



Programming in the Time of the COVID-19 Pandemic:

# Stories of Hope and Ingenuity



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## Preface

The COVID-19 pandemic has changed life as we know it. It has had and will continue to have a disproportionate impact on the health and well-being of many vulnerable groups, including women and girls who are at a much greater risk of unwanted pregnancy, maternal mortality, and gender-based violence and harmful practices, including child, early, and forced marriage, and female genital mutilation. Weak health systems, scaled-down health services, especially sexual and reproductive health care, disrupted social and protective networks and long-standing health inequities have exacerbated these conditions.

When the COVID-19 pandemic broke out, the United Nations Population Fund (UNFPA) adapted and responded quickly to mitigate the pandemic's adverse impact on UNFPA's commitment to ending unmet need for family planning, ending preventable maternal deaths, and ending gender-based violence and harmful practices, including child marriage and female genital mutilation.

This publication presents stories of hope and ingenuity, shared by regional and country offices, of how the organization adaptively, innovatively and resiliently responded to the COVID-19 challenges, covering the period from the pandemic outbreak in 2020 to 2021.

The aim of sharing these stories is to inspire how crises could be turned into windows of opportunities to recommit to the International Conference on Population and Development Programme of Action and UNFPA's three transformative results.

COVID-19 has introduced a new normal. Let us work together to leverage the power of innovation and collaboration to continue delivering a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.



**Arthur Erken**  
Director  
Policy and Strategy Division  
UNFPA

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*“Necessity, they say, is the mother of invention. The COVID pandemic has forced us to respond in new ways to continue the provision of life-saving services in countries with weak health systems and in difficult conditions.”*

**Dr Natalia Kanem,  
Under Secretary-General and Executive Director,  
United Nations Population Fund (UNFPA)**

(In her statement to the 1<sup>st</sup> Regular Session of the Executive Board,  
3 February 2021)

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Supporting efforts to address COVID-19 and its impact on the most vulnerable. © UNFPA/Nigeria

# Introduction

The speed and scale with which COVID-19 spread across the globe when it was first reported in late 2019 were unprecedented. Almost every part of the globe was impacted by this global crisis. The COVID-19 pandemic exacerbated the situation of those already vulnerable, such as women, girls, marginalized groups, and refugees, with increased risk of unwanted pregnancy, maternal mortality, gender-based violence, and harmful practices.

Studies show a severe toll of COVID-19 on sexual and reproductive health (SRH) and rights worldwide. Evidence points to widespread losses in access to sexual and reproductive health information and services and increases in gender-based violence (GBV). Yes, sexual and reproductive health, hygiene needs, and dignity are often overshadowed and overlooked by efforts to provide other essentials, such as food, water, and shelter.

As countries and communities experienced lockdowns, mandatory protocols, and restricted travel, it necessitated a new approach to deal with the challenges brought about by this crisis. Consequently, the United Nations Population Fund (UNFPA) had to think outside the box to secure uninterrupted access to sexual and reproductive health information and services, especially for communities and people most in need.

By 23 February 2020, the first batch of critical medical supplies and sanitary items had arrived in Wuhan, China. In April 2020, UNFPA rolled out its COVID-19 pandemic Global Response Plan. UNFPA's response at the country level, based on national contexts and operational realities, focused on three strategic priorities:

- Continuity of sexual and reproductive health services and interventions, including protection of the health workforce;
- Addressing gender-based violence and harmful practices; and,
- Ensuring the supply of modern contraceptives and other reproductive health commodities.

Throughout the pandemic, regional and country offices endeavored to design and implement creative programme solutions, including using information and communications technologies, and partnering with community-based networks and volunteers to continue delivering the organization's mandate.



Helping fight COVID-19 through continued provision of sexual and reproductive health services. © UNFPA Haiti.

This publication features sixteen innovative solutions for addressing new and existing challenges exacerbated by the COVID-19 pandemic. The solutions supported under-resourced communities and reached the most left-behind populations, including women, adolescents, persons with disabilities, indigenous peoples, refugees, and migrants.

The featured innovative solutions were selected by regional knowledge management focal points from their respective regional and country offices, with the support of a consultant.



UNFPA Vietnam supports the country's national COVID-19 pandemic response by providing reproductive health supplies. © UNFPA/Vietnam.

Distribution of kits containing basic health and hygiene items, clothes and ready-to-eat meals for the emergency relief effort in Al Jawf, Yemen. © UNFPA Yemen



# Programming Resilience during the COVID-19 Pandemic

## A. ARAB STATES



Jordan

**Challenge:** Preventing and addressing gender-based violence (GBV) during the COVID-19 pandemic

During the pandemic, more than 650,000 Syrian refugees resided in Jordan, generating a greater need for gender-based violence (GBV) services and straining those already in place. Describing the service delivery crisis, the UNFPA Arab States Regional Director, Dr. Luay Shanaheh said, *"the situation in Syria is worse than it has been in years. The impacts of the deepening economic crises in the region, the COVID-19 pandemic, ongoing and new hostilities, mass displacement, and violations of human rights have all converged to put women and girls throughout the region at greater risk. Meanwhile, for those who need it, access to life-saving sexual and reproductive health and protection services, has become even more difficult."*

**Good Practice:** Amaali app on gender-based violence (GBV) gives hope to women and girls

To address this unprecedented crisis, UNFPA, the United Nations High Commissioner for Refugees (UNHCR), and the Sexual and Gender-Based Violence Sub-Working Group turned to an already proven approach for reaching out to those in need - the Amaali



Amaali App poster design disseminated and hanged in community centers across Jordan.

© UNFPA/Jordan

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app. Amaali means “hope” in Arabic, and this seemed like the perfect name for a mobile application that helps sexual and gender-based violence survivors locate information and services. The free Amaali app was designed in 2019 by a working group co-chaired by UNFPA and UNHCR.

The Amaali app facilitated COVID-friendly referrals and other services to sexual and gender-based violence survivors based on their location in Jordan. Users could seek help for any type of sexual and gender-based violence, including sexual assault, intimate partner violence, early or forced marriage, sexual exploitation, harassment, or abuse. The app was available to all people. Its primary focus, however, was women and girls as they experienced higher rates of sexual and gender-based violence because of historically unequal power relations between men and women. A Syrian woman living in Deir Alla, Jordan, said, *“the Amaali application has helped me and many people, as sometimes we are not able to go to the center, but through the application, we were able to reach it, access services, and save ourselves.”*

In response to the COVID-19 pandemic, two new features were added to the Amaali app. Since GBV survivors could be inhibited from speaking freely on the phone to a counselor, especially when living with their abuser, the new features enabled users to reach counselors via texting and access immediate help during an emergency by simply pressing a button.

The Amaali app had other features, such as identifying unsafe areas in the community. Users could share these ‘risk points’ by selecting them on a map or by sharing their location, which could also be classified by the type of danger posed to women and girls.



The use of e-learning apps untaps potential for girls' empowerment even during the COVID-19 pandemic. © UNFPA/Jordan

The Gender-Based Violence Sub-Working Group and partners regularly review the reports during safety reviews. Amaali also helped users locate activities focused on skills-building, reducing stress, and building social support networks. Nabeela, a Syrian woman promoting the app, described that *“the Amaali app will provide opportunities to many women to show who stands by her and supports her, and to show her she is not alone. I want to send a message to all the women out there, that no matter how difficult your circumstances are and no matter how much abuse you are exposed to, you are not alone.”*

With the rise in gender-based violence (GBV), UNFPA Jordan increased its efforts to build awareness about the Amaali app. They distributed 3,800 posters across the Kingdom and shared the app in their empowerment and educational programmes. In addition, they supported the Ministry of Health in producing GBV brochures and gave out 138,000 brochures to health centers and hospitals.

When they distributed dignity kits to gender-based violence (GBV) survivors in the Za'atari refugee camp, they included a leaflet about how to seek help through the Amaali app. When surveyed, 68% of respondents found the information 'very useful'. For example, one Syrian woman from the camp said, *“I added the hotline numbers to my mobile phone in case me or my daughters need help.”* Out of the 2,698 people who had downloaded the app, almost 70% downloaded it after the pandemic began.

UNFPA Jordan and its partners would like to see the Amaali app further improved based on user feedback. One user recommendation was to provide explanations on steps taken after “risk points” were reported. Others include providing access to the Amaali app to those who may not have wi-fi or mobile internet data, making more app tutorials in other languages, and adding a pop-up function in the app that allows users to give feedback.

UNFPA Jordan intends to continue supporting the expansion of the Amaali app as an innovative way to reach gender-based violence (GBV) survivors in Jordan even after the COVID-19 crisis.



**Challenge:** Integrated mental health and psycho-social support services for gender-based violence (GBV) survivors

Even before COVID-19, the United Nations (UN) declared Yemen the worst humanitarian crisis in the world. After years of war, it was estimated that 24 million people in the country needed aid and protection -



A poster of the hotline service disseminated at the community level through UNFPA partners. © UNFPA/Yemen

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about 80% of the population. Conflicts had already decimated the healthcare infrastructure, and the lack of healthcare workers and the pandemic only worsened it. As a result, gender-based violence (GBV) took an even more significant toll on survivors' mental health and psychosocial well-being.

