



COVID-19 IPPF Innovation and best practice: Leaving no one behind



People living with disabilities (PwD), indigenous populations, refugees, migrants, people with diverse sexual orientation, gender identity and expression, sex characteristics (SOGIESC) and other minorities experience the highest degree of marginalization and exclusion from health promotion initiatives and service access. Inequality, exclusion, and discrimination limit their access to adequate resources, opportunities, and basic healthcare, resulting in individuals being more vulnerable to experience further discrimination and inequal access to health services. When a disaster occurs, these communities are most likely to be forgotten.

The UN states that the COVID-19 pandemic worsened gender inequalities for marginalized communities¹, with alarming rates of gender-based violence, and that the pandemic is "deepening pre-existing inequalities that perpetuate multiple and intersecting forms of discrimination, as well as racism, stigmatization and xenophobia"². Pre-existing gender gaps have amplified the crisis asymmetrically between men and women, even as women have been at the frontlines of managing the crisis as essential workers³. Extending reach to these populations with integrated SRH and sexual and gender-based violence (SGBV) care and protection remains an urgent priority. In response to the pandemic, innovative approaches that combine SGBV helplines and home-based services have been expanded by various IPPF Member Associations (MAs) worldwide.

SRHR is often not recognized as a government priority during emergencies, resulting in additional barriers to provide and access to essential health services, especially for women. The situation for marginalized communities, who are already experiencing discrimination and multiple barriers to accessing information and services, can be catastrophic. Targeted and innovative approaches to reach these individuals are essential to ensure no one is left behind.

The initial findings of IPPF's COVID-19 impact survey March 2020 for Nepal indicated that people living with disabilities (PwD) and individuals with diverse SOGIESC are neglected by basic government healthcare services and face devastating levels of discrimination and economic hardship in the pandemic. IPPF's Member Association - Family Planning Association of Nepal (FPAN), a key provider for SRHR services for marginalized groups in the country, expanded their inclusive community-based outreach and virtual strategies for continued access to urgent sexual and reproductive healthcare.

This Learning Brief highlights FPAN's COVID-19 enhanced plan for marginalized communities in response to the pandemic.

COVID-19 impact

Nepal has experienced severe disruptions to public healthcare services and the economy with devastating results. Sharp increases in poverty, unemployment and food shortages have seen COVID-19 cases untreated and potentially fatal impacts for those working in the informal economy. Groups disproportionately affected even before the pandemic are individuals with diverse SOGIESC and PwD, many of whom cannot access public healthcare or employment and are discriminated against, often experiencing violence. The pandemic has compounded challenges around transportation, housing, health service access, food security, and the possibility of informal income. Many PwDs live in groups and are at higher risk of COVID-19 infections⁴. Public health providers often exclude individuals with diverse SOGIESC as their SRH needs are not recognized in essential healthcare provision.

Improving services in the pandemic

FPAN felt the immediate impact of the COVID-19 measures with severe decreases to their services, with over a 50 per cent reduction felt across the country. FPAN's teams expanded their service reach and frequency with Community Based Distributors (Reproductive Health Female Volunteers and Trained Peer Educators) to intensify SRH services to reach vulnerable people in the community. PwD required both hygiene kits for infection prevention, as they often live in overcrowded households, and contraceptive care. FPAN's toll-free helpline extended hours to 7am–7pm for SRH counselling services.

Protecting communities with dignity

FPAN took a comprehensive approach to serve both individuals with diverse SOGIESC and PwD in three Kathmandu valley-based districts. Clinical services and community sessions were continued by immediately providing personal protective equipment and hygienic kits to service providers and PwD Peer Educators. A shift from delivering just physical outreach, the Member Association transformed their work through digital health interventions via Zoom, Teams and Skype to conduct training with staff, PwD Peer Educators, and individuals in the community. Outreach expanded with peer educators mobilized for door-to-door services within safety measures—an essential approach for reaching PwDs in the community. Hygiene kits were provided to PwDs with spinal injuries during the lockdown period by Peer Educators.

