



COVID-19 IPPF Innovation and best practice: Responding to gendered violence in a pandemic

"Sexual and gender-based violence can happen to anyone, anytime and anywhere. There are not many health facilities in government and private sectors that provide SGBV services. Survivors need help to deal with the impact that threatens their safety. They need health care, psychological and social support, security, and legal protection. Our SGBV approach is comprehensive, so that the community understands what SGBV is, how they can fight for SRHR, and if there is a SGBV case, they will know what to do and where to ask for help."

Doctor, IPPA Jakarta Chapter clinic

One in three women worldwide experience physical or sexual violence during their lives, usually by an intimate partner or family member. Since the outbreak of COVID-19, emerging data, and reports from those on the front lines have shown that all sexual and gender-based violence (SGBV), particularly domestic violence, has intensified. UN Women defines SGBV as the shadow pandemic, which must be tackled collectively and globally.

As COVID-19 cases continue to strain health services, essential services, such as domestic violence shelters and helplines, have reached capacity. More must be done to prioritize addressing violence against women and girls in COVID-19 response and recovery efforts. Responding to the pandemic is about rectifying long-standing inequalities and building a resilient world in everyone's interest, with women and girls at the centre of recovery.

The initial findings of the International Planned Parenthood Federation's COVID-19 impact survey (March 2020) for Indonesia indicated that restricted movement and limited healthcare access had escalated women and girls' needs for specialized SGBV care. IPPF's Member Association - Indonesian Planned Parenthood Association (IPPA) expanded digital health services to address the rising incidences of violence and continuity of urgent SRH care.

This Learning Brief highlights IPPA's innovations for COVID-19 enhanced SGBV care strategies in the pandemic.

COVID-19 impact

Lockdowns, curfews, and quarantine restrictions increased economic hardship, and confinement had a devastating impact on women and girls at home. The Jakarta Legal Aid Foundation of the Indonesian Women Association for Justice (LBH Apik) recorded 59 cases of domestic violence, rape, sexual assault, and online pornography¹. By October 2020, SGBV had increased by 63 per cent during the pandemic². An increase in the rate of early and forced marriages demonstrated girls were highly at risk³. Reduced SRH services and women's lack of access to contraceptives prompted IPPA to transform services in response.

Enhancing services in the pandemic

Fewer facilities and service providers were available to offer face-to-face SGBV care as COVID-19 restrictions had reduced IPPA's regular clinical operations nationally. Service access routes were expanded through digital health interventions provided to the public. A new model for some of IPPA's chapters in the country. SGBV care scaled up through counselling, clinical services and education, and social media platforms such as Instagram, Zoom, Google Meet, and WhatsApp. Enhanced COVID-19 SGBV operations were also complemented with efforts to strengthen advocacy during the pandemic by building civil society partners' capacity and responding to the Bill on the Elimination of Sexual Violence. A 2021 priority in the National Legislation Program, IPPA is working closely with the House of Representative -Wiki DPR on refocusing the Bill on more support for survivors.

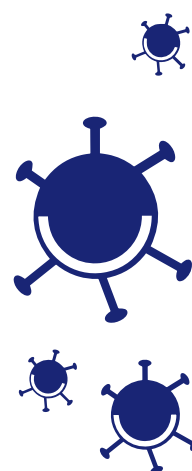
Protecting women with dignity

A specialized pilot ran in Java and Sumatra on SGBV management and expanded partnerships with government and civil society networks. Work commenced on shelters for women seeking protection as part of the comprehensive support service. SGBV case referrals are online and offline, with different entry points through SRH counselling areas such as pre-abortion, HIV, and relationship support. Social media became a new vehicle for promoting SRH services, SGBV outreach, and campaigns for the Ratification on the Elimination of Sexual Violence Bill.

In West Java, during September 2020 – March 2021, online counselling services starting from using WhatsApp reached 230 clients and several clients via Instagram. IPPA Chapters are involved in various SRH task forces and the Ministry for the Protection of Women and Children clusters through their enhanced COVID-19 services and advocacy. IPPA's youth volunteers have played a vital role in disseminating SRH and SGBV information. In South Sumatra, 200 young clients were referred by youth volunteers for SRH services. In PKBI West Java, online gender perspective training includes IPPA's peer educators.

"IPPA had to act quickly as the need for SRHR services, especially SGBV, increased during this pandemic. Cases of unintended pregnancy are high due to the difficulty of obtaining contraceptive services under COVID-19 measures. IPPA is enhancing services through online, outreach and mobile reach, and expanding collaboration with partner associate clinics to bring services closer to people."

Heny Widyaningrum, IPPA SRHR Program coordinator





Key challenges

- Temporary transit homes need supporting equipment for SGBV survivors (accompanied) to feel comfortable and safe.
- The Bill on the Elimination of Sexual Violence had been postponed in 2020.
- IPPA's telemedicine capacity is limited to text, sharing data and images, with video calls rarely used due to cost factors and internet connection speed.
- The telemedicine capacity of staff or medical personnel in IPPA clinics was uneven and varied.
- IPPA is competing with other digital health start-up companies in Indonesia.
- Limited integration of existing clinical record system (OpenEMR) with telemedicine. Applications used cannot accommodate integrated recording and payment systems.
- There is no standard telemedicine guideline for IPPA.
- Allocating funds for data packages and internet costs vary for different IPPA clinics available.
- IPPA is not ready in terms of infrastructure for client digital data storage and security.
- People in Indonesia are not all familiar with telemedicine.

