The information contained in this report is drawn from multiple sources including Twitter Chats, consultation responses, an extensive literature review and expert inputs. Swasti, The Health Catalyst would like to thank The Partnership for Maternal and Child Health (The Partnership, RMNCH), United Nations Populations Fund (Global), Women Deliver, CORE Group and Asia Pacific Alliance for SRHR for co-hosting the Twitter Chat that led the conversation around “The Impact Of COVID-19 On Sexual and Reproductive Health and Rights”.

The views expressed in this publication do not represent those of any of the organizations/institutions/entities mentioned above.

Swasti (Wellbeing in Sanskrit) is a Global South civil society organization with a footprint across 30 countries including India, having directly enriched the lives of 500,000+ among the most vulnerable, poor and marginalized in the last 16 years.

Swasti’s Learning4impact (L4i) programme supported by USAID India Health Office develops and synthesizes actionable insights for program and policy design and to guide investments. L4i uses learnings drawn from the health sector to design new approaches to scale and expand the impact of USAID programs; contributes to policy discussions with national and state governments; meaningfully engages public-private partnerships, and promotes cross-learning between partners for more effective implementation. Working across the priority thematic areas of RMNCH+A, TB, HIV, and health systems strengthening, L4i provides three key kinds of support to the Health Office: monitoring and evaluation, evidence and learning, and strategic support.

Photos: Quartz Africa (p.3), Bustle.com (p. 14), Devex.com (p.17), Latimes.com (p.20), Getty Images (p.24), Dr.Angela Chaudhuri (p.27), HumanRightsCareers.com (p.30), Shutterstock.com(p.33), Women's Action Group (p.36)

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The Impact Of COVID-19 On Sexual and Reproductive Health and Rights Twitter Chat was ideated by Dr. Angela Chaudhuri, Partner, Swasti and Catalyst Management Services and Health lead of the #COVIDActionCollab.

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This report is made possible by the support of the American People through the United States Agency for International Development (USAID). The Learning4impact partnership is supported by USAID/India Health Office, under Cooperative Agreement # 72038618CA00001 with Swasti. The information provided in this report is not official U.S. Government information and does not necessarily represent the views or positions of USAID, the United States Government, or Swasti.
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Executive Summary

Actively listening to the lived human experience of people is the first step towards creating policies and interventions that work. On the weekend of May 29th - May 31st, 2020, following the observation of Menstrual Health Day on May 28th, 2020 - Swasti, The Health Catalyst co-hosted a #TwitterChat on the Impact of Covid-19 on Sexual and Reproductive Health and Rights with leaders from The Partnership for Maternal, Newborn and Child Health (The Partnership, PMNCH), United Nations Population Fund (Global), Women Deliver, CORE group, and Asia Pacific Alliance for SRHR.

INGOs, Community Organizations, Community Institutions, Individuals and NGOs came...
together throughout the weekend to bring to light issues, interventions and resources. This Twitter Chat was titled the #SRHRisEssential twitter chat, augmenting the ongoing rich and nuanced conversations around the same that had bubbled up in different pockets, in different countries and contexts. The hashtag enabled the coming together of various voices in a discourse on how SRHR is essential in the times of COVID-19.

Between May 29th to May 31st, 2020, the continued conversations saw significant resonance with 76% Retweets. Swasti, The Health Catalyst had a 12.4% share of voice. (Data Courtesy: Konnect Insights)

The associated hashtags used in the Twitter Chat between May 29th to May 31st, 2020 touched upon aspects of gender, menstrual wellness, covid-19 and associated hashtags, adolescents and the universal health care hashtag of #NoOneLeftBehind.

The conversation did not just end there. The Twitter Chat then powered different small and big collaborative groups online and offline and the conversations continued with a spike in the month of June 2020 and continued through to July 2020.
By July 2020, the retweets rose to 81% reflecting increasing resonance and interest in the cause. While some hashtags remain constant a couple of new ones made an appearance. (Information Courtesy: Siriti Designs; Tool: Keyhole)

Swasti’s Learning4impact program that has been working on the areas of Reproductive, Maternal, Neo-Natal, Child Health, Adolescent Health and TB extensively studies fragmented data to arrive at actionable insights for the sector. This
includes undertaking Listening Exercises on key issues.¹

The team examined a sample of over 5000 tweets spanning the time period and the trends reflect the key aspects being discussed around #SRHRisEssential as being:

1. Comprehensive Sexual Education
2. Advocacy
3. Gender & Equal Representation
4. Health System Strengthening
5. Policy and Politics
6. Rights
7. Safety, Security and Justice
8. Services and Commodities

For each aspect, the stories, perspectives and insights shared through the tweets were read in sync with the country context, global datasets and news headlines and you will find actionable paragraphs in the section titled “Shorts” in this report.