### Good Practice: Telecounseling for gender-based violence (GBV) Survivors

UNFPA Yemen began offering counseling services at psychological support centers in 2018. In response to the increased need brought on by the COVID-19 pandemic, it established toll-free hotlines that provide telecounseling to assist gender-based violence (GBV) survivors, and provide them with information about COVID-19.

One mental health worker described how they used to provide services mainly to those living in remote areas, those who were financially struggling or were afraid to seek treatment because of potential repercussions from their family or social stigma. As this worker narrated, *"with the spread of COVID-19, many people have lost their jobs and added to the burdens they are already facing due to the conflict. As a result, many families have disintegrated, and violence is spreading."*

UNFPA Yemen worked with the GBV Sub-cluster to mainstream telecounseling into all gender-based violence (GBV) services. Although many UNFPA-supported safe spaces remained open, telecounseling added another safe alternative. The services included psychological counseling, case management, referrals to other services, legal aid, COVID-19 information, and protective services for female prisoners.

One gender-based violence (GBV) survivor described her experience finding hope through telecounseling this way, with telecounseling, *"my*

*life became better after I made my first call seeking help. It felt as if my husband had destroyed my soul with all the violence. He threw me out of the house with two children. I couldn't imagine that humanity still existed in the world. But the counselor helped me to speak after years of silence. She taught me how to begin a new life full of hope. I learned to trust myself and to depend on myself. They even referred me to vocational training where I learned a livelihood."*



In addition to the availability of telecounseling, healthworkers undertook follow-up community visits to GBV survivors.

© UNFPA/Yemen



A psychologist who provided telecounseling at one of the centers said that these types of services needed to grow and expand because the number of cases increased daily. UNFPA Yemen supported both safe spaces and telecounseling, depending on the situation. Some women who receive telecounseling, end up being referred to safe spaces where UNFPA works to keep them open with the Yemeni Women's Union.



A counsellor takes a phone call at one of the UNFPA-supported hotlines in Sana'a.

© UNFPA/Yemen

For example, a woman named Salwa, who was married when she was twelve and survived three abusive husbands, went to a safe space after her third husband left her when the pandemic caused his business to shut down. She had no food and no way of earning an income. She received counseling, health services, and vocational training and discovered a talent for sewing. As a result, she got a job working for a weaving factory and began her own home-business sewing and making face masks. *"When I stitch, I imagine that I am stitching my torn life,"* she said.

There were a total of 18 hotlines in operation throughout the country providing telecounseling for gender-based violence (GBV) and related services for women and girls. More than 368,000 women were given GBV information and services from March through June 2020, when these COVID-19 virtual protection measures started.



## Arab States Regional Initiative

**Challenge:** Ensuring everyone's access to sexual and reproductive health (SRH) information and services

Even before the pandemic, persons with disabilities already faced disproportionate challenges in accessing quality health information and services, including reproductive health services. The COVID-19 pandemic brought to light the inequalities, discrimination, and prejudices that persons with disabilities face.

**Good Practice:** Data and research on the needs of persons with disabilities during the COVID-19 pandemic

With this in mind, the UNFPA Arab States Regional Office prepared and disseminated a report titled *"Leaving No One Behind: Did the Response to COVID-19 Accommodate the Needs of Persons with Disability? Perspectives from the Arab World."* The report examined factors contributing to the challenges that people with disability face, emphasising the discrimination observed in the health sector.



Ensuring that the needs of persons with disabilities are recognized and addressed. © UNFPA/ASRO.

The report aimed to inform policy- and decision-makers about the needs and rights of persons with disabilities threatened by the effects of COVID-19. It pointed out that an estimated 15.1 per cent of people worldwide experienced some form of disability. In the East Mediterranean region alone, the World Health Organization estimated that more than 100 million individuals have some disability.

Acknowledging that the needs of persons with disabilities had not been adequately addressed in social development policies or the pandemic response, the report examined the role that statistical data discrimination plays. Even though many states, including all Arab states, had endorsed the Convention on the Rights of Persons with Disabilities, researchers had yet to consistently measure disability, further posing a challenge in collecting and reporting accurate data. Policies and programmes were created based on inherently flawed statistics due to inconsistency in measuring disability. As a result, the number of persons with disabilities and their different needs remained invisible to planners and decision-makers.

The report highlighted how Arab countries have committed to improving the welfare of persons with disabilities. While progress had been achieved in some areas, there remained challenges in how national statistical offices, census surveys, and other authorities continue to use different measurement tools to collect data on disability. To illustrate this point, recent surveys conducted in Bahrain, Syria, and Sudan contained a yes/no answer on whether a person had a disability, as opposed to similar surveys conducted in Jordan, Morocco, and Tunisia, where the question on disability was posed as a four-scale question. The latter allowed for greater nuance in terms of what defines a disability. However, as long as measurement tools remained inconsistent or vague, the data collected on persons with disabilities would not be accurate, putting some doubts on how effectively their voices were being heard and their needs being addressed.

Another important factor that the report focused on was discrimination in health services. Before the pandemic, persons with disabilities already faced disproportionate challenges in accessing health information and services. They also could contract COVID-19 at higher rates due to information about the disease not being in accessible formats such as braille, sign language interpretation, easy-to-read captions, audio captions, and simplified high-contrast graphics. With movement restrictions in place, persons with disabilities relying on public transport had been left vulnerable, unable to attain basic supplies or attend medical appointments. When individuals are dependent on caregivers or companions, they are put in situations of higher risk for disease, in the absence of this support. They might also experience complications with COVID-19 because of their disability or immobility.

Moving to virtual care and education had greatly benefited many but still had not always considered the needs of the deaf, hard of hearing, blind, and mentally and physically challenged. As the pandemic progressed, we needed to understand all the ways in which it has impacted those with disabilities to address these inequalities effectively.

The report pointed out that the pandemic provided an opportunity to address accessibility problems for persons with disabilities. It concluded with a comprehensive set of recommendations for donors, international organizations, civil society organizations, policymakers, service providers, academics, and governments. Only through a “*whole society approach*” could the world see a truly inclusive society where the needs and rights of all individuals are recognized and realized.



Making sure that people with disabilities have access to high quality services. © UNFPA/ASRO



Colorful reusable masks hand-made by a Rohingya women's group in the refugee camp of Coxs bazar.  
© UNFPA/Bangladesh/APRO

## B. ASIA AND THE PACIFIC



**Challenge:** Meeting the increased demand for mobile clinics and safe spaces

Women and girls were the biggest victims of gender-based violence (GBV) in Bangladesh, even before the COVID-19 pandemic. Mobility restrictions during the COVID-19 crisis imposed measures that put women and girls at a greater risk of gender-based violence (GBV), especially domestic abuse, while at the same time disrupting access to sexual and reproductive health (SRH) information and services, including support for GBV survivors.

**Good Practice:** Women-friendly spaces to support gender-based violence (GBV) survivors

The COVID-19 crisis severely affected refugees living in camps in Cox's Bazar, the world's largest refugee camp, where sexual harassment remained prevalent in both the Rohingya and the host communities. In the COVID-19 response, UNFPA Bangladesh ensured that these maternal health facilities continued providing information and life-saving services to gender-based violence (GBV) survivors and encouraged women to continue to access these services.

UNFPA Bangladesh supported a network of 23 Women Friendly Spaces in Cox's Bazar for Rohingya refugees displaced from Myanmar. In these safe spaces, women came together to share their experiences and receive support from one another, attended by dedicated staff working in these centers. From confidential conversations to creative henna sessions, the spaces offered women and girls a critical safe place to recover, heal and move on.



In pandemic-affected Madaripur, midwife Selina Akter safely delivered a baby girl. © UNFPA/Bangladesh

Nusrat, a case worker for Women's Protection and Empowerment in one of the UNFPA-supported health facilities in the Rohingya camps in Cox's Bazar, said, *"I provide psychosocial support for survivors of gender-based violence. In more complex cases, I refer the survivors for legal assistance, security services, or child protection."* She expressed that asking women and girls to visit the facilities was difficult. But *"when the community trusts the volunteers and case workers and feels that the health facility provides a safe and confidential environment, they visit us. When COVID-19 started, I managed cases over the phone, but it was challenging. I realize that face-to-face interactions give women more confidence to come and talk to us"*, she added.



Nusrat helps survivors of violence find inner peace in Cox's Bazar. © UNFPA/Bangladesh

Despite the challenges, Nusrat felt motivated to continue her life-saving work to empower Rohingya women. *"The inspiration comes from the survivors who instill in me the courage and strength to move on,"* she said. *"On my darkest days, I see them having so little yet still finding the inner strength to look for solutions."*

In the Rohingya camps, women feared sexual violence even during basic activities, such as using the bathroom at night. To ensure that Rohingya women could use the services available to them, Nusrat and her team of volunteers from local NGOs made door-to-door visits to inform the community of the available services through the health facilities. The team also raised awareness of the different forms of violence, whether physical, sexual, emotional, or economic. *"Thanks to them, I feel motivated. I'm energized and willing to continue my work to make the world a better place with women's rights and gender equality as its foundation,"* Nusrat added.

