

SRHR in Times of Crisis

Submission to the UN WG on Discrimination against Women and Girls



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CHOICE FOR
YOUTH &
SEXUALITY

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Preface

This report sets out to contribute specific youth contributions to the discussion SRHR in times of Crisis, as youth are often minimally discussed in traditional UN spaces. There is more to be done to recognize age as an intersecting form of discrimination throughout the UN Special Procedures mechanism. In 2019, only 33% of Special Procedures reports addressed youth in more than one sentence in. Youth face unique challenges that are therefore often overlooked or not adequately addressed in Special Procedures Reports

For the last two years, the Working Group on Discrimination against Women – and Girls – has made considerable efforts to report on the experiences of youth within context of the mandate. Particularly given the contentious discussions regarding young people’s SRHR, we hope this submission will support you to continue this positive trend in the forthcoming report.

About CHOICE

CHOICE for Youth and Sexuality (CHOICE) is a professional youth-led organization that advocates for the Sexual and Reproductive Health and Rights (SRHR) of young people worldwide and for their meaningful participation in the decisions made about their lives. We strengthen the capacity of young people and youth-led organizations on SRHR, meaningful youth participation (MYP), youth leadership and advocacy skills and support them to become leaders and change-makers in their communities, and at national and international level. CHOICE strives to see a world in which all young people have the power to make decisions about their sexual, reproductive, and love-lives, and pays particular attention to those youth which face multiple and intersecting forms of discrimination based on race, sex, sexual orientation, gender identity and expression, and ableism. CHOICE works with young activists across Africa, Asia and the Americas to execute this vision.

List of acronyms

SRHR	Sexual reproductive health and rights
MYP	Meaningful youth participation
LBTI	Lesbian, Bi, Transgender, Intersex people
LGBTQ+	Lesbian, Gay, Bi Transgender, Queer + people
FP	Family planning
SOGIESC	Sexual orientation, gender identity and expression and sex characteristics
WEOG	Western European and other states Group
CSE	Comprehensive sexuality education
UNFPA	United Nations Populations Fund
WHO	World Health Organization
AU	African Union

1. Defining the scope of the report

This report adopts the broad approach towards crisis that the Working group on discrimination against women and girls embodies. This report considers the long-standing situations of crisis resulting from structural discrimination deeply embedded in history of patriarchy, colonization, conquest and marginalization. In particular, this report will focus on acute changes to global health which will have deep impact on national and global health infrastructure, that would result in a decrease in access to- or quality of sexual reproductive health and rights (SRHR) services. In doing so, this report will concern itself with the experiences of young (women and girls, zooming specifically towards young lesbian, bisexual, trans and intersex (LBTI) women, as they are at a constant higher risk of having equal access to SRHR.

Furthermore, as mentioned in the preface, our main concern lies with increasing the Working Groups understanding of the experiences of youth in relation to SRHR. It is a recognised and well documented fact that vulnerable groups are at higher risk to be disproportionately disadvantaged in comparison to low-risk groups in times of crisis, of which young LBTI women and girls are part of the former. This report will therefore attempt to present a significant amount of data from young LBTI women and girls in the age group of 16 until 29, while also highlighting and recognizing the data gap for this specific group.

2. Challenges and good practices of SRH care in crisis response

2.1 *The Ebola Virus outbreak and Family Planning (FP)*

When looking at previous crises, we see that crises can put an enormous strain on national healthcare systems, and can lead to a partial or total collapse, leaving many SRH-needs unmet. The Ebola crisis is an example of which much can be learned about the impact of crises on health infrastructures. In Sierra Leone¹, for example, healthcare systems were under enormous pressure during the Ebola outbreak. System instability arose as the virus demanded surge personnel capacity to trace and treat Ebola across the country, medical and financial supplies were re-directed and/or reserved to contain the outbreak, and the virus further reduced an already slim number of medical professionals in the country. As a result, access to family planning was reduced by 24%, pre- peri- and anti-natal care by over 35%, and contraceptive uptake drastically reduced – for example IUD implantation statistics shrunk by over 85%. Due to these and other reasons, an increase in adolescent pregnancies was documented during the peak period of the Ebola virus outbreak.³ From this example, we can draw that SRHR is put under further pressure if healthcare systems are stretched thin in times of crisis.