This Listening report can be used to inform perspective on the experiences of individuals and communities as the world continues to respond to COVID-19 and to join the conversation. SRHR is essential and cuts across the 8 aspects that are being most spoken of.

The pandemic has deepened the fault lines in how the world has treated its community systems, the social structures and health systems, and aggravated the inaccessibility to reproductive health, services and commodities for the most poor and marginalized; thus hitting at the very root of reproductive rights.

¹ You can access the resources created by Learning4impact at www.learning4impact.in
Stories the Tweets told us

Twitter users talking about #SRHRIsEssential - includes community members represented by the co-hosts - The Partnership for Maternal, Newborn and Child Health (The Partnership, PMNCH), United Nations Population Fund (Global), Women Deliver, CORE group, Asia Pacific Alliance for SRHR and Swasti, The Health Catalyst.

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ACCESS TO COMPREHENSIVE SEXUAL EDUCATION

- Absence of CSE negatively impacts safe sex practices and consultations about contraceptives.
- CSE prevents teen pregnancies and sexual violence among adolescents.
- CSE is a necessity as COVID-19 increases chances of adolescents being vulnerable to unwanted sexual advances online.

ADVOCACY FOR SRHR TO BE RECOGNIZED AS AN ESSENTIAL SERVICE

- Advocacy for global categorisation of SRHR as inalienable human rights.
- UNPF has urged governments to prevent maternal deaths and gender-based violence amid COVID-19.
- Absence of SRHR amid COVID-19 could lead to 7 million unintended pregnancies.
**EQUAL REPRESENTATION OF WOMEN AND GENDERED MINORITIES IN DECISION-MAKING**

GENDER MINORITIES AND MEMBERS OF THE LGBTQ COMMUNITY OFTEN EXCLUDED FROM SRHR DECISION-MAKING.

GAYS, TRANSGENDERS AT A HIGHER RISK OF CONTRACTING SEXUALLY TRANSMITTED DISEASES.

UN HAS PRESCRIBED FOR INCLUDING GENDER AND SEXUAL EQUALITY AS PART OF THE CRISIS MITIGATION STRATEGY.

**COVID-19 ACCENTUATED THE INACCESSIBILITY TO SRHR SERVICES AND COMMODITIES**

JOB LOSSES AND PAY CUTS HAVE WIDENED THE INACCESSIBILITY GAP FOR SRH SERVICES AND COMMODITIES.

5,633 MOBILE SRH CLINICS ACROSS 164 COUNTRIES HAVE SHUT DOWN DUE TO COVID-19, AFFECTING 47 MILLION WOMEN.

SHUTTING DOWN OF SCHOOLS HAS SEVERED SUPPLY OF MENSTRUAL HYGIENE PRODUCTS FOR YOUNG GIRLS.

**ADVOCACY FOR SRHR TO BE RECOGNIZED AS AN ESSENTIAL SERVICE**

ADVOCACY FOR GLOBAL CATEGORIZATION OF SRHR AS INALIENABLE HUMAN RIGHTS.

UNPF HAS URGED GOVERNMENTS TO PREVENT MATERNAL DEATHS AND GENDER-BASED VIOLENCE AMID COVID-19.

ABSENCE OF SRHR AMID COVID-19 COULD LEAD TO 7 MILLION UNINTENDED PREGNANCIES.

**HEALTH SYSTEM STRENGTHENING IS THE NEED OF THE HOUR**

HSS IS NECESSARY AS RESOURCES FROM REPRODUCTIVE HEALTH WERE DIVERTED TO MITIGATE COVID-19 CRISIS.

GERMANY INCREASED €30 MILLION TO SUPPORT UN’S GLOBAL RESPONSE TO SRH.

UNFPA IS WORKING TO ENSURE SRHR ACCESS TO WOMEN FROM LOW-INCOME FAMILIES, AS PART OF HSS.