Another case worker at the Center, Sabnam Mustari, said *“the emotional support that we consistently provide creates a bond of trust between the girls and us. They become comfortable seeking help from us, especially after their painful experiences.”* Women in these safe spaces were introduced to different healing activities. *“Henna-making is one of our most successful activities,”* Sabnam said. *“We try to organize a session at least once a month, but because of COVID-19, we have had to reduce the size of the groups. Art has therapeutic qualities that can lead to positive health outcomes”*, she added.

UNFPA integrated creative arts as a critical component in its efforts to provide psychosocial support to adolescent girls in these Rohingya camps. In addition, cultivating their life skills was crucial for the girls' emotional development, given their traumatic experiences, including sexual violence in their formative years. These psychosocial support activities provided life-saving measures for gender-based violence (GBV) victims entering their adult life.



**Challenge:** Getting personal protective equipment (PPE) to remote areas amid the COVID-19 pandemic

Midwives are on the frontline of providing life-saving services, including maternal health care for pregnant mothers. However, in the early stage of the pandemic, a severe shortage of personal protective equipment (PPE) put them at risk of catching the virus. Without proper PPE, they were more likely to become ill, leading to growing sexual and reproductive healthcare shortages during a critical pandemic.

**Good Practice:** Ensuring PPE availability for midwives in remote communities

During the COVID-19 crisis, supplying midwives with PPE was not optional – making them available could save the lives of both the midwives and the mothers and their babies.

Andrew Prasetya Japri, is a Field Officer for the UNFPA partnership with the Department of Foreign Affairs and Trade (DFAT). As part of this initiative, he provided critical support to midwives, especially in the early stages of the pandemic when supplies were much in demand but limited, by delivering bulk batches of PPE to remote communities across Indonesia.



Andrew Prasetya Japri is among UNFPA's many committed field officers who worked relentlessly during the COVID-19 pandemic.  
© UNFPA/Indonesia

*“The COVID-19 pandemic is scary because many people did not follow the protocols. It is scary out there, and we can only depend on ourselves to prevent the infection”*, Andrew said.

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As early as December 2020, Andrew and his colleagues had been working to deliver PPEs to 546 midwives in Jakarta, West Java, and East Java province. *“The distribution process required us to go to the field and meet the midwives. That is why we had to apply strict health protocols to protect ourselves, especially when we meet the midwives at the distribution points”,* he said.

Regular COVID-19 testing for the team and using different vehicles for PPE deliveries became the standard procedures to minimize the risk of transmission during long-distance convoys. *“We took the antigen test before we went to East Java, and we used our personal cars to travel to make sure that we do not expose others to the virus,”* Andrew emphatically added.



Volunteers receiving PPE supplies for their community work. © UNFPA/Indonesia

Upon arrival at the distribution site, they sprayed disinfectants on all PPEs boxes before opening and distributing them. Each ensured they applied standard safety precautions before the PPE was taken to the midwife’s offices.

The midwives were very grateful to receive these PPEs because, around that time, they were not only difficult to find but were also expensive if purchased through other means. Some midwives, especially those who operated independently without support from hospitals or other tertiary institutions, had to reuse N-95 masks and other safety equipment because they had no other choice.

Andrew explained that he and the team members often had to improvise their delivery actions. *“We had to park the truck somewhere, then use strollers and other means to bring all of the boxes, one by one, to the midwives’ branch offices.”*



Beyond having to get the supplies over narrow and impassable roads, they had to consider the weight of the boxes and how midwives would be able to transport them back to their villages. *“The total weight of three boxes is about 21 kg,”* Andrew said. Based on the experience in the first distribution phase, the group adapted an approach that would make it easier and lighter for midwives by repacking them and bundling the boxes with ropes to make it easier for midwives to transport the supplies to their homes or more remote service points in the community.



**Challenge:** Preventing unintended pregnancies and sexually transmitted diseases in the context of COVID-19

*“Even talking about reproductive health services for women and young people can be difficult in my country. In the Philippines, reproductive health is not really an issue that everybody can support and accept. We are a majority religious country, and it is hard to promote what we do,”* said Genesis Faderogao, a project coordinator at the Community and Family Services International, which supports women and girls in accessing sexual and reproductive health services (SRH) in Pasay City, Metro Manila. During COVID-19, school closures, limited access to comprehensive sexuality education and contraception, and the risk of violence against young women and girls put adolescents and youth at higher risk for unintended pregnancies.

**Good Practice:** The condom delivery programme

When COVID-19 shut everything down in March 2020, Genesis and the community volunteers found a way to safely deliver condoms using an online service, which helped the community avoid a surge in unintended pregnancies and sexually transmitted diseases.

In trying to help the most vulnerable young people in the community, *“we provided education and information, but we also looked for ways to ensure that young people are protected,”* Genesis said. But, given the context and the resistance to openly discussing contraception, Genesis added, *“we talk to them about what family planning services are available or how young people can be protected from HIV and sexually transmitted diseases.”*



These are some of the volunteer workers helping during the COVID-19 response. © UNFPA/Philippines

## PROGRAMMING RESILIENCE DURING THE COVID-19 PANDEMIC

Having realized their close links to the community gave them a network to distribute essential supplies, the Community and Family Services International obtained permission from the authorities to deliver condoms during the lockdown period. *“These community volunteers who helped us distribute condoms,”* Genesis said, *“are real heroes because, despite the risks, they continued to do the work of providing condoms to vulnerable young people.”*

In addition, Genesis and her team carefully ensured that all protections were in place for the volunteers and that all health safety protocols were followed. Briefings for volunteers on what to do were undertaken through virtual sessions.

These joint efforts enabled UNFPA Philippines and the Community and Family Services International to deliver over 1,000 boxes of condoms responding to requests made to the community volunteers by peers, friends, and neighbors.

The volunteers did regular routes on foot to deliver the packs discreetly and safely. A total of 5000 deliveries were made in the community from April until August 2020. Genesis said it was good to hear feedback from the volunteers. *“They were happy that we were able to distribute condoms,”* she said. *“They are seeing that we are helping to lessen the numbers of teenage pregnancies and the risk of getting HIV.”*

By 2021, as the lockdowns eased and normal life slowly resumed in the Philippines, Community and Family Services International drawing on lessons from the pandemic, added new services at the center and expanded the training for existing volunteers to be better equipped to handle referrals of cases with mental health questions.



In other parts of the country, dignity kits continued to be provided to pregnant and lactating women displaced by disasters and armed conflict during the onset of COVID-19. @UNFPA/Philippines.

The Philippines example illustrates how UNFPA successfully integrated sexual and reproductive health (SRH) services into the list of essential services at the community level for women and girls, even during the quarantine period of COVID-19. In addition, working with partners helped reposition family planning commodities in hard-to-reach districts to ensure continued service provision during this pandemic.

Dignity kits contain supplies to help women and girls protect themselves and their communities from the COVID-19 pandemic. ©UNFPA/Gambia.



## C. EAST AND SOUTHERN AFRICA



**Challenge:** Accessing essential in-person sexual and reproductive health (SRH) services during the COVID-19 pandemic

Mozambique has one of the highest maternal mortality rates in the world, at 452 deaths per 100,000 live births. Economic downturns created by COVID-19 exacerbated this challenge, with many families experiencing a loss of income. Movement restrictions and social distancing requirements inhibited pregnant women's use of public transportation. Additionally, the prohibitive cost of private transport further affected mobility, preventing women from receiving the care they needed, including emergency obstetric services.

**Good Practice:** Using the Chopela-Mama app to enable transportation support for pregnant women in remote communities

To address this challenge, UNFPA Mozambique supported programmes, such as the Chopela-Mama ride-hailing app, that could safely transport pregnant women free of charge to health centers so that expectant mothers could access life-saving services. At the same time, the transport arrangements also boosted the local economy.

Often, traditional midwives assist women in labor in Mozambique, especially in rural areas far away from health facilities. *"When a woman goes into labor during the night, we don't have a choice. As traditional midwives, we have to be there to assist her,"* shared Catarina Pedro Mesa, a traditional birth attendant. She would call the nurse at the health center, letting her know that a pregnant woman was on her way. Some of these pregnant women could not afford a ride to the nearest health facility, so they were forced to walk, which could be about 25 kms away from the nearest facility.

To address the health service access challenge, UNFPA Mozambique partnered with traditional midwives, health authorities, community health workers, traditional leaders, and local activists to prototype the initiative. The partners mapped out 560 kilometers of roads to help ensure that the solution was appropriate for the on-the-ground reality and targeted to cover 150,000 people from 6 communities in 2 districts.



