

CENTER *for* REPRODUCTIVE RIGHTS

May COVID-19 Landscape: SRHR and Gender Issues in Asia

As the public health effects of COVID-19 have been intensifying throughout the world, the Center, along with its key partners and allies, has been working to protect sexual and reproductive health care. Because health systems are strained, these services seem to have taken a backseat in order to tend to the growing pandemic. Below is a brief overview of the current landscape of SRHR resources in Cambodia, Bangladesh, India, Myanmar, Nepal, Pakistan, Philippines, and Sri Lanka as reported in the month of May. In addition, this also provides a brief snapshot of the social and economic issues many women and girls are facing during this crisis, calling for a more nuanced and gender-based approach to safety measures. This document does not aim to reference every SRHR development in the eight Asian countries.

Please click [here](#) for the Center's COVID-19 related resources page. The statements led and/or endorsed by the Center this month are the following:

- [May 28 Call for Action](#)
- [Statement on Ensuring Availability and Equitable Access to Essential SRH Services in COVID-19 Response in the Philippines](#)

**If you have relevant SRHR news and resources that you think we should have included here or should highlight in our next newsletter, please email them to jhanson@reprorights.org.*

Cambodia

The COVID-19 pandemic has placed a heavy stress on midwives working in rural Cambodia. Many of these midwives travel long distances on motorcycles to deliver pre-and-post natal care for women living in Cambodian villages. Improvements in digital communications can allow for these midwives to “communicate with pregnant women in the remote villages and monitor at-risk pregnancies to offer timely care.” [\[UNFPA 1\]](#) More specialists are calling for increased resources and coordination within the Cambodian government to ensure safety for these women and girls. [\[Scoop\]](#) In response to this need, the UNFPA is working with several UN agencies, partners, and the Royal Government of Cambodia to distribute over 1,600 Dignity Kits. These kits include essential items that women and girls would need in emergencies, such as feminine hygiene products, COVID-19 information materials, and information on GBV/VAW response services. [\[UNFPA 2\]](#)

Bangladesh

Cox's Bazar has remained as a place of high interest during the coronavirus outbreak, as refugee and other host communities are vulnerable to high rates of infection. An early May report, published by the

ISCG Gender Hub in collaboration with UN Women, CARE and Oxfam, outlines a gendered analysis of the outbreak. Overall, due to the “restrictive sociocultural gender norms”, women and girls are unable to access their basic needs and are at higher risk to contract the virus as they are primary care givers of households. [[CARE/Inter Sector Coordination Group/Oxfam/UN Women](#)]

Throughout Bangladesh, women have been unable to report instances of gender-based violence. The IRC found that between February and March 2020, there was a 50% decrease in reports as isolation efforts have been increased. [[IRC](#)] Heightened tensions have led to the increased numbers in domestic violence, with a recent survey by the Manusher Jonno Foundation detailing that “at least 4,249 women and 456 children were subjected to domestic violence in 27 out of 64 districts of Bangladesh in April, with 1,672 women and 424 children facing violence for the first time in their lives.” [[DW](#)]

India

Mothers-to-be and new mothers are living under a new normal with the coronavirus. With weakened medical infrastructure, child delivery has presented numerous hurdles in pre-and-post natal care. Reports throughout India have highlighted delayed or refused hospital care because of religious discrimination, transportation shortages, and economic hardships. This lack of care has led to one woman in the village of Basta, Bihar to give birth to a stillborn child. [[News 18](#)] Despite the lockdown and transportation shortages, the Centre for Enquiry into Health and Allied Themes (CEHAT) has worked tirelessly to provide services for women in need of abortion. [[The Quint](#)]

It is clear that the work of midwives is essential, and they offer both emotional counsel for expecting mothers and perform life-saving services. A UNICEF study concluded that every 20 minutes, a mother dies due to complications in pregnancy or childbirth. Lockdown protocols could increase the country’s maternal mortality rate, in addition to adversely and disproportionately affecting low-income families. [[Browngirl Magazine](#)] Furthermore, women with disabilities are unable to access valuable information related to the virus, as digital information is not as accessible in many areas. Hygiene products, such as sanitary pads, are also very difficult to obtain during this time – according to one account, “men are those who usually leave the house so ‘women are shy to ask them to get sanitary pads’.” [[International Disability Alliance](#)] The UNFPA is partnering with the Indian Nursing Council to conduct virtual training sessions on maternal care, family planning, and emergency obstetric care. [[UNFPA 1](#)] Their work is especially important as a UNICEF report has forecasted that approximately 20 million babies will be born by the end of the year in India. [[Times of India](#)] As of reporting, however, the Telemedicine Practice Guidelines issued by the Indian Council of Medical Research does not outline SRH services as essential, which will further raise barriers to accessing necessary reproductive health care and medical abortion services. [[The Wire](#)]