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**GENDERED IMPACT OF COVID-19**

- COVID-19 has widened inequality gap, offsetting all gains made in terms of empowerment.
- 800 million female students likely to be pulled out of schools due to the pandemic.

---

**POLICY AND POLITICS RELATED TO COVID-19 RESPONSE HAVE FAILED TO INCULDE SRHR**

- India’s family planning program which distributed 18 lakh contraceptives in 2019, took a 15-23% hit this year.
- Policymakers have flagged lack of political will in addressing SRHR issues.

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**WOMEN MAKE UP OF 70% OF HEALTH AND SOCIAL SERVICES, YET EARN 79 CENTS TO EVERY DOLLAR MEN MAKE**

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**GOVERNMENT POLICIES HAVE FAILED TO CATEGORIZE SRH AS ‘ESSENTIAL SERVICES’**

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The fight to dismantle the systemic nature of #GBV and the ways in which gyts, legal systems, police forces, media, & education systems all facilitate this violence is far from over. This #May28 we want to remind these stakeholders that #SRHRisEssential and #WomensHealthMatters

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More support needs to be given to women everywhere as there is an increase in the burden that they shoulder, from difficulty in accessing #SRHR services to an elevated risk of gender-based violence.

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It is clear that the pandemic will deepen exiting gender equalities & human rights violations.

- Speak out, Mobilize, Assert!

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*The Impact Of COVID-19 On Sexual and Reproductive Health and Rights - A Social Listening Report*
Spotlight

You can find stories, resources and data from the ground shared by Twitter users on #SRHRisEssential at @SwastiHC twitter handle. You can use it to build the narrative for action in your own community, locality or country.
8 of the many voices, amplified by Twitter users

"Female sex workers are exposed to higher levels of coerced and violent sex. They need emergency contraception and post exposure prophylaxis. Better integration of #SRHR and HIV Services is the need of the hour". #SRHRisEssential

"many of our community members #WomeninSexWork might work at nights and not be able to access #SRHR services, especially contraceptives, in normal opening hours. They need support to access services in needy time" #SRHRisEssential

“COVID has created huge gap between #sexworkers and #SRHR services. To reduce the gap, Govt must take proactive steps to improve the supply of http://Condoms.At the hospitals, doctors should treat us human beings” #SRHRisEssential

“ To improve access to #SRHR services to #womeninsexwork focus should shift from ‘HIV control’ approach to treating us as ‘whole person’ who has right to have access to satisfying sexual relations, a family...etc” #SRHRisEssential

“ Majority of our community members will not use condoms with regular partners. Unintended pregnancy is common. Information and access to different contraceptive methods is very essential” #SRHRisEssential

“ As health care is not a priority for #womeninsexwork, given their other pressing needs. Using technology for delivering #SRHR information and provision of online testing for STI will improve the uptake of #SRHR services.”#SRHRisEssential

“ #SRHR service provision systems cannot be designed without the input of those the services seek to serve.”#SRHRisEssential #noneleftbehind

“Due #COVIDー19 damage is done in SRHR services. To improve the access to #SRHR services, Govt should adopt ‘One Stop Shop’ approach to provide #HIV & #SRHR services together. This will increase the uptake.” #SRHRisEssential

You can find more such voices and quotes from across the world reported by Twitter Users discussing #SRHRisEssential on the @SwastiHC twitter handle. You can use these to build the narrative for action in your own community, locality or country.

The Impact Of COVID-19 On Sexual and Reproductive Health and Rights - A Social Listening Report
I want to tell...

**Lisa Hilmi** @lisa_hilmi · Jun 1
Replying to @SwastiHC @PMNCH and 3 others
I want to tell @USAID @WhiteHouse @congressdotgov @SenateGOP @SenateDems to fund programs and services for reproductive and sexual health, to safeguard a healthy society now in the future #SRHRisEssential

**Katja Iversen** @Katja_Iversen · May 31
Replying to @SwastiHC @PMNCH and 3 others
I want to tell every Minister of Health at national + provincial level that they need to continue to prioritize + fund contraception, safe abortions, #maternalhealth and other #SRHR service coz #SRHRisEssential. The prize- and life-tag post #COVID19 will be higher if you don’t.