As part of FPAN's digital health strategy, PwD peer educators were provided pre-paid mobile card internet data packs to conduct online peer group meetings and community sessions. Clients can also access SRHR education and contraceptive services through online consultations. Public campaigns broadcasted through electronic and print media have effectively increased awareness amongst the communities, with special programmes specifically for PwD and critical areas of SRH run in partnership with national TV channels. FPAN has expanded helpline services to reduce unnecessary client visits and keep all services to vulnerable groups such as people with diverse SOGIESC and PwDs free. The service statistics 2020 indicate over 70 per cent of FPAN's clients were from the marginalized groups.

Service delivery has been complemented with targeted advocacy efforts, calling for greater access to healthcare and recognising rights for PwD and people with diverse SOGIESC. A memorandum to ensure the sexual and reproductive health and rights of persons with disabilities was submitted to the Government of Nepal endorsed with other civil society groups in December 2020, which received a verbal commitment from the health minister and needs to be made formal. FPAN's LGBTQI+ and youth networks have run several campaigns to address their rights and needs for inclusive health services, including SRHR⁵.

Key challenges

- Regular and periodic activities were highly affected due to restriction of mobility and fear of infection, which negatively impacted service delivery and outreach programmes for these vulnerable communities.
- Service providers faced stigma and discrimination during the pandemic.
- Lack of guidelines and policy for delivering comprehensive SRH services.

Successes

- Working with a range of Disabled Persons Organisations DPO to ensure inclusive service reach - Nepal Disabled Women Association (NDWA), Blind Youth Association Nepal (BYAN), Community Based Rehabilitation (CBR), and Action on Disability Rights and Development-Nepal (ANDRAD-Nepal), with Abilis Foundation Nepal provided additional technical support on PwD SRHR issues.
- A memorandum with demands was submitted to ensure the sexual and reproductive health rights of persons with disabilities and is being pursued with the health minister.
- PwDs can discuss their SRH needs.
- Increase in the number of PwDs to access SRH services in FPAN clinics.
- Development of social behaviour change communications (SBCC) materials in Braille.
- Mobilization of PwD peer educators for home visits and counselling to increase demand generation.

Lessons

- FPAN followed interim RMNCH guidelines published by the Family Welfare Division (MoHP) to provide SRH services.
- Need to develop PwD friendly information, education and communication (IEC)/social behaviour change communications (SBCC) materials.
- People with disabilities should be given priority in the health care system, especially persons with psycho-social, intellectual disability, or autism.
- People with disabilities should be given more time than other service users/clients during a check-up.
- Persons with disabilities and their parents and Disabled People Organizations (DPO) should be oriented at the community level on SRHR of PwD.
- Medicine labelling is not accessible for PwDs. Clients should be assisted in identifying their medicines, such as manufacture, and expiry date provided through the service centre.
- Service site information boards should be installed in community locations for reaching the service centre.
- More capacity building programmes for service providers are needed to progress work in consultation with DPOs.
- Increase advocacy to include sexuality education for people with disabilities.
- FPAN should give SRH service priority to women with disabilities.

Next steps

- The pilot of Sayana self-injectable contraceptive in selected branches of FPAN⁶.
- Advocacy work will continue to ensure SRHR of marginalized and vulnerable groups.
- FPAN will strengthen digital interventions such as teleconsultation, mobile apps and helpline to increase SRH information and services.
- Evidence generation and research studies to expand SRH programmes for PwDs
- Scale up of community-based interventions for SRH service provision and referral linkage in disaster prone districts of Nepal for communities with diverse SOGIESC.