Secondly, health systems face consistent financial pressure, which is exacerbated in times of crisis. Despite the Abuja declaration of 2001 of the African Union's Assembly, African leaders have not lived up to the promise to allocate a minimum of 15% of each country's budget to health

¹ *United Nations Population Fund [UNFPA]. (2015). Rapid assessment of Ebola impact on reproductive health services and service seeking behavior in Sierra Leone. Freetown, Sierra Leone: UNFPA*

care, meaning that health systems are already underfunded.² On top of this, research from past experience has shown that many governments in the do not prioritize investment aimed at strengthening the health sector even after crises take place. This trend risks replication in the post-Covid-19 world³, leaving political leaders at risk to perpetuate health system shortcomings in times of crisis.

2.2 Contraception and abortion throughout the Covid-19 lockdown

Lockdowns and stay-at-home orders across the globe reduce access to contraceptives and abortion care. In recent months, some Western European states⁴ have taken encouraging initiatives to facilitate access to abortion care and contraception during the Covid-19 Crisis. These measures include allowing taking medical abortion pills from home following a teleconsultation, localising abortion care, continuing abortion care during the pandemic as well as extending the time limit for performing medical abortion.⁵ While these measures are promising, it is important to note that quality policies have not been implemented across the board and all WEOG states still face many challenges and missed opportunities to comprehensively fulfil the SRHR of adolescent girls and young women in times of crisis.

In Uganda there has been a local initiative in collaboration with the motorcycle taxi company SafeBoda (equivalent to Uber) to deliver contraceptives.⁶ However, it is concerning to see very limited measures, or the absence thereof, being implemented in many other of the world's 114 low- and middle-income countries. Here, it is expected that 47 million women will be unable to use modern contraceptives if the COVID-19 crisis continues its service disruption for another 6 months.⁷ In April, Guttmacher predicted that just a 10% decline in contraceptive services in poorer countries as a result of coronavirus restrictions could result in 15 million more unplanned pregnancies, 168,000 more new-born deaths, and 28,000 more maternal deaths. In Zimbabwe, for example, the percentage of new clients on birth control already dropped by 90%⁸, suggesting that this prediction might become reality for many similar countries.

As a result, estimates show that seven million additional unintended pregnancies will occur in the low-and middle-income countries in the year 2020. Considering that abortion is heavily restricted or forbidden by law in most of the developing world, we expect a stark increase in unsafe abortions. In Africa, up to 99% of abortions are performed in unsafe conditions.⁹ The 'unsafe-er' the abortion, the higher the risk of maternal and infant mortality during the pregnancy. Previous crises situations have already led to an 70% increase in maternal mortality in Guinea, Sierra Leon

² *Human Rights watch*, 2020, <https://www.hrw.org/news/2020/06/08/africa-covid-19-exposes-healthcare-shortfalls>

³ *Idem*.

⁴ This range of measures were taking in the states England, Scotland, Wales, Northern Ireland, France and Italy.