**Tasnia Ahmed** @Tasnia_dia · May 31
Replying to @SwastiHC @PMNCH and 3 others
I want to tell or urge to the government that youth FP/SRH Rights must be included in the global advocacy to ensure youth choice and demands accordingly for the near future.
On Comprehensive Sexual Education (CSE)

This word cloud has been generated from the keywords from Tweets on the aspect using the hashtag #SRHRisEssential. You can use the keywords to search for conversations around it on the web to support your efforts.
Comprehensive sexual education refers to an elaborate curriculum and method of instruction that is directed at cultivating a healthy outlook regarding sex, which is inclusive of all genders, based on mutual consent and respect. A curriculum that fosters understanding among students regarding sexually transmitted diseases. It is often aimed at reducing teenage or unwanted pregnancies and sexual violence.

The COVID-19 pandemic compelled schools and educational institutions across the world to shut down, severing students’ access to CSE.

UNFPA has been pioneering digital solutions for the continuity of sex and sexuality education as schools across the
world are closed down. A global study conducted by UNFPA found that children with disabilities are nearly three times more likely to be subjected to sexual violence than children without disabilities. Girls and young women with disabilities face up to 10 times more gender-based violence than those without. Facts like these make it all the more important to provide access to comprehensive sexuality education to all people, regardless of disability status. Adolescents across Central Asia and Eastern Europe still lack CSE, COVID-19 cements the inaccessibility. Dunja Mijatović, the current Council of Europe Commissioner for Human Rights from Bosnia and Herzegovina writes that CSE prevents children from falling prey to online sexual offenders and unwarranted sexual advances, which are on the rise due to confinement induced by COVID-19. Early CSE prevents GBV and gender-based discrimination.

With sex being tabooed in the society, it is seldom included in the curriculum of schools. The Coronavirus pandemic and the subsequent closure of schools have delivered a massive setback to CSE. Research has evidenced that abstaining from CSE negatively impacts safer sex practices and contraceptive consultations.

While flagging the threat COVID-19 poses to sexual and Reproductive health, O-Plan International’s report advocates the inclusion of CSE in distance learning, and special packages for those unable to access digital resources. Rutgers, the Dutch centre of expertise on sexual and reproductive health and rights has identified that now that adolescents and young children are confined indoors, there is a high probability of them being vulnerable to unwarranted online sexual advances, bullying and other crimes. CSE satiates the healthy curiosity surrounding sex, and offers additional information regarding the importance of consent, communication and safe sex.

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Of the Twitter users who discussed about the aspect of Comprehensive Sexual Education in course of the discourse around #SRHRisEssential, only 23.46% reported that Comprehensive Sexual Education remains active during COVID-19. 24.8% mentioned that Comprehensive Sexual Education has been discontinued therefore causing direct or indirect harm to adolescents and youth during COVID-19. 56.12% mentioned about the importance of Comprehensive Sexual Education and a significant aspect of #SRHRisEssential irrespective of the COVID-19 situation.
On Advocacy

This word cloud has been generated from the keywords from Tweets on the aspect using the hashtag #SRHRisEssential. You can use the keywords to search for conversations around it on the web to support your efforts.
Activists across the world have sought concrete action from governments, by forming new ways to provide information, ensuring SRHR clinics stay open and replacing face-to-face consultation with tele-health. The pandemic spells massive accessibility hurdles for SRHR. Advocates of improving access to SRHR continue to flag the gender healthcare gaps caused by the pandemic and the diversion of resources from women’s health to fight the pandemic, which is the very root cause of reminding the world that #SRHRisEssential.
Over 70% of Twitter users who discussed the Advocacy work around Sexual and Reproductive Health and Rights during COVID-19 reflected upon the idea that the work around SRHR was facing stigma and apathy long before the pandemic and COVID-19 just deepened this divide.

Acknowledging the disruption to SRHR services due to the pandemic, UN Population Fund is aiding governments in prioritising the needs of women and girls. They aim to eliminate inaccessibility to family planning services and commodities, and prevent maternal deaths, GBV, and other allied harmful practices by 2030.

Meanwhile, Action Canada’s policy brief regarding SRHR, has sought the inclusion of SRHR in international human rights law, and aims to hold governments across the world accountable for SRHR obligations. It also emphasises on SRHR access among marginalised and low-income communities.

