCD and 21% drop in oral contraceptive pill** (OCP) and condom distribution. Centchroman (weekly) pill distribution saw the highest drop at 59% (Population Foundation India)
* Projections from Ipas India suggest that as a result of the pandemic and disruption in essential health services, 26 million couples in India will have no access to contraceptives. The inability to access contraceptives during the lockdown is likely to result in an additional 2.4 million unintended pregnancies in India. Close to 2 million Indian women will be unable to access abortion services in near term due to COVID-19. These projections were made in 2020 (Ipas).
* For women living with disabilities, **limitations in transport services** was a notable barrier to accessing services. And mobile outreach services including public gatherings that were easy ways to reach people with disabilities were suspended further limiting access to SRH information and services for this population group (Humanity & Inclusion).
* In addition, difficulty **adhering to physical distancing was a challenge** as persons with disabilities are often dependent on others to move from one place to another. Care givers limited their movements and were hesitant to provide the in-person support needed for to individuals with disabilities further limiting their access (Humanity & Inclusion).
* **Violence against women** during the COVID 19 pandemic increased as result of measures put in place that bans the social gatherings and gives the chance of women to be staying in homes exposing them to more gender-based violence (Multiple partners).
* Economic impact of COVID-19 on families have resulted in **nutrition deficiencies** for many pregnant and lactating women and small children, because of household financial pressures (Multiple partners).
* There were **increases in obstetric complications and home deliveries** due to lack of access to transportation to health facilities (Multiple partners).
* **Stock outs of contraceptive methods** and other supplies for providing SRHR services increased to due to delays and limits in shipments. This limited choice of contraceptive methods for many women (Multiple partners).

**Question 3: Program Adaptations:**

* Family Planning programs in Kenya, Uganda **started to provide 3-month oral contraceptive pill packs** to women instead of having to come for refills monthly (FHI360)
* A **renewed focus on task sharing and increase emphasis on self-care** enabled continued provision of some family planning services (FHI360)
* In South Africa, medical abortion services were provided, and **telemedicine services** provided counselling and follow up. This method of provision will likely continue post pandemic (MSI Reproductive Choices)
* In India, partners advocated with the Ministry of Health and Family Welfare (MoHFW), Government of India to **include Family Planning as an essential health service** allowing services to continue during the pandemic (Population Foundation India).
* Local civil society organizations including social marketing organizations (SMOs) working on reproductive health and family planning identified a consolidated and coordinated approach to ensure that information and services continue to reach clients even when government facilities were closed (Population Foundation India).

**Question 5 & 6: Funding:**

* In India, an amendment that was made to the existing Foreign Contribution Regulation Act (FCRA2020) in September 2020 introduced new rules and restrictions for NGOs receiving foreign funding, which not only threaten their functioning and existence, but as a consequence, would slow down the process of societal transformation that they work towards.
* The UKs Foreign, Commonwealth and Development Office (FDCO) funding cuts has implications for many partners in providing SRHR services and several partners expressed concern for such reductions in funding (IPPF, MSI, UNFPA).
* In Bangladesh, funding cuts means closure of the only program in Bangladesh designed specifically to increase SRHR access to Women with Disabilities.