Traditional birth attendant, Catarina Pedro Mesa, outside her local health facility where she helps women access healthcare. © UNFPA/Mozambique

The Chopela-Mama app connected pregnant women in remote communities to drivers willing to drive them to the closest health facility free of charge. Rides were available on demand, 24 hours a day. The free rides increased the opportunity for low-income expectant mothers to access the necessary maternal health care and emergency obstetric care.

In addition to booking rides on the app, women could access information about COVID-19, find out about family planning, or speak with a nurse in case of an emergency. The intent was to increase the utilization of quality maternal and newborn health services by reducing the barriers to transportation caused by COVID-19.

Chopela-Mama also built resilience in rural pandemic-impacted economies by providing conditional cash transfers to community members trained as drivers in safe transport, including protecting against COVID-19. Chopela-Mama is seen as a safe, alternative income source for drivers' families during decreased job opportunities due to the restrictions created by COVID-19. This added income could also reduce hunger and improve child nutrition and education for drivers' families.

With the knowledge gained during the initial prototype phase, UNFPA Mozambique scaled up the project. The programme's eventual goal was to connect 400,000 pregnant women annually to obstetric care services in remote communities across Mozambique.

*"Our main lesson learned has been: don't have preconceived ideas,"* said Eduardo Celades, Team Leader of Chopela Mama and Acting Deputy Director for UNFPA Mozambique. User feedback helped the office become flexible and adapt its programme approach to local needs. Celades concluded that *"the biggest lesson learned, as well as our main success, was that we have been able to adapt to the actual reality."*



Head Nurse Nelia, gives local women a lecture about the importance of institutional births at the Mocuba Health Center. © UNFPA/Mozambique



## Uganda

### Challenge: Accessing reproductive health supplies and services

Like many other countries, Uganda went into lockdown to curb the spread of COVID-19. During this time, essential reproductive health supplies - contraceptives, HIV tests, pregnancy tests, and safe childbirth supplies- became scarce. *“We have had to rethink and become more innovative in reaching young people and women with sexual and reproductive health-related information and services,”* said Alain Sibenaler, UNFPA Representative in Uganda.

### Good Practice: Using the SafeBoda (motorcycle taxi network) to ensure continuity of reproductive health (RH) supplies delivery

In response, UNFPA partnered with SafeBoda, the largest motorcycle ride-hailing company in Uganda, to maintain access to reproductive health supplies. With movement restrictions, people heavily relied on the motorcycle taxi, conveniently called boda-boda, for delivering food and other necessities to households all over Uganda.

UNFPA, working with health officials and other partners, such as Marie Stopes Uganda, Population Services International, and the AIDS Information Center, created a Personal Health e-shop. This was Uganda’s first dedicated online reproductive health shop, accessible on the widely used SafeBoda mobile app. Using SafeBoda’s network of over 18,000 riders enabled UNFPA Uganda and its partners to respond to those in need of contraceptives and to cover a wider delivery area.

Many reproductive health supplies were subsidized and affordable, and users could order free



Drivers of Safe Boda - a bike hailing app used to distribute contraceptives in Uganda. © UNFPA/Uganda



Customer receives delivery of RH supplies from SafeBoda driver. © UNFPA/Uganda

condoms from the government. When the order was placed, the app identified the closest pharmacy within a seven-kilometer radius with the item in stock and alerted the nearest SafeBoda driver. The driver then picked up the item and delivered it to the user.

Additionally, UNFPA Uganda facilitated the delivery of free condoms through village health team volunteers. The volunteers, invaluable in their knowledge and familiarity with the community, were critical in distributing condoms and ensuring no interruptions in supply.

In some cases, the volunteers used innovative approaches such as singing songs to help raise awareness of the initiative and as a way to create a more comfortable environment for community members to ask questions. For example, a volunteer described, *“many young people are still shy about using condoms. But when I sing my song, they understand what I mean, so they come and ask questions. So I teach them how to use condoms and give condoms to young people.”*

The Safe-Boda app and the Community Volunteer initiative were great successes! Before the pandemic, reports showed that almost 20 per cent of women in

Uganda wanted to use contraception but did not. With the app, women could order items privately and receive home deliveries. The initiative increased women's and adolescents' access to all reproductive health supplies.



RH supplies available through the SafeBoda app.  
© UNFPA/Uganda



## East and Southern Africa (ESA) Regional Initiative

**Challenge:** Reaching young people with sexual and reproductive health (SRH) information during the pandemic

Young people make up the largest and fastest-growing proportion of the general population in East and Southern Africa (ESA). However, childbirth and HIV-related complications are the two leading causes of mortality among young women in the region. The closure of schools in response to the COVID-19 pandemic disrupted young people's comprehensive sexuality education. As learned from the Ebola outbreak in Sierra Leone in 2014, a decrease in access to sexual and reproductive health (SRH) information and services led to a steep rise in unintended pregnancies, including teen pregnancies, sexually transmitted infections, and gender-based violence (GBV).



Young people checking out the TuneMe app. © UNFPA/ESARO

### **Good Practice:** The use of the TuneMe mobile app to provide sexual and reproductive health (SRH) and COVID-19 information

To continue to reach youth with SRH information during the pandemic, UNFPA East and Southern Africa Regional Office (ESARO) created an additional feature, Coronavirus, and You, on the popular mobile site - TuneMe.

TuneMe is a web-based mobile application created with extensive youth participation in 2015 to promote youth-friendly information and services related to sexual and reproductive health (SRH) and rights for young people between the ages of 10-24. It was piloted in Zambia, then applied in Botswana, Lesotho, Malawi, Namibia, Eswatini, and Zimbabwe.

As of 2020, three million young people had used it; in 2019, 43% reported having accessed sexual and reproductive (SRH) information and services due to using the platform. In addition to SRH information and services, the site contains information about navigating relationships, rights, and health issues to empower youth to make informed choices about themselves and their bodies.

Knowing how many young people were already accessing the site, UNFPA East and Southern Africa Regional Office added the **Coronavirus and You** content to the TuneMe menu. The content focused on menstrual health management, access to sexual and reproductive (SRH) information and services, and prevention of gender-based violence (GBV) during the COVID-19 pandemic. Moreover, it included information to debunk common myths and misconceptions about COVID-19. The content appeared timely, judging by the number of young people accessing the platform. The number of users spiked during the lockdown period, with the highest traffic happening in July 2020 with 368,318 users – three times higher than the monthly average.

To reach even more young people, the UNFPA East and Southern Africa Regional Office (ESARO) worked with UNFPA Headquarters to create a mobile version of TuneMe that can be used on a smartphone beyond the COVID-19 crisis.





UNFPA and Red Cross volunteers discuss logistics at the mobile gynecological clinic in Sveti Nikole municipality. ©UNFPA/North Macedonia

## D. EASTERN EUROPE AND CENTRAL ASIA



### Eastern Europe and Central Asia (EECA) Regional Initiative

**Challenge:** Addressing the disproportionate impact of the COVID-19 pandemic on people on the move

COVID-19 increased the vulnerabilities of people on the move, whether within their own countries (internally displaced persons) or across international borders (refugees and asylum-seekers). With many countries closing borders and restricting movement in response to the COVID-19 pandemic in its earlier stage, some individuals living with HIV were at risk of interrupting their antiretroviral therapy (ART) access. *“Disruptions or termination of ART medications put all those dependent on continuous treatment in danger of developing complications that increase their risk of contracting COVID-19 with life-threatening consequences,”* said Andrey Poshtaruk, Regional Advisor on HIV at the UNFPA Regional Office for Eastern Europe and Central Asia (EECA).

**Good Practice:** A regional hotline for HIV antiretroviral therapy (ART)

In response, UNFPA EECA Regional Office partnering with the Eurasian Women’s Network on AIDS, developed a dedicated hotline, serving those throughout the region who struggled to access their ART due to restrictions imposed by the COVID-19 pandemic.



© UNFPA/LACRO

Stories like Natali Kopaliani from Georgia highlighted the need for such a hotline. Natali brought her mother to nearby Turkey to see a medical specialist, not expecting to be away from home for very long. However, the pandemic began during this time, and the borders closed. Natali, who had been living with HIV, had remained healthy because of her consistent use of ART over the past 15 years, reducing her viral load to undetectable levels. Natali found that navigating a healthcare system in a foreign country proved complicated and expensive.

Fortunately, UNFPA Turkey connected her a non-government organization (NGO) that provided her with much-needed medication at a negotiated price. But most importantly, many stories like Natali’s indicated the need for a dedicated regional hotline. *“After working with Natali, we realized we needed to do something bigger. There are a lot of people in her situation in our region, who have gotten stuck somewhere due to the lockdowns, without access to medications, counseling, or information,”* said Poshtaruk.

The regionally-based hotline, ART HELP, provided access to potentially life-saving antiretroviral therapy (ART) for those living outside their country or affected by travel restrictions to avoid an interruption in their medication or gain access to services. In addition, as many counselors themselves living with HIV, they had a deep understanding of the importance of ART and other issues faced by individuals with HIV. *“They will do their utmost for a person seeking help to prevent treatment interruption. This project will help us to strengthen cross-country solidarity and partnership. We will be especially sensitive to women subjected to violence,”* said Alina Yaroslavskaya, the project coordinator at the Eurasian Women’s Network on AIDS.