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

- Sexual and reproductive health (SRH) services must be rights-based and comprehensive, including sexual and gender-based violence (SGBV) prevention and care management, and offer tailored access points for vulnerable and marginalized communities – including migrants, refugees, people living with a disability and people with diverse sexual orientation, gender identity and expression, sex characteristics (SOGIESC), especially during crisis periods. Information, guidelines and key SRH supplies for timely self-care and protection should be readily available.
- Governments should ensure that national risk mitigation strategies include access to essential SRH services, including SGBV care and prevention. In order to improve access for vulnerable and marginalized communities, a focus on innovative approaches is vital, such as decentralising services through mobile units, working with the community in outreach services, and developing self-care protocols and tele-health interventions, including for SRHR information and services.
- Civil Society Organizations (CSOs) must continue to advocate for prioritizing interventions and policies to address the specific health needs of people who are marginalized or left behind. By piloting and championing context-specific and population-sensitive initiatives, such as support and consultation helplines, inclusive training for staff and front-line workers, outreach services focusing on refugee and migrant populations, and including SRH care and services in national health benefits packages.

“Topics related to sex are still considered as a big taboo in Nepalese society. Even today, we think twice while discussing sexual and reproductive health (SRH) issues. This leads to a lack of awareness and knowledge and results in many SRH related risks and difficulties. Being a visually impaired and disable person, I felt the additional challenges for sexual and reproductive health education. We conduct outreach clinical sessions for the PWD community. Now, I find myself acquiring more knowledge and am helping my fellow friends to be aware and informed on SRH related issues.”

Sanjiya Shrestha, FPAN peer educator



Endnotes

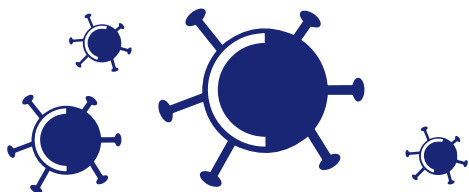
- [1] Unfpa.org. 2021. [online] Available at: https://www.unfpa.org/sites/default/files/resource-pdf/UF_COVID_infographic.pdf [Accessed 9 April 2021].
Ohchr.org. 2021. OHCHR | An LGBT-inclusive response to COVID-19. [online] Available at: <https://www.ohchr.org/EN/Issues/SexualOrientationGender/Pages/COVID19LGBTInclusiveResponse.aspx> [Accessed 9 April 2021].
- [2] UNWOMEN. CSW65 Agreed Conclusions. March 2021: New York. Available at: https://www.unwomen.org/-/media/headquarters/attachments/sections/csw/65/csw65_agreed_conclusions_advance_unedited_version_29_march_2021.pdf?la=en&vs=5504
- [3] World Economic Forum. "Global Gender Gap Report" March 2021: Geneva. Available at: http://www3.weforum.org/docs/WEF_GGGR_2021.pdf
- [4] Deutsche Welle (DW) [Accessed 23 March 2021] [Coronavirus in Nepal a double threat for disabled people | Asia | An in-depth look at news from across the continent | DW | 31.08.2020](#)
- [5] "We have a unique opportunity to design and implement more inclusive and accessible societies" | United Nations A Disability-Inclusive Response to COVID-19 UN report (May 2020). Available at: [A Disability-Inclusive Response to COVID-19 | United Nations](#)
- [6] Nepali Times [Accessed 23 March 2021] <https://www.nepalitimes.com/latest/new-contraceptive-for-increased-lockdown-use/>

IPPF COVID-19 Impact Surveys

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

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

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



About FPAN

The Family Planning Association of Nepal (FPAN) is a significant partner of the Government of Nepal's national family planning program, contributing a more significant number of all FP services in Nepal annually. FPAN works to provide critical health services to poor, marginalized, socially excluded, and underserved (PMSEU) communities, including sex workers, people living with HIV (PLHIV), LGBTQI+ people, injecting drug users, men who have sex with men, migrant workers, and survivors of gender-based violence (GBV).



Who we are

The International Planned Parenthood Federation (IPPF) offers sexual and reproductive health services that allow people to 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 around the world, through our network. We respond to needs, wherever they are, whoever they need, for as long as they want.

Published: May, 2021

Image 1: Nepal/ FPAN

Image 2: Nepal/ FPAN

Image 3: Nepal/ FPAN

Design: David Foster