YouthLead Ambassador Social Issue campaigns focused on using technology to advocate for SRHR in the COVID-19-riddled world. It covered the negative reality of COVID-19 on women and girls, touching on Gender-Based Violence and improving access to SRHR via technology.
The conversation on Twitter around #SRHRisEssential pointed out that a gendered response must and should be a key focus in sexual and reproductive health during COVID-19. Twitter users pointed out how there is disproportional representation at decision making tables leading to an exclusion of the gender non binary, the LGBTQAI+ populations. The Twitter users talking about this reflected how this not only creates blind spots in gendered response, it also enforces gender stereotypes, compromises sexual and reproductive health, and overall invalidates the reproductive rights of gender minorities due to conventional societal norms. The Twitter users reflected on research that shows that gay men and transgender people are at a higher risk of acquiring STIs like HIV, and this is only aggravated by unavailability of condoms due to the COVID-19 crisis. Echoing the call for inclusive policies, Rutgers proposed a positive sexual health model that aimed at mainstreaming sexual and gender diversity in SRHR.
The gendered impact of the pandemic is hard to ignore. As per UNESCO, the closure of schools has led to almost 800 million girls being pulled out of schools,
majority of them hail from developing countries. This has also been attributed to the burden of household work falling disproportionately on girls.

69.13% of those on Twitter talking about Gender as an aspect of #SRHRisEssential mentioned how COVID-19 has widened the gender inequality gap and has offset all gains made in the past years in terms of empowerment. Their disproportional representation among health-care and social service personnel, also put women in the frontlines in the battle against COVID-19; thus increasing their transmission risks; finds a paper. The inaccessibility to SRHR will only be exacerbated, as health systems divert their resources from reproductive health towards deadline with the pandemic.

Amid a pandemic, issues like sexual violence and increase in GBV is often overlooked. Existing evidence also states the current restricted mobility due to lockdowns, also curtails SRHR access and autonomy.

World Economic Forum highlighted the main gender-related problems that cropped up due to the pandemic- domestic, sexual, Gender Based Violence against women increased, women made up of 70% of all health and social-services staff globally yet earned 79 cents for every dollar men made. Taking stock of current statistics, The Diplomat’s article predicts feminisation of income poverty due to pandemic, where food shortage, price rise and
long-standing patriarchal norms will reinforce gender inequality. 11 countries have warned UN that hard-won women’s right have been endangered, and sought implementation of SDGs with gender equality being the priority.

Of the Twitter users who brought up Equal Representation in the discussion around #SRHRisEssential, 80.55% pointed out that while a lot of discourse and actions for access to SRHR during COVID-19 are undertaken placing the cis-gendered at the centre, persons who are gender non-binary (LGBTQAI+) are often left unrepresented, or with only token representation. They argued that this compromises their sexual and reproductive health, and thus invalidates their reproductive rights due to conventional societal norms; and should be tackled as a human rights issue.

Resources shared in course of the discourse around #SRHRisEssential included the third chapter of Rutgers' SRHR report focuses on Sexual and reproductive health of LGBTQAI+ people, Men who have Sex with Men and Women in Sex Work and highlights that gendered minorities and LGBTQAI+ persons reported lower sexual, psychosocial and mental health as opposed to cis-heterosexuals. They proposed a ‘positive sexual health model’ that aimed at mainstreaming sexual and gender diversity in SRHR.

UN’s ILO has called on the G7 nations to improve gender equality amid the COVID-19 pandemic, to which the latter agreed on making women's empowerment a part of their crisis mitigation strategy. It also proposed financial stakeholders to uphold equality by fostering inclusivity in corporate and business culture. NBC News and other news agencies carried articles around gendered minorities and people from the LGBTQ community being prone to violence and discrimination due to the pandemic, as mobility is restricted and many of them are confined indoors. The agencies report that for many, this leaves them at the mercy of their sexist, homophobic and transphobic families - an experience echoed by Twitter users worldwide discussing #SRHRisEssential.
The World Health Organisation during the beginning of the outbreak, had urged governments to balance the COVID-19 related healthcare demands alongside maintaining delivery of essential health services, the latter primarily comprising SRHR. The pandemic exposed loopholes in current healthcare fabric across countries. Experts fear that owing to the overburdened hospitals and medical institutions, resources from reproductive health will be diverted towards mitigating the global health crisis. This will deliver another massive blow to the SRHR services, which are quite disjoined already as they’ve been deemed ‘non-essential’. Acknowledging this, the World Health Organisation during the beginning of the outbreak, had urged governments to balance the COVID-19 related healthcare demands alongside maintaining delivery of essential health services, the latter primarily comprising SRHR.
37.8% of Twitter Users using the hashtag #SRHRisEssential and discussing the aspect of health system strengthening pointed out that the health systems for SRHR had always had significant cracks 24.69% stated that reflect that action was taken to strengthen healthcare and SRHR services amid pandemic. Some reflected on different welcome initiatives such as the government in Germany pledging €30 million to support the United Nations sexual and reproductive health agency’s global response during COVID-19. This significant increase in flexible funding has made Germany UNFPA’s largest current provider of unearmarked “core funding”.