The services were country-specific, *“anyone who gets stuck in any country in our region and needs information will be able to use the hotline, which will connect them with an NGO in that country that can help them find out where to go,”* says Poshtaruk. The hotline was accessible via email, WhatsApp, Viber, Facebook Messenger, Telegram, and website. It was also available in both Russian and English.



Ensuring access to HIV medications even during the COVID-19 pandemic © UNFPA/EECA.

In addition to connecting people with ART, UNFPA/EECA Regional Office mapped out other services for those living with HIV, such as reproductive health and gender-based violence (GBV) services. The project has been widely successful and will continue into the future.



Dignity kits to be delivered to pregnant and lactating women, migrant and refugee people in Roraima, at the height of the COVID-19 pandemic. ©UNFPA/Brazil/LACRO

## E. LATIN AMERICA AND THE CARIBBEAN



Venezuela

**Challenge:** Ensuring continuity of sexual and reproductive health (SRH) interventions

During the COVID, social distancing, lockdowns, and quarantines hindered the delivery of comprehensive sexuality education in person. In-person workshops were no longer possible. *“All of the projects we execute have a high component of capacity building and are implemented in border territories with connectivity issues which are challenging for virtualization,”* says Gladys Quintero, Programme Coordinator in the UNFPA Venezuela Office.

**Good Practice:** WhatsApp virtual workshops on sexual and reproductive health (SRH)

After extensive analysis, UNFPA Venezuela decided to design participatory workshops using the WhatsApp platform, a well-known and easily accessible application already downloaded on most participants' mobile phones. It enabled participants to join training sessions synchronously or asynchronously without additional learning on how to use the app. In addition, it did not require broadband internet access or large data download for those with connectivity issues.

This virtual alternative to in-person training allowed UNFPA Venezuela to continue training non-government organizations (NGOs) health personnel, teachers, and adolescent groups on sexual and reproductive health (SRH), gender-based violence (GBV), comprehensive sexual education, and the Minimum Initial Service Package (MISP).

WhatsApp was the central platform within an integrated structure, including other virtual media such as Google mail, Google format, Google Drive, Google site, virtual whiteboards, and a web page associated with each course. This way, participants could engage in interactive learning and access a set of resources and supporting materials.



A screenshot of the WhatsApp platform.  
© UNFPA/Venezuela

## PROGRAMMING RESILIENCE DURING THE COVID-19 PANDEMIC

During workshops, participants interacted with facilitators based on their internet capacity. For example, UNFPA presented slides on WhatsApp in picture format, followed by a voice note explaining the contents. Participants with internet connectivity interacted with the instructor in real time, and those without connectivity asked questions and provided comments later. UNFPA Venezuela then made short explanatory videos in response to questions sent by participants. This format also allowed for the inclusion of persons with disabilities by providing different options for sharing information, such as using voice recordings instead of written material. All workshops had pre-test and post-test features created through Google forms so that the office could evaluate the extent to which knowledge was acquired and receive feedback directly from participants.

Through December 2020, 2,273 people were trained in this way. For sexual and reproductive health (SRH), 31 workshops were held for health personnel, totaling 1,483 people trained in counseling for contraception, emergency obstetric care, sexually transmitted infections (STIs), HIV and pregnancy, the Minimum Initial Service Package (MISP), and the correct use of personal protective equipment (PPE). A total of 690 people were trained in 29 workshops on gender-based violence (GBV), safe referrals, sexual violence, the Organic Law on Women's Right to a Life Free of Violence, and positive masculinity, in a remote community that previously registered a high rate of adolescent pregnancy.

Gladys Quintero commented on the initiative, *"definitely, it has been a challenge for the whole team, and great challenges still await us."* Overall, UNFPA Venezuela considered this innovative way of conducting workshops highly effective in reaching individuals in rural areas with connectivity issues. The office planned on continuing to use it in the future, even after the COVID-19 pandemic.



Using a variety of workshop activities and creative ways to train health workers on sexual and reproductive health and COVID-19 related topics. © UNFPA/Venezuela



## Latin America and the Caribbean (LAC) Regional Initiative

**Challenge:** Closing access gaps for sexual and reproductive health (SRH) services by harnessing the power of technology

Access to healthcare was limited under the COVID-19 restrictions and protocols in LAC and other regions. For example, in El Salvador, many individuals went without healthcare for fear of contracting COVID-19 or because of movement restrictions that inhibited them from traveling. Those living in rural areas, far away from health clinics, were heavily impacted. Others struggled to access care because of the economic impact of the pandemic.

**Good Practice:** Using telemedicine in Latin America and the Caribbean

In response to limitations in access to healthcare, UNFPA in Latin America and the Caribbean (LAC) introduced telemedicine to address the gap.

UNFPA El Salvador worked with the national Ministry of Health and the Embassy of Canada and launched a telemedicine service. The first phase of the project prioritized pregnant and postpartum women, children under five years old, and those requiring mental health support.

Although successful, the initiative was not without challenges. Doctors struggled to adjust to the new system and maintain a high quality of care. *“With this care system, we can help people from different corners of the country, including places where there are no roads, and where the health unit is two or three hours away on foot.”*



Through Telehealth, a doctor is able to consult and guide clients on how to treat their conditions until the next follow-up visit. © UNFPA/LACRO

Another physician Dr. Ana Julia Luna de Jaimes remarked, *“as health professionals, they teach us that the idea is to see the patient face-to-face, to be able to listen to them and examine them. That was a challenge at the beginning.”* But she explained that the project helped staff build additional skills that ultimately benefited patients, while avoiding exposure to COVID-19 for both healthcare staff and patients.

In other countries, telemedicine was used in combination with mobile clinics as a critical component for follow-up services to help ensure continuity of care for the most vulnerable populations, including those in rural areas. For example, in Trinidad and Tobago, UNFPA

## PROGRAMMING RESILIENCE DURING THE COVID-19 PANDEMIC

partnered with the Family Planning Association of Trinidad and Tobago to support a mobile health clinic in Icacos Village that focused primarily on Venezuelan migrants and asylum seekers.

In Icacos, a place at the remote southern point of Trinidad, access to basic healthcare was limited for locals. Displaced Venezuelans were afraid to seek services because of their migratory status. Even when individuals managed to travel for a medical appointment, they were often unable to attend necessary follow-up appointments, which could lead to poor health outcomes. To address that, an outreach clinic was set up to use telemedicine for follow-up services.



A counselling session in a migrant-focused clinic in Icacos village, provided through a partnership between UNFPA and the Family Planning Association of Trinidad and Tobago. © UNFPA/LACRO

This system created a stronger healthcare infrastructure overall. Those who faced difficulties accessing medical care before the pandemic could receive care remotely. Using telemedicine, doctors could also monitor the health of patients between clinic visits.

Telemedicine was also used to share information about reproductive health and rights. A sixteen-year-old patient visited the outreach clinic to treat a vaginal infection. She was able to use telemedicine to monitor her condition, but also to receive information on reproductive health and learn about safe sex practices.

In another part of Latin America, UNFPA Brazil responded to the pandemic by setting up telemedicine offices that provide consultations with gynecologists and other specialists. The first five locations, which opened in February 2021, served 80,000 women of reproductive age. With the success of the first phase of the program, UNFPA opened more such facilities in Brazil.

Not only had telemedicine helped protect against the spread of COVID-19, but it also expanded access to a broader range of sexual and reproductive health care, including some specialized services in the Latin America and Caribbean (LAC) region.





## Latin America and the Caribbean (LAC) Regional Initiative

**Challenge:** Mainstreaming reproductive health rights of women and girls in sexual and reproductive health (SRH) services

In many cultures, menstruation is still socially a taboo that can produce fear and shame. People are sometimes afraid to talk about it, and that silence promotes gender inequality and inhibits the dignity and rights of women and girls. During humanitarian crises such as natural disasters, conflicts, and displacement, women often have to choose between necessities such as food or sanitary pads. This situation, often referred to as “*period poverty*,” becomes even more prevalent during times of a pandemic. Lack of access to menstrual supplies can prevent girls from attending school and women from being able to work outside of their homes.

**Good Practice:** Using dignity kits to promote the health, rights, and dignity of women and girls

In response, UNFPA in the Latin America and Caribbean Region distributed dignity kits to women and girls to help ensure their health, rights, and dignity. Dignity kits differ depending on the context but often include sanitary pads, hand soap, underwear, toothpaste, and laundry soap. They are made to be culturally relevant and specific to the situation, so some may contain a headscarf or reusable sanitary pads, while others may contain a chamber pot or privacy shield for women who cannot access bathrooms easily or safely.



Providing dignity kits and COVID-19 information help save lives during a pandemic. © UNFPA/LACRO

## PROGRAMMING RESILIENCE DURING THE COVID-19 PANDEMIC

UNFPA added items to dignity kits to help decrease the spread of COVID-19, with many kits containing masks, hand sanitizer, and COVID-19 prevention information. Equally important, information related to the prevention of gender-based violence (GBV) was added, since movement restrictions, curfews, and closures of public spaces, along with economic struggles from loss of income during this COVID-19 pandemic, had led to a rise in GBV.



