**Plan International, Inc.**

**SUBMISSION TO THE REPORT OF THE SPECIAL RAPPORTEUR ON THE RIGHT OF EVERYONE TO THE ENJOYMENT OF THE HIGHEST ATTAINABLE STANDARD OF PHYSICAL AND MENTAL HEALTH**

Plan International has developed this submission to inform the forthcoming report of the Special Rapporteur on the right to health on the right to sexual and reproductive health – challenges and possibilities during COVID-19. We have responded to certain questions of the Call for contributions.

Plan International, Inc. is an independent non-governmental organisation and is in General Consultative Status with ECOSOC. Founded in 1937, Plan International is one of the oldest and largest children’s rights organisations in the world. We strive to advance children’s rights and equality for girls in both development and humanitarian contexts. Working with children and young people in more than 75 countries around the world, we tackle the root causes of inequality faced by children, especially girls, through our programme and influencing activities.

1. **Since the beginning of COVID-19 pandemic, States have adopted new policies, laws and other measures in response to the crisis. Please refer to the relevant measures in your country (or countries in focus) and their impact on the right to sexual and reproductive health. Please share information on opportunities and challenges.**

We are seeing resources redirected away from vital sexual and reproductive health (SRH) services in favour of other COVID-related responses. We know from past epidemics that a lack of access to essential health services due to a shutdown of services can ultimately cause more deaths than the epidemic itself. Difficulty accessing contraceptives and other essential services such as safe abortion denies millions of girls and women the right to control their bodies and lives.

Lockdown measures in response to COVID-19 have closed schools around the world, leaving an estimated 1.54 billion young people out of school, with even fewer young people now receiving vital Comprehensive Sexuality Education (CSE). Social restrictions are leaving girls with limited or no access to vital CSE and essential SRH services. Projections from UNFPA suggest lack of access to modern contraceptives for 47 million women could result in up to 7 million unintended pregnancies if the lockdown continued for six months,[[1]](#endnote-1) while estimating that an additional 13 million child marriages could take place, and 2 million FGM/C cases linked to pandemic-related disruptions in prevention programmes.

Complications from pregnancy and childbirth is the leading cause of death for girls aged 15-19 and is known to increase substantially in crisis settings. Plan International’s [Living Under Lockdown report](https://plan-international.org/publications/living-under-lockdown) found that when schools were closed during the Ebola crisis, there was a steep increase in unintended teenage pregnancies and a staggering 75% increase in maternal mortality over just 18 months.

All too often when shifting from offline to online learning, CSE falls by the wayside and is not included in learning packages. Even where it is, with connectivity still being a luxury rather than a right and an ever-widening digital gender gap, girls and young women from marginalized, poorer households are the least likely to be able to access this information. Even if they then overcome numerous barriers to get online, girls and young women are so often subject to harassment and abuse, they are less likely to stay online.

**Opportunities**

With disruption to schools, health services and community centres, new ways of providing information and support to children, adolescents and young people need to be established. This can include social media and remote learning, but CSE must also be included in distant learning packages and in considerations taken for those who do not have access to digital resources. Furthermore, policy makers must ensure that girls are not discouraged from returning to schoolby being flexible in their approach to education and making it easy for pregnant girls and young mothers, who often face stigma and discriminatory school re-entry laws, to complete their education.

Governments must ensure continued access to SRH services, which means keeping SRH clinics open and using tele-health as an alternative to face-to-face appointments. They must work together with the private sector to ensure continuity in the supply chain of contraceptives and essential medicines for those living with HIV. These services are of paramount importance in humanitarian contexts, where SRH services must be treated as the lifesaving interventions they are.