UNFPA’s handles reported how in the backdrop of increasing cases of violence in the home, unintended pregnancies, child marriages and cases of female genital mutilation, UNFPA is working with various partners and countries to strengthen healthcare services. They hope to achieve this by cementing chains supplying contraceptives, ensuring access to SRHR services among women and girls hailing from low-income families and providing protection for healthcare workers from COVID-19.
Twitter users extensively spoke of how tele-health and tele-care initiatives, combined with ongoing online training to case managers and helpline staff helped meet many of the gaps in the health system provisioning for SRHR services. Empowering young people to access services has been the mission of different bodies across the world.

IWHC @IntWomen · May 28
As we’re battling #COVID19 worldwide, we also need to empower young people to access reproductive health services.

#SRHRisEssential #WomensHealthMatters #NoLockdownonRights #May28

CHIVA South Africa @CHIVA_Africa · May 29
#COVID19 pandemic should not stop access to healthcare services especially for PLHIVs who will need treatment services such as #ARV medication refill. #SRHRisEssential #WomensHealthMatters #NoLockdownonRights #May28

Winnie Barawa @WinnieBarawa
Women health matters should be treated with utmost urgency. Every women deserves the right to quality access to health services. @PwaniGBVN @KaroKaya1 @NthandaLManduwi @BBCWorld #May28 @motongorillian @livingstoneOdero

#COVID19 pandemic entails the need for psychosocial support to all affected individuals including women representing 70% of the health & social workforce. #SRHRisEssential #WomensHealthMatters #NoLockdownonRights #May28

5:00 PM · May 28, 2020 · Buffer
On Policy & Politics

This word cloud has been generated from the keywords from Tweets on the aspect using the hashtag #SRHRisEssential.
You can use the keywords to search for conversations around it on the web to support your efforts.

Twitter users using the hashtag #SRHRisEssential pointed out how several governance bodies in both policy and politics have unfortunately posed a hurdle to SRHR access during COVID-19. An oft quoted example was the ignoring of UNFPA’s global response plan where it was proposed to provide Personal Protective Equipment to Sexual, Reproductive Health and Reproductive Health healthcare workers, so the clinics stay open. Similarly users have mentioned how advocacy for continued GBV prevention services and prioritisation of sexual and reproductive supplies were often met with roadblocks.
Advocacy for SRHR can only turn helpful if it manifests into a policy or a legislation. Policymakers have identified the gaps in SRHR accessibility amid the pandemic, and have proposed adequate solutions.

72.73% of Twitter users commenting about policy and politics around #SRHRisEssential mentioned the several systemic obstacles to SRHR and subsequently reproductive rights. In India’s State of Uttar Pradesh, a district administration provided family planning kits during COVID-19, while distributing essentials and ration. They also sought to establish reproductive health services into epidemic and disaster management policies for the future.

In the USA, abortion services being declared as non-essential was seen as a critical issue by Twitter users using the hashtag #SRHRisEssential. An article by Vienna Institute for International Dialogue and Cooperation shared in the conversation also flags policymakers’ lethargy while tackling SRHR issues.
Policymakers have flagged the absence of political will when it comes to implementing policies through a gendered lens, addressing issues of violence and health. As part of COVID-19 relief measures, inclusive economic policies can provide gender parity. Those in the forefront of policy making should ensure women aren’t being discouraged from returning to schools.