Young mother receives dignity kit from community volunteer. © UNFPA/LACRO

The UNFPA in the Latin America and Caribbean Region prioritized dignity kits for women in quarantine, in particular, indigenous women, GBV survivors, and those who are displaced, in prisons, and in conflict-affected areas. Haideidy Suarez, from Puerto Concordia Meta, said upon receiving a kit, *“I am a woman who is the head of a household with limited resources. I am very grateful for the kit; they are things one needs a lot, but sometimes there is no way to buy them. I think the reusable sanitary napkins are very good. I want to thank you and ask you to please keep us in mind for these grants because we really need them.”*

As Yuri Pitti, a UNFPA partner with Not One Less Chiriquí, explained, *“In the plans that are developed for when there are national emergencies, disasters, or any other type of crisis, women and their needs must be taken into account. Access to menstrual hygiene is a right and should not be overlooked in planning emergency responses.”*

In Bolivia, UNFPA provided over 1800 dignity kits to quarantine camps for Bolivian citizens in border areas and urban isolation centers. The kits were adapted to include protection measures against gender-based violence (GBV) by including whistles and flashlights. They also contained information to connect women with sexual and reproductive health (SRH) services and related information to promote the health and rights of women and girls.

Other supplies were often given at the same time as dignity kits. During the pandemic, UNFPA Colombia distributed personal protective equipment (PPE) and contraceptives while distributing over 9600 dignity kits to more than 170 municipalities. Along with these essential supplies, they worked to train community leaders and health personnel in capacity-building activities related to gender-based violence (GBV) services. In addition, they helped provide access to long-term contraception methods for women in need.

UNFPA in Latin America and the Caribbean also helped educate communities that menstrual health is *“healthy and normal,”* decreasing some harmful stigma associated with it. Mainstreaming reproductive health rights into the distribution of culturally relevant dignity kits can be highly valuable in changing social norms. These interventions led to a holistic approach to promoting reproductive health and rights of women and girls in the region.



Health personnel in Sierra Leone attending to a fistula survivor. © UNFPA

## F. WEST AND CENTRAL AFRICA



**Challenge:** Overcoming barriers faced by vulnerable populations and under-resourced communities in accessing sexual and reproductive health (SRH) information and services

Even before the pandemic, 30 per cent of total births in Ghana came from adolescent pregnancies. Unwanted pregnancies hamper the growth and development of young girls and can endanger their health. Complications from pregnancy and childbirth are the leading cause of death among adolescent girls globally. COVID-19 exacerbated long-standing health inequities, putting a growing population of vulnerable people at greater risk of sexual and gender-based violence (GBV) and unwanted pregnancies, especially in under-resourced communities. For example, in Sierra Leone, before the Ebola epidemic, 28% of girls between 15-19 had given birth. By the end of the epidemic, this number had risen by 65%, owing to the socioeconomic conditions arising from the epidemic.<sup>1</sup>

**Good Practice:** Door-to-door community outreach to address gender-based violence (GBV) and sexual and reproductive health (SRH) challenges

Acting on these important lessons learned from past disease outbreaks and humanitarian crises, UNFPA Ghana created a door-to-door outreach programme for volunteers and staff to safely distribute packages containing items related to sexual and reproductive health (SRH), gender-based violence (GBV), and COVID-19, to under-resourced communities.



Community volunteers explain SRH and COVID-19 related information to a woman from the community.  
© UNFPA/Ghana

One young community volunteer said, *“I was excited to see that most of the people I approached were engaged and all happy that UNFPA was providing them with this package, as many said they really needed it and hoped they could get more again.”*

When the pandemic started, UNFPA Ghana mobilized 96 community volunteers to visit over 20 under-served communities to educate the community about gender-based violence (GBV) and to combat the spread of COVID-19. The volunteers were primarily UNFPA Youth Fellows, students from tertiary institutions, and other young people that were trained and

<sup>1</sup> UNDP and Irish Aid Government of Ireland. Assessing Sexual and Gender Based Violence During the Ebola Crisis in Sierra Leone.

provided briefings about these issues virtually (via Zoom and WhatsApp). These volunteers followed stringent COVID-19 safety precautions during the door-to-door outreach.

Each package contained male and female condoms, information on gender-based violence (GBV), masks, and hand sanitizer. In addition, the volunteers spoke with community members about reproductive health, and gave information on COVID-19. Additionally, they put up posters to build awareness around GBV and advertise the newly launched Domestic Violence Hotline, available 24/7. It was created as a

partnership between UNFPA and the Victims Support Unit of the Ghana Police Service in anticipation of the rise in GBV during the pandemic.

There were challenges to overcome since most Ghanaian communities are religious, and the subject is stigmatized. Some recipients felt uncomfortable accepting condoms, perhaps due to the social stigma. Others were unaware of the risks associated with the COVID-19 lockdown and wondered why we were doing outreach work during the pandemic. Some rejected the condoms but accepted the other items, such as hand sanitizers, gloves, face masks, and the flyers on domestic violence.

But, many found this refreshing. For example, one volunteer said, *"most of the young people we reached out to readily accepted the condoms and asked questions on how to access more should their friends request some."* They further noted that the men in the community seemed more open to the subject of sexual and reproductive health than the women. Some even candidly shared their reasons for wanting condoms before the volunteers mentioned anything. *"I found it enlightening,"* said one volunteer.



A community volunteer hands out information materials on sexual reproductive health and COVID-19 to a pregnant women, seeking help during the pandemic. © UNFPA/Ghana



Government donated PPEs and dignity kits to Mercy Hospital Mankessim in the Central Region of Ghana have benefited mothers and babies as well as health workers. © UNFPA/Ghana

Even though there were challenges, the door-to-door outreach was successful. The initiative surpassed its original goal, with the team distributing over 29,800 condoms and reaching more than 7,000 individuals, including adolescents and teen mothers, with information on sexual and reproductive health (SRH) and gender-based violence (GBV).

## PROGRAMMING RESILIENCE DURING THE COVID-19 PANDEMIC

Given the success of this outreach programme, UNFPA Ghana recommends scaling it up, not just during this time of COVID-19 crisis, but during similar outbreaks or humanitarian crises, to reach more communities UNFPA Ghana and its volunteers have also learned several lessons that can be valuable for replication and scaling up, for example,

- Establishing good rapport with the community members is necessary before any efforts to distribute reproductive health (RH) commodities; and,
- Having written information or printed materials handy to give out when discussing gender-based violence (GBV) or coordinating with local health facilities can double the impact. For example, some women were interested in obtaining long-acting reversible contraceptives but were unaware of where to receive them.



### **Challenge:** Supporting evidence-based decision-making in the initial response to COVID-19

According to the 2018 Mali Demographic and Health Survey, 49% of married or separated women had experienced spousal violence - physical, sexual, or emotional - and 68% had never told anyone or sought out any help. The same survey concluded that 53% of women aged 25-49 were married before 18, many before 15 years old, and 89% of women aged 15-49 had undergone female genital mutilation. Within this already challenging context for women and girls, the country had to face the COVID-19 pandemic.

### **Good Practice:** Study on the COVID-19 impact on gender-based violence (GBV)

In mid-March 2020, the government of Mali instituted a protection plan to prevent the spread of COVID-19. This included measures such as instituting a curfew, suspending large public gatherings, closing schools and bars, and decreasing hours for public administration and markets.



Family planning services continue even during the period of COVID-19. © UNFPA/Mali

However, these measures had repercussions for women and girls seeking gender-based violence (GBV) and related services. Out of 32 partners that had previously offered case management and psycho-social support services

for GBV survivors, only 13 were still in service as of April 2020. Additionally, the restrictions created barriers to accessing judicial and police services for GBV survivors, and obstacles to accessing sexual and reproductive health services (SRH). All these have further exacerbated gender inequality in the country.

Early in the pandemic, UNFPA Mali decided to conduct a study to explore the impact of COVID-19 on gender-based violence (GBV) in the country. Partly this was due to lessons learned in other global health crises, such as the Ebola epidemic, where there was a rise in GBV. For Mali, as in many countries, this meant more women and girls would seek services in an already challenging context with substantially less support available. Data collection was critical in assessing the situation so appropriate strategies could be implemented.



Doctor and health personnel following up on a mother's condition upon admission to the health facility during the COVID-19 pandemic. © UNFPA/Mali

The study had two objectives: (1) to produce evidence of the possible impact of COVID-19 on gender-based violence (GBV) in Mali to inform decision-making and advocacy work; and (2) to formulate measures and recommendations for mitigating the health and social consequences of COVID-19 on GBV, to ensure the continuity of reproductive health services, and services for GBV survivors.