As reported last month, the Delhi High Court received a petition filed by the All India Council of Human Rights, Liberties and Social Justice (AICHL) to implement measures for domestic violence victims during the lockdowns. [[The Hindu](#)] The High Court issued notices to the Respondents of this petition to convene amongst themselves and consider the suggestions of the AICHL. However, in their final judgement, the High Court determined that according to “the basis of the detailed reports and responses filed by the Respondents, the Court did not find a reason to further monitor the situation.” [[The Leaflet](#)] Unfortunately, between March and April, the National Commission for Women received

587 complaints on domestic violence – a sharp rise from the 396 complaints reported between January and February. [\[Jurist\]](#) In an interview, the IPPF stated that: “Disasters exacerbate pre-existing gender-based discrimination and inequalities and block access for women and girls to basic services and rights... COVID-19 has escalated these existing inequalities for women and girls living in disaster settings, along with discrimination of the already marginalized populations, displaced persons, refugees and migrants.” It further calls for the use of the IPPF humanitarian model in developing disaster management techniques to ensure that SRH services are part of national management efforts. [\[Mangalorean\]](#) Many individuals and organizations have also called for attention towards mental health during this crisis. Feminism India has pointed out that “visible and invisible wounds of exploitation and abuse remain with women throughout their lives.” It further argues that the heightened risk of domestic violence, coupled with challenges in acquiring necessary reproductive and feminine healthcare may lay to feelings of shame and low self-worth. [\[Feminism India\]](#)

Myanmar

As more and more people are losing their jobs due to coronavirus lockdowns, the livelihoods of countless individuals are at risk. It is reported that 60,000 factory workers have lost their jobs since the start of this crisis in Myanmar, with women being the majority of affected workers. As a result, these women and their families are more vulnerable to economic hardships. Furthermore, many women are at heightened risk of violence due to abusive partners at home. [\[ActionAid\]](#)

The Global Financing Facility has outlined the need to preserve essential health services in Myanmar to reduce maternal and child mortality. Their data shows that disrupting the coverage of essential services, such as facility-based child delivery and contraception, will lead to a significant drop in access to family planning services. [\[Global Financing Facility\]](#) A UNFPA article states that midwives play a critical role not only in administering pre-and-post natal care, but in informing expectant mothers on how to prevent spreading COVID-19 to their families and communities. [\[UNFPA\]](#) Frontline health workers are also amongst the most vulnerable during this time. The United Nations is working alongside the Ministry of Health and Sports (MoHS) to provide 3,000 PPE kits for midwives and to maintain SRHR services throughout the country. [\[United Nations Myanmar\]](#)

Nepal

Lockdown restrictions have created concerns and barriers for pregnant individuals. Transportation is a main concern for expecting mothers, with many hospitals and healthcare facilities being located at a far distance from rural neighborhoods. [\[UNFPA\]](#) At least 24 women have died due to birth-related complications in the last two months, according to the Family Welfare Division of the Department of Health Services. This is an almost 200 percent increase in maternal mortality rate since the lockdown was enforced on March 24. A total of 80 women died from birth complications in the last fiscal year. According to the former health secretary, “[e]ven more women could have died of birth and pregnancy-related complications, as the data from the division is collected from some major maternity hospitals.” [\[Kathmandu Post\]](#) Cases of violence against women have also increased in the country, with 176 cases reported in 18 districts since the lockdown began on March 24 up to May 1. Domestic abuse has increased considerably as well, with the Nepal Women’s Commission reporting that 248 of the 735 calls

were related to domestic disputes. The majority of perpetrators have close relation to the victims of the violence. [[Nepali Times](#)]

More calls are being made to consider the gendered effects of this pandemic, in relation to women's social and economic well-being. In an interview with UN Women, an advocate details the necessity of government aid through a feminist lens. She states that "women are often an after-thought in a humanitarian crisis" and the brunt of the effects of this pandemic will be felt by women. [[UN Women 1](#)] Another publication from UN Women calls for "the integration of a gender equality and social inclusion (GESI) approach in all stages of the COVID-19 response and recovery process, including preparedness SRHR & Maternal health." [[UN Women 2](#)] Utilizing anecdotal testimonies, the reference document highlights many of the issues faced by women, girls, and other marginalized populations in Nepal during this crisis.