1. **Please also specify legal or other measures introduced during the pandemic aiming at recognizing, or restricting, banning or criminalizing: a) access to legal abortion; b) consensual sex between adults; c) same sex sexual relations, d) consensual sex between adolescents of similar ages, e) sex work, f) same sex marriage, g) information on the right to sexual and reproductive health; h) HIV transmission and i) autonomy and free decision making on one’s body and sexual and reproductive health.**

Plan International is currently witnessing how the COVID-19 pandemic is being used to call for restrictions on access to sexual and reproductive health rights (SRHR) or to spread misinformation and messages stigmatising contraceptive usage and access to abortion care.[[2]](#endnote-2) Some have begun to frame the pandemic as an opportunity to return to traditional gender roles,[[3]](#endnote-3) while others have used the opportunity of widespread lockdowns and bans on mass gatherings and public protests to attempt to roll back legislation on SRHR.[[4]](#endnote-4)

Since the start of the pandemic, attempts have been made by Italy and 11 states of the United States of America to introduced measures to restrict or delay the right to access safe abortion and abortion care. Poland has taken advantage of the COVID-19 pandemic and ensuing lockdown measures to restrict the right to public assembly and protest in order to usher through further judicial and legal restrictions on the right to safe abortion.

In contrast, there have also been moves by other countries such as Ireland, Malta and the United Kingdom of Great Britain and Northern Ireland to relax requirements and permit telemedicine for abortion for the duration of the crisis.

1. **Regarding sexual and reproductive health care, what services, goods and information is being provided in your country (or countries in focus), during the pandemic?**
	1. Any **changes compared to pre-COVID 19?** Has any service, good or information been deprioritized or defunded? Who is this affecting in particular?
	2. Please explain if there has been any i**mpacts on the availability, accessibility, acceptability or quality** of sexual reproductive services during COVID – 19.
	3. Please also share information on other **practical obstacles or challenges to access** sexual reproductive services during the pandemic, and who were most affected.
	4. Please also share **good practices and opportunities** in the provision of sexual and reproductive health care during the pandemic.

COVID-19 has increased SRHR-related needs for communities in lockdown and has resulted in a rise in: sexual and gender-based violence, unmet need for contraception, restricted access to safe and comprehensive abortion care; compromised SRH services, and limited access to CSE.[[5]](#endnote-5) Despite this increased need, SRH providers in every region of the world, including International Planned Parenthood Federation (IPPF) Member Associations, have been impacted, leading to closure or suspension of some of their activities and services.

The pandemic is also causing severe problems for SRH services, with clinics closed down and large disruptions in supply chains for contraceptives, in part due to the closure of large manufacturers in Asia and the knock-on impact on shipping and regulatory approvals. In Kenya, the centralisation of commodity supply chain disrupted local and regional access to SRH supplies as a result of central lockdowns imposed around Nairobi.

We are sharing the following quotes from our consultations with girls which were held to inform programming on responding to COVID-19:

* “*Right now, adolescent girls and women are facing a big problem due to non-availability of sanitary pads during periods. Therefore, we are using clean clothes available at home to keep ourselves safe from diseases. Pregnant women are also facing problems because they are not able to take nutritious food. Their families are scared and do not want to take them to the hospital for delivery*” (**India)**
* “*I am pregnant and I need nutritious food that I can’t go out and buy. My regular health check-ups have also been disrupted*.” (**Bangladesh)**
* “*I also know two girls who have just gotten married during this pandemic. I truly think that education offers us a chance to a brighter future however, due to the current pandemic, many girls are giving up their learning opportunities for marriage to release the new economic hardship*” (**Vietnam)**
* “*I am trying to amplify girls’ voices. I think Plan can better support me by providing my fellow youths especially girls with resources like, sanitary pads because it is expensive right now for the parents to provide their girls with it*” (**Uganda**)

**Jordan**

A new study by Plan International, UNFPA and the Institute for Family Health into the situation among Jordan’s refugee populations observed a 10-20% increase in women who have been unable to access family planning services as well as a rise in gender-based violence (GBV). The report has three key findings:

1. **Accessing GBV and SRH services has become more difficult since the pandemic:** Women and girls agree that obtaining GBV and SRH services prior to the pandemic was less difficult than during the lockdown. Some women and girls also report having used virtual SRH and GBV services, though there are age differences as a greater percentage of adolescent girls from 10-17 (48%) had accessed a virtual service than young women from 18 to 24 (38 %) and adult women from 25 to 23 (49 %), suggesting that virtual services are more accessible to adolescent girls. Women and girls who had taken part in virtual services generally received these well and said the service made them feel better, though key informant interviews with service providers stated that virtual services are not a true replacement for in-person services.
2. **Access to SRH services has been hindered:** Women and girl survey respondents reported having less information on how they can access SRH services during the lockdown than prior by at least 10% across the age groups surveyed. Common contraception methods in Jordan such as pills and condoms continue to be available in pharmacies, though the survey data shows that access to family planning counselling has been negatively impacted, with an increase of 10-20% in the number of women who are not at all able to access family planning.
3. **Service providers working with women, girls, and youth are feeling the stress but showing adaptability:** Service providers working in GBV response, SRH, and programs for youth have made valiant efforts to transition their services following this shock, and many organizations feel that they have adapted well. Service providers themselves are coping with a high level of stress and pressure and are also affected by the uncertainty of the pandemic.

**Kenya**

Since the onset of COVID-19 in March, Kenya has witnessed an increase in teenage pregnancies, sexual and gender-based violence. A [media report](https://plan-international.org/news/2020-06-25-covid-19-lockdown-linked-high-number-unintended-teen-pregnancies-kenya) citing data from government managed health information systems stated that up to 4,000 adolescent girls may have visited health facilities for antenatal services in one county alone between January and May 2020, since the closure of schools due to COVID-19.

Since containment measures in Kenya were put in place, including closing schools and restricting movement, accessing SRH information and services has become very challenging for girls and women. This is on top of cultural expectations surrounding abstinence, which already impacted young people’s confidence in seeking SRH services.

According to research conducted by Plan International across nine counties in Kenya, unintended or unwanted teenage pregnancy was already a huge issue for girls, significantly impacting their lives. Our research shows that the majority of teenage pregnancies are unintended. Even before the crisis, girls and young women in Kenya faced considerable challenges in accessing essential health information and services. Now, amid a pandemic that is straining even the strongest healthcare systems, there is a real risk that SRHR will be deprioritized, with devastating consequences for girls and women.

**Somalia**

Plan International, working with local partner, NAFIS (Somaliland National Network Against FGM/C) experienced increased calls on FGM/C incidents across Somalia, a practice traditionally carried out during school holidays in urban settings or during the rainy season in rural areas. Girls are now being subjected to the practice in group gatherings, as girls are forced to spend more time at home.

A Plan International assessment carried out in Hargeisa and Burao, in Somaliland, last year found that 42% of adults believe that being out of education increases a girls’ risk of undergoing FGM, which traditionally takes place during the school holidays. In the same survey, 61% of respondents said they believe that FGM has increased because of the pandemic.

Schools have now re-opened, but there are growing concerns among teachers and community workers that many girls have not returned to their classes due to increased rates of early marriage and FGM, and the economic pressures caused by COVID-19.

The assessment also found that of the 25% of children who were not attending school prior to the pandemic, nearly three-quarters (73%) were girls.

**Indonesia**

[Evidence to date](https://www.plan.org.au/wp-content/uploads/2021/03/smart-successful-strong-2021.pdf) suggests that COVID-19 has led to an increase in child, early and forced marriage in Indonesia. School closures and subsequent risk of school drop-out together with the economic pressure on households is thought to be linked with the significant spike in child marriage applications observed in Indonesia in 2020.

By June 2020, 24,000 applications for permission to marry underage had been lodged with district and religious courts – more than two and a half times the total number for the whole of 2012. The estimated 33,000 child marriages in 2020, runs against the overall downward trend seen over the past years in Indonesia. This trend was confirmed in a Policy Corner event hosted by Plan International in January 2021 where it was noted that in West Nusa Tenggara province, child marriage and marriage dispensation requests had increased significantly during the pandemic.

