



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

**“The pandemic has created an emergency, especially for refugees and migrants. We immediately saw the link with lack of access to health services, including sexual and reproductive health. The ATSR had to act quickly as rates of violence against women increased in a matter of weeks and government systems did not help these under-served groups.”**

Irzak Khnitech  
Executive Director, ATSR

**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 communities<sup>1</sup>, 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”<sup>2</sup>. 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 workers<sup>3</sup>. 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 indicated that the Tunisian Association for Sexual and Reproductive Health Association (ATSR) quickly responded to the growing sexual and reproductive health (SRH) needs of migrants and refugee communities through online care and home visits through ATSR mobile units.

This Learning Brief highlights Tunisian Reproductive Health Association (ATSR- L'Association Tunisienne de la Santé de la Reproduction) COVID-19 enhanced plan for marginalized communities in response to the pandemic.

## COVID-19 impact

As the first wave of the pandemic hit the country, the Tunisian government imposed a total closure for the country for several weeks with border closures. Refugees and internally displaced persons (IDPs) faced severe difficulties due to lost income and limited legal status. These circumstances are exacerbated by an increased need for assistance through health, housing, and food to protect them. The country experienced significant disruptions to essential health care, including ATSR clinics, with a 25 per cent reduction in services due to restrictions. The lockdown measures have had negative consequences, particularly for vulnerable communities, with an immediate spike in SGBV violence and attacks against refugees and migrants. The Member Association has stepped up its efforts to ensure the continuity of SRH and SGBV services focusing on migrants and refugees.

## Protecting communities with dignity

ATSR has adapted by providing home-based services due to the difficulty of getting to health centres and setting up online services to assist and refer girls and women victims of violence, migrants, and refugees, and people with diverse SOGIESC. The online counselling service provides psychological support over the phone and directs them to tailored, follow-up services to support people with diverse SOGIESC, young migrants and refugees, and victims of trafficking or violence.

While online services are a highly effective service route, SRH and SGBV awareness efforts are essential due to the lack of telephone or internet access, especially in rural areas. In response, ATSR expanded its interventions by providing SRH and home social services (advice, contraception, pregnancy monitoring and delivery assistance) and through its mobile units and other NGO partners in the country. Outreach services for refugees, migrants and other populations are provided through ATSR teams consisting of midwives and physicians kitted with medical equipment for home consultations and a mobile ultrasound. The team also work through migrant shelters and churches. Visits are also made to hospital infection care units to assist migrants living with HIV and provide them with social services, including food.

The ATSR advocated for refugees and migrant and diverse SOGIESC communities by issuing a national declaration on respect for individual freedoms and protecting minorities with free health services during COVID-19. The advocacy efforts won the right to the same access to healthcare as Tunisians for these groups.



# Improving services in the pandemic



In Tunisia, COVID-19 restrictions were imposed for over four months, forcing ATSR to close clinics. To continue serving vulnerable girls and women and given the increasing number of SGBV cases during this period, ATSR focused its services on preventing violence against women through online services. During COVID-19, ATSR stepped up its efforts and interventions to address vulnerable groups' growing and unmet needs. At the beginning of the pandemic, the government did not consider SRH a priority, prompting the ATSR to focus on migrants and refugees and communities with diverse SOGIESC to meet their needs not met by the state. ATSR has actively defended these marginalized and discriminated populations' rights to access essential SRH services free. The Member Association has mobilized resources to provide specific psychological and social services to these populations through online services and COVID-19 protection kits.

## Key challenges

- Risk of infection for frontline workers during home visits.
- Not enough mobile units to offer frequency and extended reach to rural locations.
- Lack of trained staff on SGBV, especially for refugees, migrants, and minorities.
- Lack of human and financial resources to meet the growing demands of services needed.
- SGBV work was limited to consultations and counselling, and more funding would enable ATSR to offer a more comprehensive approach for women seeking assistance.

## Lessons

- Public institutions and civil society should revise their strategies for a vital package of services for refugees, migrants, and minorities and a coordination mechanism.
- Advocacy must be ongoing to ensure access to SRH services, especially to vulnerable groups, including migrants and refugees, and minorities.
- ATSR will improve technology infrastructure and strengthen the digitalisation of services.
- ATSR will strengthen SGBV services.

## Successes

- To facilitate access to the migrant population, the ATSR recruited and trained ten peer educators from the sub-Saharan migrant population and peer educators from the refugee population (Syrian and Libyan).
- Advocated for and won government recognition for better health access for migrants and refugees with free services.
- 20 migrants have benefited from legal services through ATSR and its partnership with Lawyers Without Borders, where lawyers have been provided charge-free, with eight cases won.

## Next steps

- Strengthen the Association's SGBV capabilities and provide integrated services related to SGBV, especially for women and girls, people with diverse SOGIESC, migrants and refugees.
- ATSR will continue to provide SGBV services and strengthen its work.
- ATSR is conducting a study to assess its performance in terms of SGBV. An action plan will be developed based on this study's recommendations and focused on innovative programming.



# 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.

**“We have no entertainment space for children where they can play; I have a little girl who suffers from depression because she always stays at home. Thanks to the visit of the ATSR mobile team and especially the young psychologist, my daughter’s mood has improved markedly.”**

Refugee, Tunisia



## Endnotes

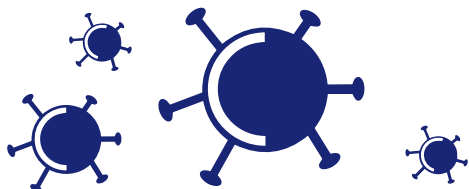
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## IPPF COVID-19 Impact Surveys

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 ATSR

The Tunisian Association for Sexual and Reproductive Health (ATSR) is supported by the government and plays a crucial role in partnering with public health services in Tunisia. ATSR strives to provide free health and sexual and reproductive rights (RSS) services. The ATSR has a mandate on gender issues such as male responsibility and violence against women, and unsafe abortion. The organisation's recommendations inform the development of national RSR policies in Tunisia and the achievement of the government's objectives.



## 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.

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Image 1: Tunisia/ ATSR  
Image 2: Tunisia/ ATSR  
Image 3: Tunisia/ ATSR  
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