In May, the government endorsed Interim Guidance for Reproductive, Maternal Newborn and Child Health (RMNCH) services in COVID 19 Pandemic. The main highlight of the Guiding principles for SRMNCH services are: ensuring access to RMNCAH services while ensuring physical distance (social distance; early detection and timely access to emergency services for women and newborn with complications; protection of staff and pregnant women/newborn from COVID 19, and minimizing cross infections; ensuring availability of equipment and commodities necessary of providing SRMNCAH services (PPE, drugs, commodities, Supporting service providers for their movement and phone interaction with pregnant women and mothers; and ensuring pregnant women, mothers and newborn for their movement for access to health services. This interim guidance for continuation of essential RH services includes overall guidance for program managers in Section 1 and guidance for specific services in Section 2. [[Public Health Update](#)] The government through the Ministry of Health and Population, Family Welfare Division has also launched a toll-free number for SRHR services during the COVID- 19. The issued number provided the right information and services of SRHR through telephone. The numbers are operating in government hospitals, Marie Stopes Centers and health facilities of the Family Planning Association of Nepal. [[FWD, Toll Free Service](#)]

Pakistan

The Lady Reading Hospital (LRH) in Peshawar has come under fire of their handling COVID-19 cases. Earlier in the month, the hospital temporarily shut down their operations as 29 hospital staff members tested positive for COVID-19. The hospital dean has advised for patients to visit nearby hospitals for gynecological treatment as the hospital has closed its gynae unit. This surely puts many patients at risk who depend on SRH care and treatments, as LRH is the province's largest public sector health facility. [[Dawn 1](#)] Several other maternity wards have also been shut down in Islamabad and Khyber-Pakhtunkhwa, which has further cast aside the urgent needs of impoverished women and girls. Specialists are calling for more progressive planning in managing COVID-19 cases – one in which essential and life-saving sexual, reproductive, and maternal health services are not interrupted. [[Dawn 2](#), [Human Rights Watch](#)] The closing down of these facilities also come in at a stark contrast to the 2,280 live births reported by UNFPA Pakistan, between February and April 2020. Information and awareness campaigns led by the UNFPA have provided well-needed resources to women and girls in need of SRH services throughout the country. Additionally, UNFPA is also assisting the Population Welfare

Department, KP in procuring and distributing 26 million condoms to ensure the supply of contraceptive and family planning goods. [\[UNFPA\]](#) As Pakistan is expecting nearly 5 million births in the next 9 months after the declaration of coronavirus pandemic, SRH-focused policies are necessary and essential life-saving services. [\[UNICEF\]](#)

Although these have not been officially recorded throughout the country, anecdotal evidence suggests that there are rising incidents of violence in the home. Economic stressors coupled with constant close proximity to abuse family members and partners equate to more volatile situations erupting in households. In their article, Benazir Jatoi states that “Social welfare departments, Women departments and Commissions on the Status of Women must be directed to formulate action plans on this.” [\[Tribune\]](#) Gender based violence in the country has seen a 200% rise in March according to a study conducted by the Sustainable Social Development Organisation; these crimes include child marriage, domestic abuse, sexual violence, and femicide. Once again, social and economic marginalization is believed to be the largest threat against safety for at-risk women and girls. [\[News 18\]](#) Personal accounts highlight the issue of domestic and child violence occurring throughout many homes in the country. Shelters are also slow to accept new entrants as COVID-19 cases increase. It is increasingly clear that widespread lockdowns do not take into account these gendered issues, and more support systems should be in place to provide aid to vulnerable populations. [\[The News\]](#)

Amid the coronavirus lockdown, Rani Tanveer, a former child bride who was wrongfully accused of murdering her abuser (husband) at 13, has filed a petition seeking compensation after spending nearly 20 years in prison. She was not allocated state counsel at the time of her sentencing and her attempts to file appeals through the prison superintendent were not filed. Now that she has been let out of prison, she had to move back to her husband’s village due to financial hardships. The coronavirus, along with “the continuous jibes and scorn for her past life from her in-laws” has made her living situation that much more difficult. [\[IPS News\]](#)