⁵ *Council of Europe, High Commissioner of Human Rights*, 2020 https://www.coe.int/en/web/commissioner/news-2020/-/asset_publisher/Arb4fRK3o8Cf/content/covid-19-ensure-women-s-access-to-sexual-and-reproductive-health-and-rights?inheritRedirect=false

⁶ *UNFPA*, 2020, <https://www.unfpa.org/news/ride-hailing-app-delivers-contraceptives-users-doorsteps>

⁷ *UNFPA*, 2020, https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

⁸ *WHO*, 2020,

[whoafrocmaster.newsweaver.com/JournalEnglishNewsletter/or60uu9rhyny48iijdam4?email=true&lang=en&a=11&p=57260598](https://www.whoafrocmaster.newsweaver.com/JournalEnglishNewsletter/or60uu9rhyny48iijdam4?email=true&lang=en&a=11&p=57260598)

⁹ *Systematic Reviews Journal*, 2018, <https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-018-0775-9>

and Liberia.¹⁰ Therefore, we expect heightened rates of preventable maternal mortality, which impacts young women and girls at disproportionate rates.¹¹

2.3 Communication and advocacy strategies and meaningful youth participation

The UNFPA has launched a campaign #YouthAgainstCOVID that advocates for youth participation in dealing with the current crisis related challenges, including access to health care and education. Here young women and girls are identified as a high-risk group, as well as young LGBTQI+ people. They not only advocate for knowledge sharing but also suggest the creation of hotlines for GVB and psychosocial support for young LGBTQI+ people.¹² There are several good practice examples from governments that have created youth-focussed response strategies, such as in the case of Kazakhstan where a GVB protocol and a strategy for developing youth-friendly health centres were prepared.¹³ However, since similar policy development in many countries remain absent. Moreover, there are several surveys being conducted on the impact of the COVID-19 consequences on the lives of youth and young LGBTQ+ people specifically, however there is still too little of this information being translated into state-led concrete actions/policies.¹⁴

The lack of participation and translation towards policy development is likely caused by a myriad of reasons, including policy priorities of governments and sensitivities of discussing youth SRHR across the globe. However, they are undoubtedly influenced by the fact that many youth in developing countries do not have the internet access required for participating in such campaigns and surveys. Namely, in sub-Saharan Africa, 89% of students do not have access to household computers and 82% lack internet access.¹⁵ Furthermore, there is a digital divide of 11.2% between men and women regarding internet access.¹⁶ As a result, there is little collaborative pressure from the youth towards the government to act accordingly and data collection efforts risk generating unrepresentative data. Especially with the lockdown measures and closed schools, youth face heightened restrictions in accessing the internet.¹⁷

2.4 SRHR Education

School closures to contain the spread of the COVID-19 pandemic have impacted almost 92% of the world's student population.¹⁸ In sub-Saharan Africa, where high rates of new HIV infections, early and unintended pregnancy, gender-based violence and child marriage, continue to threaten young people, the negative consequences of confinement on sexual health and well-being are heightened. In efforts to continue to empower young people with information, there is a need to push for greater investment in virtual Comprehensive Sexuality Education (CSE). CSE is important for a variety of reasons, and has a wide-range of positive impact on the sexual health

¹⁰ *Safe abortion womens rights*, 2020, <https://www.safeabortionwomensright.org/africa-effect-of-covid-19-on-maternity-care-and-access-to-contraception-in-africa/>

¹¹ <https://www.advocatesforyouth.org/wp-content/uploads/storage//advfy/documents/fsmaternal.pdf>

¹² UNFPA, 2020, https://www.unfpa.org/sites/default/files/pub-pdf/COVID19_My_Body_My_Life_My_World_.pdf

¹³ UNFPA, 2020, https://www.unfpa.org/sites/default/files/resource-pdf/EECARO_COVID-19_UNFPA_Sitrep3_May.pdf

¹⁴ *Idem*.