**Menstrual Health and Hygiene**

On any single day during this health emergency, 800 million diverse women and girls are menstruating and grappling with the unique challenges of doing so in a global pandemic.

To gain a deeper understanding of the specific problems COVID-19 has posed for managing menstrual health and hygiene, Plan International conducted an [online survey](https://plan-international.org/publications/periods-in-a-pandemic) exclusively for professionals who work in the WASH and SRHR fields across the Plan International federation.

The online survey was live from 11 May to 17 May 2020 and attracted 61 responses from professionals working in 23 countries.

1. 81% were concerned that people who menstruate would not be supported to meet their menstrual hygiene management (MHM) needs;
2. 78% worried the pandemic would further limit freedom of movement; and
3. 75% said COVID-19 may pose increased health risks for people who menstruate, as resources, such as water, are diverted to other needs.

In relation to MHM, WASH professionals in 23 countries have reported that COVID-19 had worsened key challenges for people who menstruate by:

1. Restricting access to products, through either shortages or disrupted supply chains: 73% agreed
	* Three-quarters (73%) of WASH professionals said access and distribution had been hampered by COVID-19.
	* One in three girls and women surveyed in the Pacific said (30%) that period products had become harder to find during the pandemic.
2. Restricting access to WASH facilities to help change, clean and dispose of sanitary products: 68% agreed
	* Two-thirds (68%) of WASH professionals reported that access to facilities to help girls manage their periods had been disrupted.
	* Across the Pacific girls and women surveyed, almost half (40%) said they had trouble finding facilities for changing and disposing of period products safely, privately and hygienically.
3. Increased and prohibitive prices of products: 58% agreed
	* Two-thirds of WASH professionals (58%) reported that menstrual hygiene products had become more expensive since the pandemic started.
	* One in five (22%) girls and young women surveyed in the Pacific reported the cost of period products had risen since COVID-19 started.
4. Lack of access to information about menstrual hygiene management: 54% agreed
	* More than half (54%) of WASH professionals reported that information and education about menstrual hygiene management had been disrupted.
	* One in four survey participants in the Pacific (25%) said they had encountered issues with finding information or people to discuss their periods with during the pandemic.
5. Reduced access and availability of clean water to help manage periods: 51% agreed
	* Just over half the WASH professionals surveyed (51%) reported that water shortages were causing problems.
	* Some girls in the Pacific (15%) said access to water to manage menstrual hygiene was a problem for them.
6. A less hygienic environment for sanitary hygiene product disposal: 47% agreed
	* Nearly half (47%) said there had been issues with disruptions to hygienic management of periods
	* One in three girls and women surveyed in the Pacific (34%) said they had trouble knowing where they could comfortably dispose of period products.
7. Increased stigma, shaming or harmful cultural practices associated with menstruation: 24% agreed
	* One in four (24%) WASH professionals noted an increase in stigma associated with menstrual hygiene management during the pandemic.
	* Around one in five girls and women surveyed in the Pacific (17%) said they felt more embarrassed about their periods during the pandemic.

**Good practices and opportunities**

In our programmes at Plan International, we are using a range of innovative methods to ensure we reach children and young people with vital information including radio, TV, mobile apps, video animations, songs and phone hotlines.