Philippines

Oxfam’s Sexual Health and Empowerment (SHE) Network, along with several partners, have called for the delivery of all SRH services in Philippines during this time. In their statement, they advocate for these services as essential, integral, and overall life-saving resources for the Philippine’s women and girls. [\[Oxfam Philippines\]](#) Furthermore, the Commission on Population and Development (PopCom) released a statement in the Manila Times outlining their efforts to protect SRH services and strengthen the country’s gendered response to this crisis. [\[The Manila Times\]](#) Plan International Philippines has also released a statement raising awareness of the “infodemic” that has been spreading false information throughout Filipino communities. To combat this, Plan has started to work with the Department of Health (DOH) and government technology startup AI4GOV in developing the KontraCOVID chatbot and launching [www.kontracovid.ph](#). These services can be accessed through Facebook Messenger and Viber and will provide diagnosis information and advice on their symptoms. [\[Plan International Philippines\]](#)

SRH services are extremely hard to access during the pandemic. As many of these are very time-sensitive procedures, every moment counts. The Likhaan Center remains open to aid women who require these very necessary services. [\[ABS-CBN\]](#) The work of midwives in Philippines prove to be essential in providing the required aid and emotional support for expecting mothers. The UNFPA Executive Director has stated:

“Midwives’ life-saving skills go far beyond delivering babies; midwives educate, empower, and enable women to lead healthy lives and to exercise their right to sexual and reproductive health. Amid the current COVID-19 pandemic... midwives risk their own lives to save those of pregnant women and newborns.”
[UNFPA]

There have also been more reported cases of pregnant women who have been refused care by hospitals. [DW, Philstar] While the government itself has been emphasizing the continued delivery of essential RH services including maternal health care through [statements](#), [laws](#), and [policies](#), the failure to address the weaknesses of the health care system as a whole and systematically implement RH-related policies has led to denial of RR among women.

On May 28, in celebration of International Day of Action for Women’s Health, civil society organization mobilized and asserted that women’s access to essential SRHR information and services remains critical in responding to COVID-19. Several webinars, Facebook live sessions, and online activities were held. The full campaign report is available [here](#). As part of the campaign, a lawyer from EnGendeRights, a member organization of the Philippine Safe Abortion Network (PINSAN) posted a photo of herself on Facebook holding a copy of the proposed bill to decriminalize abortion in the Philippines. Since then, the [Facebook post](#) has gone viral with 7,600 shares and has gotten over 11,000 positive reactions. Majority of the 12,000 comments support the prevention of unsafe abortion, women’s right to bodily autonomy, and the decriminalization of abortion.

Amidst the SRHR challenges, Filipino women still face quite considerable economic and social risks as well. Although recent data shows that men are most affected by the novel coronavirus, women are most affected by the non-medical implications of the virus. [CNN Philippines] In response, several civil society organizations and government agencies including the Philippine Commission on Women (PCW), Department of Health (DOH), and the Commission on Population and Development (POPCOM) have called on local governments to intervene against GBV and domestic violence. [PhilStar Global]

Sri Lanka

Maternal healthcare remains as a pressing issue throughout the region. In a UNFPA article, a midwife shares her distinct work experience during this trying time. She states that “it is important that there’s a good rapport between [the midwives] and the mothers,” as restrictions have increased economic and social tensions. [UNFPA] As lockdowns and curfews have been heavily imposed, domestic violence throughout the country has increased. The country’s National Committee on Women is now operating a 24-hour, toll-free helpline for victims. [Newsfirst]

General Updates

- CNN
[Keeping women’s health essential despite Covid-19 shortages](#)
IPAS outlines the urgent need for life-saving and essential allocations of SRH resources, contraception, and abortion. As projected in many studies and reports, Kumar states that there will be an increase in unplanned pregnancies and unsafe abortions due to wide-spread lockdowns. There may also be an additional 3 million abortions and over 1,000 maternal deaths this year, citing the WHO. Coupled with rising domestic violence reports, lack of mobility, and

disruption in contraceptive supply chains, these factors will lead to major setbacks and barriers to women's health and reproductive rights.

- UNFPA Asia & the Pacific

[COVID-19 Situation Report No. 2](#)

[COVID-19 Situation Report No. 3](#)

UNFPA's 2nd and 3rd COVID-19 Situation Reports detail the updates between April 18, 2020 and May 13, 2020. Key challenges faced include limited funding, movement restrictions, and the closure of SRH and GBV facilities, which disproportionately affect rural areas and migrant populations. Personal protective equipment (PPE) continues to also be of low supply, due to supply chain interruptions. The UNFPA Asia and the Pacific regional office is working with several government agencies and civil society organizations to facilitate the spread of SRH informational resources, healthcare trainings for medical personnel, and providing menstrual products for women and girls.