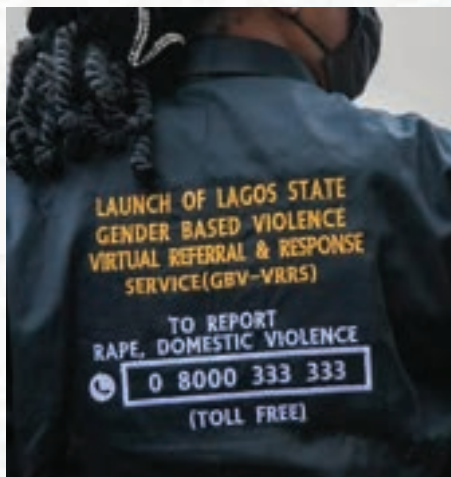
A qualitative questionnaire was created based on knowledge of the situation in Mali, explanatory factors for gender-based violence (GBV) and, and past experiences. It was sent to key informants from organizations working with GBV survivors in Mali. The study was paired up with quantitative data collected by the Gender-Based Violence Information Management System (GBVIMS), which collects data directly from GBV survivors and aims to standardize the data collected. In addition, to add context and support, the study included a systematic review of evidence from other epidemics and the existing evidence on the connection between COVID-19 and GBV in other countries.

Collectively, the data indicated a correlation between the onset of a humanitarian crisis, such as a pandemic, and an increase in gender-based violence (GBV). Reasons quoted for this increase included school closures which could force young girls into working in the labor market, exposing them to possible abuses and the greater likelihood of girls entering into early marriages. Also mentioned was increased stress on families due to financial constraints and being confined to home due to closing public spaces.

The study on the impact of COVID-19 on gender-based violence (GBV) in Mali was first discussed at the end of March 2020, and finalized and disseminated by the end of May 2020. It concluded that mitigation measures must include economic recovery for at-risk groups as well, not just survivors and outlined crucial steps in addressing the socioeconomic impact of COVID-19 on GBV and gender inequality.



**Challenge:** Meeting increased demand for support to gender-based violence (GBV) survivors



Uniformed police officer from Lagos police force. © UNFPA/Nigeria

Before the pandemic, approximately One million women in Lagos, Nigeria, were seeking support for gender-based violence (GBV). Ulla Muller, UNFPA Country Representative, described the change in the situation after the pandemic began, saying, “within one month of the pandemic, we had a rise of 149% in reported cases in Lagos state alone. Suddenly, that one million was closer to three million.”

**Good Practice:** Providing remote support to gender-based violence (GBV) survivors

To address this, UNFPA Nigeria worked with various partners to support women remotely using a survivor-centered approach. These partners included the EU-supported Spotlight Initiative, the Women’s Helping Hand Initiative, and the Lagos state government’s existing gender-based violence (GBV) response teams. Together, UNFPA Nigeria and these partners launched the GBV Virtual Referral and Response Service Initiative (GBV-VRRS).

The GBV-VRRS initiative used toll-free hotlines available 24/7 for remote support to GBV survivors so they could access information, counseling, and referral services. When in-person services were necessary, the GBV-VRRS had the most up-to-date information on service providers operating during the pandemic.

The programme also provided transportation if a woman’s life was in danger and required safe evacuation. GBV-VRRS arranged transport to a safe shelter and connected her with appropriate services.

The initiative had the support of the wife of Nigeria’s Vice President, Dolapo Osinbajo. She said, speaking of survivors, “even if her screams are not heard - if her tears are silent because she’s behind closed doors - we must hear her. We must rescue her. We must help her. We must support her and restore her. And we must do so now.”



Using the Lagos gender-based violence (GBV) response structure already in place, the Lagos State Domestic and Sexual Violence response team was able to add remote support options. UNFPA Goodwill Ambassador for West and Central Africa, Stephanie Linus, commented, *“UNFPA has turned this crisis into an opportunity for solution creation. I truly believe that innovation holds the solution to many of our world’s social issues and that its use as a means of preventing and responding to gender-based violence has never been more important.”*

UNFPA Nigeria found that working collaboratively with the government and their civil society organization partners from the beginning, from conceptualization through implementation, was crucial to their success. As Dr. Ibijoke Sanwo-Olu, wife of Lagos State Governor, said, *“stopping these monstrous acts from society requires collective efforts.”* They all agreed that the remote gender-based violence (GBV) response plan must follow a survivor-centered approach. This meant that those responding to survivors must consider a woman’s needs and rights from her own perspective, prioritize her safety and her wishes, and adhere to the principles of confidentiality.

UNFPA Nigeria recommended toll-free hotlines to eliminate financial and other barriers to women seeking services, through the following measures:

- Forming partnerships with mobile phone companies as part of the companies’ corporate social responsibility.
- Leveraging the existing infrastructure in order to increase its chance for sustainability as it is now integrated into the State’s emergency response system.
- Offering survivors free transport away from their perpetrators and coming to safe shelters as a life-saving action.

UNFPA Nigeria was committed to continuing to work with the government and civil society to prevent and address violence against women.



At the launch of the GBV-VRRS initiative, L-R: Stephanie Linus (UNFPA Ambassador); Honorable Bolaji Dada (Commissioner for Women Affairs & Poverty Alleviation Lagos State); Moyosore Onigbanjo (Hon. Attorney General and Commissioner for Justice Lagos State); Her Excellency (Dr.) Mrs. Claudiana Ibijoke Sanwo-Olu (First Lady of Lagos State); Honourable Mojisola Alli Macaulay (Chairman, Lagos State House of Assembly Committee on Women Affairs Poverty Alleviation and Job Creation); Ulla Mueller (UNFPA Resident Representative Nigeria); Segun Dawodu (Hon. Commissioner Ministry of Youth and Social Development Lagos State). © UNFPA/Nigeria

*“Lessons learnt from efforts to address the global pandemic must be used to “do things right for the future”*

**António Guterres,  
Secretary-General, United Nations**

(In his address before the World Conference of Speakers of Parliament,  
20 August 2020)

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# Key Lessons Learned in Responding to the COVID-19 Pandemic

The COVID-19 pandemic created unique challenges to delivering UNFPA's three transformative results. However, it also triggered unprecedented opportunities to accelerate proven approaches. Documenting the stories of hope and ingenuity in UNFPA programming during the COVID-19 pandemic can help UNFPA scale up new ways of working and programme solutions that are proven effective during a pandemic.

Additionally, the challenges addressed by these good practices also highlighted the importance of pandemic preparedness and resiliency. Many regional and country offices found themselves "thinking outside the box," finding ways to ensure the continuity of programmes and critical sexual and reproductive health (SRH) services, especially for the most affected by the pandemic.

This agility led many offices to creatively and effectively use social media and other IT-based platforms, capitalizing on their ongoing popularity to expand relevance by adapting them to the COVID-19 context. Of particular relevance has been the use of popular web-based and smartphone apps, hotlines, telemedicine, and telecounseling services to help women and girls, young people, gender-based violence (GBV) survivors, persons with disability, and those who live in remote areas, whose situations have become more precarious during this COVID-19 pandemic.

The situation of gender-based violence (GBV) survivors was of particular concern as the pandemic mobility restrictions and lockdowns meant most of them were at home or in the same place with their abusers. The confidential, 24/7 hotlines and digital apps made information and services more accessible, ensuring that their safety concerns in times of emergency could get an immediate response.

The cases cited in this publication are examples of agility, resilience, innovativeness and adaptability of UNFPA programmes at regional and country levels. They remained relevant and responsive during and after the COVID-19 pandemic and future crises.

The unwavering support of staff, volunteers, national and local authorities, and community groups ensured programme continuity to provide women, girls, and vulnerable groups critical sexual and reproductive health (SRH) and gender-based violence (GBV) services even in the face of lockdowns and restricted movements.

Where these women and girls cannot go to health facilities, the information and services were delivered to them through alternative means. Partnerships with community-based networks, such as mobile delivery taxis, can also ensure that critical sexual and reproductive (SRH) information and services, and ensuring that RH commodities are available to those in need.

### Different stages of a pandemic call for different solution priorities.

#### At the outbreak of the pandemic

- Evidence-based advocacy is crucial in supporting governments and other partners to respond to unprecedented challenges.
- Ensuring the continuity of essential SRH, protecting health providers, especially midwives, nurses, obstetricians, and others, from infection is vital.
- Engaging youth via digital apps that young people find most appealing is an effective way to maintain SRH information and services and slow the spread of COVID-19.

#### During the pandemic

- Partnering with governments, civil society organizations, private sectors, and youth for innovative solutions is essential for reaching the hard-to-reach populations.
- Accelerating the adoption of new technology and innovation enables UNFPA and its partners to improve service delivery at scale and reach marginalized populations more efficiently.
- Taking a regional approach is one of the effective ways to address the disproportionate impact of the COVID-19 pandemic on people-on-the-move.

#### Building forward

- Increased knowledge, a shift in mindset, and innovation and collaboration, which peaked during the COVID-19 pandemic, could be pivotal for UNFPA in supporting the acceleration of the three transformative results.
- In a crisis, when usual policies and social norms have been disrupted, IT IS IMPORTANT to prioritize the left-behind populations, usually those worst hit by the crisis.
- Data and evidence are essential to inform decision-making, address structural inequality, and build a better, fairer, greener future.