¹⁵ UNESCO, 2020, <https://en.unesco.org/news/startling-digital-divides-distance-learning-emerge>

¹⁶ *Africa Portal*, 2020, <https://www.africaportal.org/features/issues-affecting-young-women-africa-during-covid-19/>

¹⁷ *Human Rights Watch*, 2020, <https://www.hrw.org/news/2020/08/26/impact-covid-19-childrens-education-africa>

¹⁸ <https://en.unesco.org/news/empowering-adolescents-sub-saharan-africa-during-covid-19>

and well-being of youth. For example, teens who received comprehensive sexuality education are 50% less likely to report a pregnancy than those who received abstinence-only education.¹⁹

Some good practice exists as the world witnessed a rise in digitalising and distancing education. Digital CSE has been adopted both as a tool for to empower young people but also for youth mobilisation, such as shown in the previously mentioned campaigns. Although impact studies of virtual CSE are yet to be produced, preliminary research by UNESCO discusses the widespread positive impact and opportunities this form of CSE allows for, particularly in times of crisis. However, there are new and persistent challenges yet to overcome, and especially for young women and girls with diverse SOGIESCs, include but are not limited to overcoming a gender access gap, stigmatisation, cyber bullying and risks of being 'outed' and the consequences thereof. For developing countries these challenges are even extended by overcoming the dangerous consequences of being outed as a person with diverse SOGIESCs, especially there where this might lead to persecution, and ensuring equal internet access to young people as this is currently stuck at 67%.²⁰

2.5 Economic hardship

The economic hardship due to COVID-19 is greater for (young) women than for men. The informal sector jobs are at high-risk during a crisis like the current pandemic. Informal workers, most of whom are women and disproportionate sample of whom are LGBTI and/or youth, account for more than 90% of the labour force in sub-Saharan Africa.²¹ Throughout earlier crises, women in Liberia experiences worse job losses that continued longer in comparison to men.²² Furthermore, women take on more care demands at home due to job loss and Covid-19 lockdown measures. This will impact women's ability to support themselves and bear the financial burden of their SRHR, making it harder to have their autonomy in accessing SRH services.²³

3. Challenges and good practices regarding the LGBTQ+ community in times of crisis*

*The data presented in the following sections relate to, but are often not limited to only young women and girls with diverse SOGIESCs and is therefore often presented as data related to LGBTQ+ people.

3.1 Essential medicines LGBTQ+ people

In contexts where national laws criminalise consensual same-sex conduct, access to quality and stigma-free care is increasingly complex, in particular for sexual and gender minorities. Organisations providing health services for LGBTQ+ persons may not be recognised as essential

¹⁹ https://www.plannedparenthood.org/files/6914/0080/0572/2013-04UpdatedWhyCompeSexEd_handout.pdf

²⁰ UNESDOC, 2020 <https://unesdoc.unesco.org/ark:/48223/pf0000373885.locale=en>

²¹ WHO, 2020

[whoafrccmaster.newsweaver.com/JournalEnglishNewsletter/or60uu9rhyny48iiujdam4?email=true&lang=en&a=11&p=57260598](https://www.whoafrccmaster.newsweaver.com/JournalEnglishNewsletter/or60uu9rhyny48iiujdam4?email=true&lang=en&a=11&p=57260598)

²² Africa Portal, 2020, <https://www.africaportal.org/features/issues-affecting-young-women-africa-during-covid-19/>

²³ UN, 2020, <https://reliefweb.int/sites/reliefweb.int/files/resources/policy-brief-the-impact-of-covid-19-on-women-en.pdf>

services and so may have to closed or used otherwise during the lockdown.²⁴ An example is the case in Egypt, where LGBTQ+ clinics where people usually collect their medicines have been used as Covid-19 testing centres.²⁵ LGBTI persons felt less safe to return to these clinics, as their identities constitute a crime in Egypt. Access to ART, hormones and other transition-related and gender-affirming care and medication, and sexual and reproductive health are therefore threatened, whether in the case of Egypt or other states of similar legal framework.²⁶ Consequently, those people may be victimised by law enforcement agents in trying to access health services as was the case during the raid of an LGBTQ+ shelter in Uganda.²⁷ Additionally, A global condom shortage is also predicted, due to manufacturing chain disruptions.²⁸ The UN already reported to only receive 50 or 60% of the usual condom supplies.²⁹

3.2 Access to humanitarian aid

Some data suggests that LGBTI persons will have reduced access to development and humanitarian aid during times of crisis. This especially so in countries where this group face systemically discrimination. For example, there are documented cases of unequal food distribution in South Africa during the current Covid-19 humanitarian response, where LGBTI persons had substantially less access.³⁰ Documentation of such discriminatory treatment when receiving humanitarian aid has been increasingly prevalent over the last decade, and therefore hopefully future crises can build on learnings from these experiences to ensure equal and equitable access.