- Plan International

[Hear It From the Girls – Asia and COVID-19](#)

Plan International's report details the hardships faced by girls and young women in the face of this unprecedented pandemic. Using anecdotal accounts, the main challenges outlined are sexual violence, mental health risks, childhood marriage, and disruption in education. They state: "All of these necessary public health strategies severely threaten the progress made in gender equality, and risk losing even more ground on the fight for girls' rights."

- UNICEF

[Coronavirus - a backward step for gender equality](#)

COVID-19 has exacerbated the existing vulnerabilities women and girls face. UNICEF states that although much progress has been made towards gender equality over the past 25 years, COVID-19 threatens these advancements especially in areas where these gains have not been uniform. They call on special attention and reforms for healthcare and domestic workers, education, GBV, and maternal healthcare services. Overall, UNICEF has outlined five actions for gender equality in the COVID-19 response:

1. Care for caregivers;
2. Prepare for increases in gender-based violence. Recognize the social welfare workforce as essential workers to enable protection services for vulnerable women and girls;
3. Maintain core health and education services and systems;
4. Engage existing women's and youth rights networks to support connectivity and vital information flow;
5. Ensure gender data is available, analyzed, and actionable.

- Asia Pacific Regional Civil Society Organizations Engagement Mechanism (AP RCEM) Statement: [Solidarity and System Change – The Antidotes to COVID-19](#)

This statement, organized by 610 civil society organizations from 18 constituencies in 38 countries across Asia and the Pacific, outlines the barriers set in place by government systems and underfunding due to neoliberalist economic policies and privatization. These systemic

failures, the CSOs argue, will further magnify the adversities faced by marginalized communities, especially women and girls in these communities.

- UN Women

[COVID-19 and Gender Rapid Self-Assessment Tool](#)

[Safety planning for violence against women during the COVID-19 pandemic](#)

[The COVID-19 Outbreak and Gender: Regional Analysis and Recommendations from Asia and the Pacific](#)

UN Women has released several resources during the month of May. The *Rapid Self-Assessment Tool*, produced with the support of the WeEmpowerAsia programme funded by the European Union, includes questions and proposed actions in 5 focus areas: leadership, workplace, marketplace, community, and sex-disaggregated data. This tool, also available as an Excel document, is designed for companies to assess how their COVID-19 recovery plans take gender equality into account. Depending on the scores, UN Women has set aside a set of recommended actions in addition to resources available for their use.

The *Safety planning for violence against women during the COVID-19 pandemic* is a brief, but very accessible, information sheet that outlines a safety plan for women who are under risk of violence due to isolation measures. This resource is available as a postcard or A4 print-out and includes police and survivor service numbers in the following countries:

- Cambodia
- Indonesia
- Laos/Lao PDR
- Malaysia
- Myanmar
- Philippines
- Singapore
- Thailand
- Viet Nam

Finally, UN Women partnered with CARE to publish the *Regional Analysis and Recommendations from Asia and the Pacific* advocacy brief for May 2020. This brief calls for crucial action to be taken towards women and girls who perform unpaid care work, women healthcare workers, gender-based violence, and access to SRH resources and services. These actions all require humanitarian leaderships and collaboration between governments, donors, and civil society actors in order to lessen relieve the burdens felt by women and girls during this crisis.

- Asean Post

[Protecting Women During The Pandemic](#)

Women's health services are among the first to lose funding or shut down when healthcare systems become strained. In this article, light is shed on three key SRH services that are essential for women: assisted births, births taking place in health facilities, and access to contraception. The models show a 20% decline in use of these SRH services and a 17% increase in the maternal mortality ratio (MMR), equating to 25,493 deaths, given their best-case scenario. The calculated

worse-scenario projects a 50% decline of services and a 43% increase in the MMR, equating to 68,422 deaths. In addition, they predict that the economic fallout and supply chain interruptions in contraceptives will further adversely affect women and girls throughout the region.

- Healthy Newborn Network

[Continuing essential sexual, reproductive, maternal, neonatal, child and adolescent health services during the COVID-19 pandemic](#)

This document builds upon UNICEF, WHO, AND UNFPA's previous Regional Guidance, issued in mid-April 2020, and offers action points for Sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCHA). The core SRMNCHA care services include, and are not limited to, antenatal care, care of adolescents, and newborn care and breastfeeding. This Final Guidance outlines several actions points to ensure the continuation of SRMNCHA services throughout the region. Online resources are also included for additional guidance and action points.