* **Safe Delivery App:** Working in partnership with Maternity Foundation, University of Copenhagen, *Laerdal Global Health* and UNFPA, we have developed a smartphone application to equip midwives in low-resource settings to protect themselves, mothers and newborns from COVID-19 and to ensure that women continue to receive respectful quality of care during pregnancy and childbirth.It is already being used by midwives and other skilled health personnel providing care during childbirth in over 40 countries worldwide and Plan International is using it in our work in Benin, Togo and Ethiopia and looking to scale up further.
* **Lao PDR:** Plan International isworking with the Ministry of Education and Sports and UNFPA to develop online modules on CSE that teachers can use for distant learning. We are also developing e-learning materials for adolescents that will combine SRHR and COVID-19 prevention messages.
* **Malawi**: Through Timveni (a youth radio and TV media platform with national coverage) Plan International has promoted key SRHR messages and held a phone-in session with girls, where concerns were raised around increased rates of teenage pregnancy and child marriage. We have also worked with partners to establish a district WhatsApp based Covid-19 and SRHR forum and have distributed 300 COVID-19 leaflets in braille to support beneficiaries with visual impairment.
* **Rwanda**: Plan International is working on a song audio and video production in collaboration with a group of young artists which will be used to advocate for the continuity of sexual and reproductive health services and interventions. We are also producing a video animation on COVID-19 to be shown on National television, which addresses issues such as teen pregnancy.
* **Zambia:** Plan International is promoting parental support to ensure access to essential SRH services (collaborating with the Ministry of Health, Ministry of Education and Ministry of Trade and Industry). Our messages have been disseminated through national TV channel, with a potential audience of 5.2 million people, the majority being adolescents and young people. We are also supporting community sensitization programs promoting access to essential SRH services including a Youth Policy Dialogue on SRHR with the District Health office team and other key stakeholders.
* **Zimbabwe**: Plan International is supporting the Ministry of Health to deliver essential SRH services (outreach and mobile clinics) to the most vulnerable populations during the pandemic to ensure the supply chain for SRH products is not disrupted. We are also facilitating the referral of young people to these services. Moreover, we participated in a discussion on “The COVID-19 Lockdown and GBV’ which broadcast on Radio Zimbabwe, with an estimated listenership of 2.5 million people. The same discussion topic ‘COVID-19 and GBV’ was also discussed across 4 community radio stations across the country collectively reaching over 8 million listeners.
1. **Please indicate if your country, institution or organization has decreased financial support or aid to other State, donor or institution or programme in the area of sexual and reproductive health, including through international cooperation, compared to pre-Covid time.**

**UK**

Current calculations estimate that the budget to global health, including SRHR, has fallen by up to 41% from 2019/20. As this budget includes recent commitments to the global fight against COVID-19, in reality, other areas of global health are facing cuts much greater than 41%.

In April 2021, UNFPA announced that the UK Government will be reducing their contributions to UNFPA supplies programmes by 85% - taking their contribution over two years from £152m to £23m.

The impact of this is huge: UNFPA programme is responsible for 40% of the world’s contraceptives. In 2019 at the UN General Assembly, the UK Government said that this pledge would give over 20 million women and girls access to family planning per year, prevent more than five million unplanned pregnancies per year, and save an estimated 9,000 women’s lives per year from complications in pregnancy or childbirth.

1. UNFPA, 27 April 2020, Interim technical note, <https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf> [↑](#endnote-ref-1)
2. IPPF, 21 April 2020, COVID-19 Impact: What we know so far – Georgia, <https://www.ippf.org/blogs/covid-19-impact-what-we-know-so-far-georgia> [↑](#endnote-ref-2)
3. IPPF, 8 June 2020, Opponents of sexual and reproductive health and rights step up pressure during COVID-19, <https://www.ippf.org/news/ippf-members-see-opponents-sexual-and-reproductive-health-and-rights-step-pressure-during> [↑](#endnote-ref-3)
4. IPPF EN, 14 April 2020, Polish ruling party exploits the current health crisis to undermine women and young people’s safety, <https://www.ippfen.org/news/polish-ruling-party-exploits-current-health-crisis-undermine-women-and-young-peoples-safety> [↑](#endnote-ref-4)
5. WHO, June 2020, Coronavirus disease (COVID-19) and Sexual and Reproductive Health <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-SRH/en/> [↑](#endnote-ref-5)