3.3 HIV treatment

The WHO has indicated that people with underlying conditions and compromised immune systems are more vulnerable to COVID-19.³¹ The expected disproportionate impact to the high prevalence of HIV infection in LGBTQI+ people in Africa is concerning. Moreover, preliminary international research has already shown that young people under the age of 24 and with the lowest income were less able to access HIV prevention services due to the consequences of the Covid-19 lockdown.³² It has already been reported that in Uganda, Kenya and Mozambique, Lebanon, Kyrgyzstan, Trinidad and Tobago, sexual minorities are forced off their HIV treatment.³³

3.4 Mental health LGBTQ+ people

²⁴ *University of Pretoria*, 2020,

https://www.chr.up.ac.za/images/researchunits/sogie/documents/sogiesc_covid19_pamphlet_.pdf

²⁵ *Reuters*, 2020, <https://uk.reuters.com/article/health-coronavirus-lgbt-aids/feature-no-medicine-no-food-coronavirus-restrictions-amplify-health-risks-to-lgbt-people-with-hiv-idUKL4N2CT2ZN>

²⁶ *ALNAP*, 2020, <https://www.alnap.org/help-library/briefing-note-impacts-of-covid-19-on-lgbtqi-people>

²⁷ *Human Rights Watch*, 2020, <https://www.hrw.org/news/2020/04/03/uganda-lgbt-shelter-residents-arrested-covid-19-pretext>

²⁸ *ALNAP*, 2020, <https://www.alnap.org/help-library/briefing-note-impacts-of-covid-19-on-lgbtqi-people>

²⁹ *New Straits Time*, 2020, <https://www.nst.com.my/news/nation/2020/04/582997/covid-19-sparking-devastating-global-condom-shortage>

³⁰ *Human Rights Watch*, 2020 <https://www.hrw.org/news/2020/05/20/south-africa-end-bias-covid-19-food-aid>

³¹ *University of Pretoria*, 2020,

https://www.chr.up.ac.za/images/researchunits/sogie/documents/sogiesc_covid19_pamphlet_.pdf

³² *Aidsmap*, 2020, <https://www.aidsmap.com/news/jul-2020/survey-shows-impact-covid-19-lockdown-lgbt-communities>

³³ *Reuters*, 2020, <https://uk.reuters.com/article/health-coronavirus-lgbt-aids/feature-no-medicine-no-food-coronavirus-restrictions-amplify-health-risks-to-lgbt-people-with-hiv-idUKL4N2CT2ZN>

Social distancing and quarantine measures have been considered to form a risk for mental health for all people, in particular high-risk groups like young women and girls and the LGBTQ+ community. Especially in countries where states of emergency have forced people by law/decrees who live in LGBTQ+ shelters to return to their family homes where their SOGIESCs are not accepted, increases the risk of developing mental health issues. Data from LGBTI+ organisations express serious concerns for long-term mental health impacts on LGBTIQ+ communities.^{34 35} The suspension of medical care and treatment for many transgender people also carries significant psychological consequences.³⁶

Besides the difficulties encountered of physically accessing healthcare, medical quarantine and medical surveillance can be retraumatising to intersex and trans people who have previously been subjected to non-consented medical testing or procedures and monitoring based on their sex characteristics and/or gender identity and expression.³⁷