Policy and governance play a key role in furthering the scope of SRHR, especially amid a pandemic when vulnerable groups are faced with disadvantages. A policy review proposed measures like amplifying community voices, increasing health system responsiveness and macro-level politics for fostering SRHR accountability.

The state of accessibility of SRHR for gendered minorities, indigenous folk, migrants and refugees is often a direct result of the policy and politics of the area. Evidence suggests decentralisation or increased community participation can identify and mitigate harms such as GBV and other risks, more effectively and swiftly than governments.

At a policy level, the situation on ground furthers the misunderstanding about reproduction and sex, and exposes the knowledge gap between provision of services during a health emergency and their importance. Globally, the pandemic has also interrupted the services of UN- and government-led programmes promoting SRHR living critical gaps on ground.
On Rights

This word cloud has been generated from the keywords from Tweets on the aspect using the hashtag #SRHRisEssential.

You can use the keywords to search for conversations around it on the web to support your efforts.
Sexual and Reproductive Health have often been associated with basic human rights, that no individual must be deprived of. Over the years, policymakers and activists have worked to bring contraceptives, abortion, rights against GBV, under the garb of rights like right to life, right to privacy, prohibition of discrimination, etc. 47.34% of Twitter users using #SRHRisEssential mentioned how reproductive justice or rights are often neglected amidst this pandemic, which takes a physical and mental toll on women; leading to unwanted pregnancies, risks to maternal and reproductive health and in some places, even death, where pregnant women are unable to access obstetric services that they need.
In lieu of the pandemic, the World Health Organization has reiterated everyone’s right to “highest attainable standard of health and obligates governments to take steps to prevent threats to public health and to provide medical care to those who need it”. The promotion of sexual and reproductive rights also takes precedence as rates of teen pregnancies, FGM, child marriage have increased to be due to the pandemic. As unemployment soared, nearly 31 million women face potential job losses as opposed to 13 million men. It was reiterated across the Twitter conversations on how access to contraception and abortion practices are reproductive rights that help women preserve their bodily autonomy.
On Safety, Security and Justice

This word cloud has been generated from the keywords from Tweets on the aspect using the hashtag #SRHRisEssential.

You can use the keywords to search for conversations around it on the web to support your efforts.
The on-going pandemic has threatened women's safety, with increase in gender based violence and unsafe abortion practices. The UN states that the isolation induced by the pandemic has endangered women, making them vulnerable to violence. 92% of the Tweets talking about the issue with the hashtag #SRHRisEssential said, COVID-19 had severely hampered the safety, security and justice of women and called for action against the violation. Several of the conversations reflected upon how COVID-19 had widened the existing gender-based legal disparities, where indigenous, migrant and poor women had become further disadvantaged.
The conversations further drew from observations of the Global Citizen that COVID-19 crisis can stall the progress in ending discriminatory and violent practices in the form of Female Genital Mutilation and Gender Based Violence. Twitter users from all the countries reported instances of or knowing that there has been an increase in domestic violence in their region. There have been expressions of anger and helplessness and a marked recognition of the pervasiveness of the problem.
Several SRHR services and commodities take a backseat when governments are gripped by a global health crisis; and financial uncertainties and job losses also widen the inaccessibility gap to contraceptives, safe abortion practices and sexual health services.

Countries which have been plunged into lockdowns have initiated the provision of “essential services”, where SRHR services are not included. This disproportionately affects women and girls.
PC: Women's Action Group

Join us tonight on @KUTVKenya as we discuss the plight of women in the modern era, from GBV to mental health and early pregnancies and access to #SRHR services.

Nancy Njeru @wanjeru_nancy - May 29
COVID-19 pandemic has disrupted access to #SRH and #GBV services. Most families prioritize basic needs over safe menstrual products. Access to digital platforms to access information in remote areas is also limited.

#SRHRisEssential
As per IPPF, 5,633 static and mobile clinics and community-based care outlets have shut down due to the outbreak across 64 nations. In 2018, these centers offered over 114 million services to people.

South Asia has faced the most closures, followed by Africa. According to the UN, more than 47 million women from low and middle-income families are at the risk of not being able to access contraceptives, causing the global population to balloon to 8.5 billion. Closure of government schools has also denied thousands of girls and women, access to menstrual hygiene products amid the lockdown.