*“Together we must shape a world that is healthier, fairer and more resilient. The way forward starts with greater investment in health-care systems that work for everyone... everywhere.”*

**Dr Natalia Kanem,  
Under Secretary-General and Executive Director,  
United Nations Population Fund (UNFPA)**

Statement on World Health Day, 7 April 2021

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# Summary of Programmatic Challenges, Solutions, and Lessons Learned

Bangladesh	
Challenge	Increasing demand for mobile clinics and safe spaces
Solutions	Women-friendly spaces to support gender-based violence (GBV) survivors
Lessons learned	Reaching out to victims of gender-based violence (GBV), especially during a crisis when their incidence increases, and providing them psychosocial support of any form (safe space, art activities, etc.) can facilitate their healing, emotional/physical recovery, and self-development.
Ghana	
Challenge	Overcoming barriers faced by vulnerable populations and under-resourced communities in accessing sexual and reproductive health (SRH) information and services
Solutions	Door-to-door community outreach to address gender-based violence (GBV) and sexual and reproductive health (SRH)
Lessons learned	There is nothing like bringing services to those who need them the most but are constrained due to a crisis like COVID-19. Access to much-needed GBV and SRH information and services do not stop during such a crisis, but can continue with proper coordination with local authorities and support from community leaders/volunteers, through door-to-door outreach activities.
Indonesia	
Challenge	Getting personal protective equipment (PPE) to remote areas in the midst of the COVID-19 pandemic
Solutions	Ensuring PPE availability for midwives in remote communities

## KEY LESSONS LEARNED IN RESPONDING TO THE COVID-19 PANDEMIC

Lessons learned	By applying COVID-19 safety protocols strictly, volunteer delivery personnel ensured that they helped minimize midwives' risks upon contact, and by using smaller teams, separate vehicles, and even strollers through narrow impassable roads, enabled the delivery of these much-needed PPEs to remote midwives, not otherwise supported by hospitals.
<b>Jordan</b>	
Challenge	Preventing and addressing gender-based violence (GBV) during the COVID-19 pandemic
Solutions	Amaali app on gender-based violence (GBV) gives hope to women and girls
Lessons learned	Amaali (Arabic for hope) is aptly labeled for the support it can provide to GBV victims and survivors. Banking on its popularity and proven success, the app included other features like a confidential texting and hotline button for emergencies, and the ability to identify unsafe areas in the community and other risk points by the type of danger. Once again, relevant partnerships can enable innovative modalities like this to support women and girls, not only on GBV, but also in building skills, social support networks, and coping with the crisis brought about by COVID-19.
<b>Mali</b>	
Challenge	Supporting evidence-based decision making in the initial response to COVID-19
Solutions	Study on the COVID-19 impact on gender-based violence (GBV)
Lessons learned	There is no better evidence than hard data to support and inform policies and measures to address GBV during crises, such as the COVID-19 pandemic.
<b>Mozambique</b>	
Challenge	Accessing essential in-person sexual and reproductive health (SRH) services during COVID-19 pandemic
Solutions	Using ChopelaMama app to enable transportation support for pregnant women in remote communities
Lessons learned	Sometimes the only reason women are unable to avail of maternal and child care is the lack of transportation. Crisis can bring about creativity and innovation, as in the case of the

## KEY LESSONS LEARNED IN RESPONDING TO THE COVID-19 PANDEMIC

	<p>developers of apps like ChopelaMama, based on successful experiences of other countries, which can and actually help women overcome these constraints.</p>
<b>Nigeria</b>	
Challenge	Meeting increased demands for support to gender-based violence (GBV) survivors
Solutions	Providing remote support to gender-based violence (GBV) survivors
Lessons learned	The use of toll-free, 24/7 hotlines, combined with readily accessible safe transport options, can help women in distress due to GBV escape from their abusers. This safe, confidential exit route can save women's lives, especially during crises like COVID-19 when these women have been stuck at home with their perpetrators. Also, working closely with relevant partners, including already existing state-supported response teams and structure, can make sure a survivor-centered approach can be put in place and sustained.
<b>Philippines</b>	
Challenge	Preventing unintended pregnancies and sexually transmitted diseases in the context of COVID-19
Solutions	The condom delivery programme
Lessons learned	Demand for SRH services does not stop with any pandemic. This case illustrates how partnering with committed volunteers can ensure that supplies like condoms, especially for young people, can be made available discreetly and safely to communities, through alternative ways like delivering them on foot or bicycles to those who need them during this pandemic.
<b>Uganda</b>	
Challenge	Accessing reproductive health supplies and services
Solutions	Using SafeBoda (motorcycle taxis network) to ensure continuity of reproductive health (RH) supplies delivery
Lessons learned	Partnerships are key to any programme approach but especially in this case where an extensive network of motorcycle taxis has been mobilized to ensure access to reproductive health (RH)



## KEY LESSONS LEARNED IN RESPONDING TO THE COVID-19 PANDEMIC

supplies. Through a dedicated online RH e-shop, women were able to order without leaving their homes, making possible a safe and more confidential way to access these sexual and reproductive (SRH) services. It was also a way to boost the local economy as it provided extra income to these motorcycle taxi drivers.

### Venezuela

**Challenge** Ensuring continuity of sexual and reproductive (SRH) interventions

**Solutions** WhatsApp virtual workshops on SRH

**Lessons learned** Digital solutions, such as virtual workshops using WhatsApp, can extend and sustain programmes on comprehensive sexual health education and the Minimum Initial Service Package (MISP) that otherwise could be offered through in-person delivery mode due to COVID-19 pandemic-related restrictions.

### Yemen

**Challenge** Integrating mental health and psychosocial support for gender-based violence (GBV) survivors

**Solutions** Telecounseling for gender-based violence (GBV) survivors

**Lessons learned** COVID-19 clearly made the GBV situation worse for many women and girls. Similar to other countries' efforts, providing services remotely and confidentiality, as in telecounseling has become a lifeline for many GBV survivors. Through this approach, the integration of mental health and psycho-social support has made it more possible for women and girls to avail of these services while protecting their safety and security at home.

### ASRO

**Challenge** Ensuring that everyone has access to sexual and reproductive health (SRH) services and information

**Solutions** Data-based research on the needs of persons with disabilities during the COVID-19 pandemic.

## SUMMARY OF PROGRAMMATIC CHALLENGES, SOLUTIONS AND LESSONS LEARNED

Lessons learned	Data can enlighten and inform policies and programmes. In this case, the regional report highlighted issues related to the measurement and reporting of disability, as well as gaps in how their needs have been inadequately addressed, especially in crisis situations such as COVID-19 pandemic, during which concerns of disabled persons are exacerbated.
<b>EECARO</b>	
Challenge	Addressing the disproportionate impact of the COVID- 19 pandemic on people-on-the-move
Solutions	A regional hotline for antiretroviral therapy (ART)
Lessons learned	A regionally-based hotline called ART HELP that provides access to potentially life-saving ART for those affected by COVID-19 restrictions is an effective way for those living outside their country or who are affected by travel restrictions to avoid an interruption in their medication or gain access to critical HIV services. The hotline is accessible through a number of platforms such as by email, WhatsApp, Viber, Facebook Messenger, Telegram, and website, which makes it so convenient for users, in addition to information being available in both Russian and English.
<b>ESARO</b>	
Challenge	Reaching young people with sexual and reproductive health (SRH) information and services during the pandemic
Solutions	The use of TuneMe mobile app to provide sexual and reproductive health (SRH) and COVID-19 information
Lessons learned	There is real value in taking advantage of existing and popular apps and making them accessible on other platforms, such as smartphones. It can extend their applicability and relevance to users. By making available COVID-19 content, instead of relying on the usual web-based mobile site, users are able to continue availing of SRH information and services during the pandemic.

## SUMMARY OF PROGRAMMATIC CHALLENGES, SOLUTIONS AND LESSONS LEARNED

LACRO	
Challenge	Closing access gaps for sexual and reproductive health (SRH) services by harnessing the power of technology
Solutions	Using telemedicine in Latin America and the Caribbean
Lessons learned	In combination with mobile clinics, telemedicine can serve as a critical component in providing follow-up health services to the most vulnerable populations, including those in rural areas. In addition, it can help ensure the continuity of healthcare.
LACRO	
Challenge	Mainstreaming reproductive health rights of women and girls in sexual and reproductive health (SRH) services
Solutions	Using dignity kits to promote the health, rights, and dignity of women and girls
Lessons learned	During humanitarian crises such as natural disasters, conflicts, and displacement, women often have to choose between necessities such as food or sanitary pads. The UNFPA dignity kits not only have promoted SRH information and services, as well as COVID-19 information, but also put emphasis on the SRH rights of women and girls.

## Programming in the Time of the COVID-19 Pandemic: Stories of Hope and Ingenuity

United Nations Population Fund (UNFPA)  
2022

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