3.5 Gender Based Violence (GBV) LGBTQ+ youth

Considering that many LGBTQ+ people are not accepted by their community and families, their physical and mental security is threatened as a consequence of the Covid-19 lockdown measures, which can be further exacerbated as young LGBTI might return to, or be trapped in abusive households due to rising COVID-related unemployment. Such risks are increasingly recorded, such as recently reported from Burkina Faso.³⁸ These changed living situations as a consequence of the Covid-19 measures has not only the potential to lead to discrimination but also to increase the risk of GBV for the young LGBTQ+ community in particular.³⁹

Additionally, LGBTQ+ victims of domestic violence do not have access to support and resources inclusive to their SOGIESC. Trans persons face specific obstacles in accessing shelters that do not discriminate or invalidate their gender identity. They are at risk of being misgendered by shelters or being turned away due to specific regulations.⁴⁰

*CHOICE has recently produced a submission to the UN Special Rapporteur on Violence Against Women discussing Domestic Violence against LGBTI youth more extensively. For further reflection, please consult our submission.*⁴¹

3.6 Negative impact of new- and existing laws and policies on the provision of SRH services for LGBTQ+ people

³⁴ ALNAP, 2020, <https://www.alnap.org/help-library/briefing-note-impacts-of-covid-19-on-lgbtiq-people>

³⁵ Trevor Project, 2020: <https://www.thetrevorproject.org/wp-content/uploads/2020/04/Implications-of-COVID-19-for-LGBTQ-Youth-Mental-Health-and-Suicide-Prevention.pdf>

³⁶ *Idem.*

³⁷ ILGA, 2020, https://www.ilga-europe.org/sites/default/files/COVID19%20_Impact%20LGBTI%20people.pdf

³⁸ Human Rights Watch, 2020, <https://www.hrw.org/news/2020/05/19/lgbt-africans-share-challenges-life-during-pandemic>

³⁹ *Idem.*

⁴⁰ Pimentel, M., 2020

https://www.researchgate.net/publication/340639698_Intimate_Partner_Violence_during_COVID-19_Isolation_in_the_United_States_for_Gay_Men

⁴¹<https://choiceforyouth.sharepoint.com/:b:/g/choiceinternationaladvocacyprogram/EcUhKbZ7juBEtLIq3il6Gc0BV0NmMkqIJvxH4xYUY71GyQ?e=GmA7oN>

The current pandemic has proven to be a gateway for government to enforce discriminating policies and even laws towards (young) LGBTQ+ people and their SOGIESCs. In Panama the government enforced a gender-based Covid-19 lockdown where either only men or women could leave their houses, depending on the day. This increases the risk of stigmatisation and discrimination of trans people, and a case of abuse towards a trans woman has already been reported.⁴² Furthermore, Hungary is using the state of emergency to try and enforce a ban on legal gender recognition of transgender people.⁴³

Furthermore, putting the blame of any crisis on LGBTQ+ people has been a recurrent pattern in the past, e.g. the case of the tropical Cyclone Winston in Fiji⁴⁴, and has already been documented numerous times throughout the COVID-19 pandemic in South Africa⁴⁵, Israel, Ghana and Uganda⁴⁶. Some of these cases even led to abuse of governmental force through raids on LGBTQ+ shelters, unlawful detentions and abuse of LGBTQ+ people.⁴⁷

In terms of regional policy on health care, the African Union (AU) introduced the Continental policy framework for Sexual and Reproductive health and rights already in 2006. Even though it addresses high-risk groups including youth and women, it does not include a single mention with the LGBTQI+ nor a mention of crisis response.⁴⁸ Meaning that not only in many national health care policies there is an absence of focus on inclusive and stigma free access to care, but also on a regional level no recognition and adequate policies are provided to deal with this group in relation to SRHR, let alone in times of crisis.

4. Experience of young women and girls of diverse sexual orientations, gender id's and expressions, and sex characteristics (SOGIESCs)

Throughout this report several dimensions have been highlighted that intersect with accessing equal SRH services and which have been (mostly) negatively impacted by crises situations. The current Covid-19 pandemic specifically. The impact proves to not only be disproportionately worse for women and girls, but for the whole LGBTQ+ movement, and in particular young women and girls with diverse SOGIESCs.