**Conclusion**

COVID-19 has exacerbated the barriers to access to Sexual and Reproductive Health and Rights across the globe. There was significant traffic generated online around the topic of #SRHRisEssential, and increased sharing of evidence that the brung was faced across the world.

While the resource countries faced the brunt of the gaps in SRHR services, other countries found themselves struggling as government decisions and policymakers rolled back the hard-won legislative and policy support invalidating its need at the face of pandemic and emergencies.
Recommendations

1. It is the need of the hour to accept that #SRHRisEssential and budget for and include all SRHR services and commodities in the COVID-19 response - both health system led and community led.

2. Improving efficiency and reach of private/public systems working to deliver SRHR services to the last mile is critical at this juncture. This will need community system strengthening for health system strengthening.

3. Improved gender representation in policy making and planning will ensure that the policies are those that work for all and the global sustainable development and universal health coverage goals are reached. These are unprecedented times and representation through the gender lens is critical for the world to survive and thrive through it.

4. There is an immediate need for interventions in the logistics and supply chain mechanisms to ensure the unabated movement of SRH products, consumables and drugs.

5. Access to safehouses, deploying mechanisms for safety, security and justice during the pandemic to ensure the well-being and safety of adults and children.

6. A concerted move to digital media platforms including those that are accessible and affordable for the most poor and marginalized, to take Comprehensive Sexual Education to the young, adolescent and vulnerable should be the focus. Peer counseling and support training for parents and siblings is critical for better realization of SRHR goals for all.
Annexe 01: Resources/Links shared

This section contains selected excerpts from two sets of resources. One that was shared by Twitter users talking about #SRHRisEssential between 28th May to 7th July, 2020. And Two, the references that were used during the listening exercise to comprehend the contexts and points of view that the users presented and reflected upon. Overall the team has examined 200+ news articles, reports and audio/visual literature in course of the exercise. This is an excerpt of what may be most useful to you. You can use these to build the narrative for action in your own community, locality or country.

1. UNFPA pioneers digital solutions to sexuality education as classes move online amid COVID-19 pandemic
2. Comprehensive sexuality education protects children and helps build a safer, inclusive society
3. Sexual Politics in Times of Pandemic: May and June 2020
4. COVID-19: G7 nations need to get gender equality right for a better future for women at work
5. The Coronavirus Lockdown Has Unleashed A New Wave Of Domestic Abuse Against LGBT People
6. Coronavirus restrictions highlight LGBTQ domestic abuse crisis
7. Why are women more than men suffering during the COVID-19 pandemic?
8. Fighting Gender Inequality in India During the COVID-19 Pandemic
9. China shares gender-inclusive responses to COVID-19 during UN meeting
10. Country-wise reproductive health- Documents & Reports
11. Maternal mortality- WHO
13. Births administered by skilled professional-
https://gamapserver.who.int/gho/interactive_charts/mdg5/atlas.html
14. Not a luxury: a call to maintain sexual and reproductive health in humanitarian and fragile settings during the COVID-19 pandemic
15. How India’s COVID-19 response can strengthen local health systems
16. On World Population Day, a look at Covid’s impact on women’s safety, employment and health
17. Time for Action: How COVID-19 is Threatening Girls and Young Women’s Sexual and Reproductive Health and Rights
18. COVID 19 Impact: Family Planning program to take a 15-23% hit in 2020
19. Governments, not pandemics, stop access to reproductive health

The Impact Of COVID-19 On Sexual and Reproductive Health and Rights - A Social Listening Report 40
23. Putting women and girls' safety first in Africa's response to COVID-19
24. Millions at Risk of Gender-Based Violence if COVID-19 Pandemic is Prolonged
25. Female Genital Mutilation - data by country GHO | By category | Female genital mutilation - Data by country
26. Intimate partner violence, country-wise statistics- GHO | By category | Intimate partner violence prevalence - Data by country
27. Non-partner sexual violence, data by WHO income regions
28. COVID-19 pandemic cuts access to sexual and reproductive healthcare for women around the world
29. COVID-19: Ensure women’s access to sexual and reproductive health and rights
30. Menstrual Health Of Girls At Risk As Closed Schools Mean No Free Sanitary Napkins
31. Accountability for SRHR in the context of the COVID-19 pandemic
32. Family planning needs statistics - GHO | By category | Family planning needs satisfied - Data by WHO region

To join the conversation, contribute and engage, please write to

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