Next steps

- SGBV is part of the standard SRHR services, and these service expansions will continue to be provided both during and after the pandemic.
- Prepare SOPs for providing SGBV services at IPPA service centers.
- IPPA will develop comprehensive SGBV services for vulnerable minority groups (transgender people, street children, sex workers, people living with HIV). Government services are not inclusive or integrated enough, focusing on domestic violence cases over other forms of SGBV.
- Strengthen advocacy and support to expand online pre-and post-abortion counselling, and online follow up after the pandemic.
- Recruit more youth volunteers to assist in increasing the number of human resources and services in clinics.

Lessons

- Social media became a new vehicle for promoting SRH services, outreach for SGBV survivors, and campaigns for the ratification of the Bill on the Elimination of Sexual Violence.
- Hold monthly SGBV working group meetings to discuss referral pathway implementation and critical areas for collaboration, capacity building and technical assistance.
- Networking is helpful in shaping the gender perspective, especially in assisting survivors of SGBV.
- SGBV service delivery and referral guidelines and training provided for all IPPA and its chapters IPPA have collaborated with several hospitals for emergency client referrals.

Recommendations for SRH services, governments, and civil society organizations (CSOs)

- SRH service provision must include innovative approaches to prevent and respond to SGBV and other health needs arising during pandemics, such as online consultations, support and counselling, digital self-assessment via smartphone applications, information hotlines, and remote provision of medications and contraceptive commodities. Services must be expanded 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.
- Governments should put women's safety first and protect them if at risk of violence. National emergency preparedness plans must include access to essential SRH services with SGBV care and prevention that is resourced and available when needed. Strong referral mechanisms and services must protect survivors in lockdown without alerting their abusers and provide options to access alternative housing and shelters when needed. All SGBV services must focus on innovative approaches to increase access safely and include self-care protocols and SRH related telehealth interventions and online resources.
- Governments and other service implementers, including CSOs, must collect sex, age, and disability disaggregated data to understand the differential impacts, barriers and risks faced by different groups within an affected population and take appropriate action to ensure better SGBV care and protection.
- CSOs must continue to advocate for increased funding to organizations that support SGBV survivors and must call for the police and judicial systems to protect women in crisis and beyond.



Endnotes

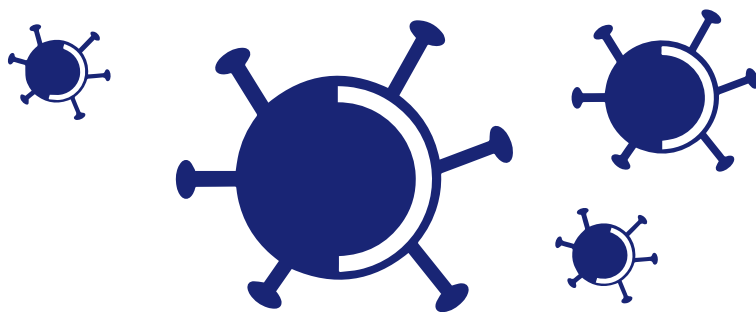
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<https://www.thejakartapost.com/news/2020/04/07/jakarta-records-spike-in-domestic-violence-reports-during-work-from-home-period.html> [accessed 12 March 2021]
- [2] Antara news November 2020 Gender-based violence increased by 63 percent during pandemic [accessed 12 March 2021]
<https://www.antaranews.com/berita/1868988/kekerasan-berbasis-gender-meningkat-63-persen-selama-pandemi>
- [3] Detik news June 2020 PPPA Ministry Called Child Marriage Rate Increased during the Corona Pandemic
<https://news.detik.com/berita/d-5049836/kementerian-pppa-sebut-angka-perkawinan-anak-meningkat-di-masa-pandemi-corona>

IPPF COVID-19 Impact Surveys

IPPF COVID-19 Impact survey 1 March 2020: [COVID-19 Survey Results | IPPF \(ippf-covid19.org\)](https://www.ippf-covid19.org/)

IPPF COVID-19 Impact survey 2 June 2020: [COVID-19 Round 2 Survey Results | IPPF \(ippf-covid19.org\)](https://www.ippf-covid19.org/)

IPPF COVID-19 Impact survey 3 November 2020: [COVID-19 Round 3 Survey Results | IPPF \(ippf-covid19.org\)](https://www.ippf-covid19.org/)



About IPPA

The Indonesian Planned Parenthood Association (IPPA) delivers an extensive range of sexual and reproductive health (SRH) services through a network of permanent clinics, mobile facilities, associated centres/organizations, and community-based distributors/community-based services (CBDs/CBSs). IPPA is particularly attuned to the needs of vulnerable and marginalized groups and runs specific projects for street children, men who have sex with men, transgender people, and female sex workers.



Who we are

The International Planned Parenthood Federation (IPPF) delivers sexual and reproductive health services that let people make their own choices. We fight for everyone to exercise their right to make those choices. We are local, through our members and volunteers, and global, through our network. We meet need, wherever it is, whoever requires it, for as long as they want it.

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Image 1: Indonesia/ IPPF/ Kathleen Prior

Image 2: Indonesia/ IPPA

Image 3: Indonesia/ IPPA

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