This report did not only lay out that the Covid-19 lockdown measures let to difficulty in accessing SRH services like family planning, sexual education, pregnancy- and birth control care, but it also highlighted the danger of abuse, both physically and mentally by family members and discriminatory power structures as a consequence of not accessing SRH services. These various dimensions, in combination with the economic hardship that is affecting young women and girls disproportionately, are a risk to women's autonomy, which in turn affects their equal access to SRH services on the short- and long term.

⁴² CBS News, 2020, <https://www.cbsnews.com/news/trans-woman-fined-for-violating-panamas-gender-based-coronavirus-lockdown-rights-group-says-2020-04-10/>; CBS News, 2020, <https://www.cbsnews.com/news/trans-woman-fined-for-violating-panamas-gender-based-coronavirus-lockdown-rights-group-says-2020-04-10/>

⁴³ Human Rights Watch, 2020, <https://www.hrw.org/news/2020/04/03/hungary-seeks-ban-legal-gender-recognition-transgender-people>

⁴⁴ Oxfam, 2019, <https://www.edgeeffect.org/wp-content/uploads/2019/03/Down-By-The-River-May2018.pdf>

⁴⁵ Gay Nation, 2020, <https://gaynation.co/christian-preacher-blames-homosexuality-for-covid19/>

⁴⁶ Thomson Reuters Foundation, 2020, <https://news.trust.org/item/20200416163459-i4xo8>

⁴⁷ *Idem*.

⁴⁸ African Union, 2006, https://au.int/sites/default/files/documents/30921-doc-srhr_english_0.pdf

Furthermore, these crises situations have proven to lead to further stigmatization and demonizing of young women and girls with diverse SOGIESCs (among others), increasing the possibility of long-term mental health issues and a setback for the fight for equal rights for young women and girls with diverse SOGIESCs as well as the LGBTQ+ community as a whole.

5. Recommendations

In line with this report, and in order to contribute to the work of the Working group on discrimination against women and girls, we recommend the following:

Short- and Long-term recommendations:

1. Young people and youth-led organisations, women and women-led organisations, LGBTQ+ people and LGBTQ+-led organisations, people living with (HIV) and PlwHIV-led organisations, persons living with disabilities and their organisations as well as other minorities should meaningfully participate in design, implementation, monitoring and evaluation of local and national COVID-19 crisis response in order to make SRH services that can make them more responsive to young peoples' needs.
2. All young people should have equal access to internet, regardless of their location and background, to enable them to develop valuable digital knowledge and skills and access online, evidence-based and stigma-free CSE.
3. States should ensure effective implementation of existing guidelines for meaningful participation in crisis-related policy making, such as those from the OHCHR⁴⁹ and in doing so pay specific attention to minority groups, particularly for young women and girls of diverse SOGIESCs
4. In light of closing the data gap, States should enhance the documentation of crisis-related lived experiences from marginalized and high-risks groups in developing countries on how and to what extent they are negatively affected by crisis situations – while keeping in mind pre-existing recommendations on safe data gathering of at-risk groups by, for example, the UN Independent Expert on SOGI⁵⁰.
5. Urge all governments to develop and implement policies and projects that protect women's livelihoods, aiming to minimize the effects of economic hardship on (young) women's and girls' livelihoods and access to SRH services.
6. States should ensure the availability, accessibility, acceptability and quality SRHR services and care, and ensure full and unimpeded access for *all* young women and girls.

⁴⁹ OHCHR, 2018, <https://www.ohchr.org/EN/Issues/Pages/DraftGuidelinesRighttoParticipationPublicAffairs.aspx>

⁵⁰ ODS UN, 2020, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G19/138/27/PDF/G1913827.pdf?OpenElement>