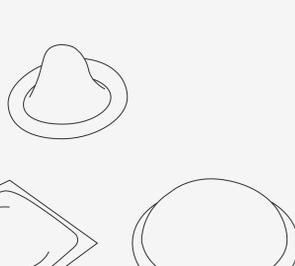


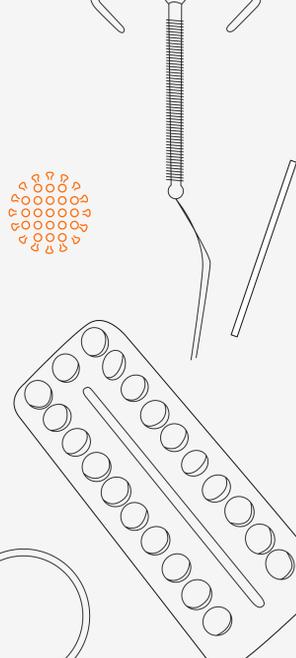
# Sexual & Reproductive Health Services

**COVID-19 is disrupting sexual and reproductive health services (SRHS)**, due to overburdened health facilities, lack of access to trained providers, restrictions on free mobility, lack of awareness of service availability during movement restrictions, and supply chain disruptions limiting the availability of contraceptives and other products.

UNFPA estimated in early 2020 that **lockdowns** (when lasting six months) could **impact nearly 47 million women** in 114 low- and middle-income countries, causing major disruptions to services and restricted access to modern contraceptives, in turn **leading to as many as 7 million unintended pregnancies**.

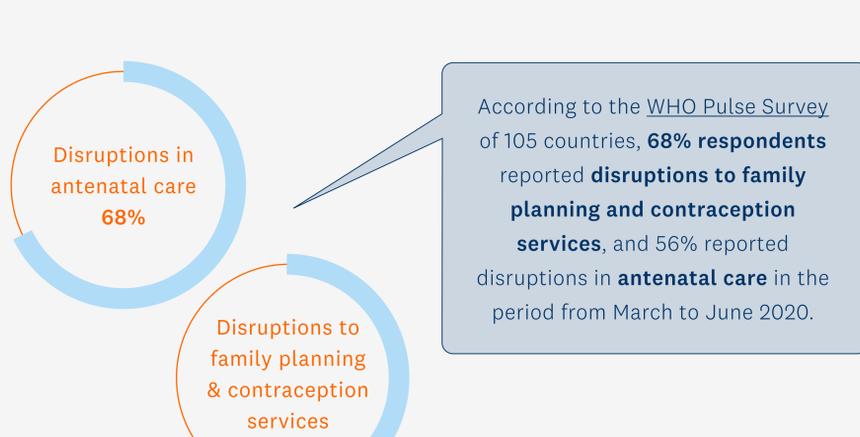


A [Guttmacher Institute analysis](#) estimated that a **12% average decline in contraceptive use** could result in a further **734,000 unintended pregnancies** among people aged 15–19 across 132 low- and middle-income countries.



## COVID-19 responses impact the provision of, and access to, SRHS

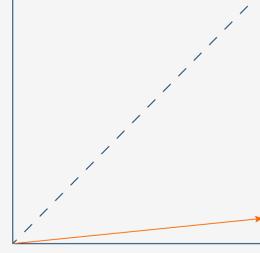
**COVID-19 has disrupted the provision of family planning and contraception services.**



**Critical information gaps and structural barriers contribute to a lack of access to SRHS.**

According to an August 2020 [IPSOS-Marie Stopes International survey](#) in **India, South Africa** and the **UK**, there was a widespread **lack of awareness of the availability of SRHS** during the pandemic, despite urgent need for them.

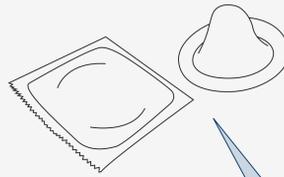
**26% of women** seeking contraceptive services were **unable to leave home** in **South Africa** and **49% of women reported** that they **did not know abortion services** from private abortion clinics **were available** during the pandemic.



Due to **India's** strict lockdown, [Marie Stopes India](#) served **1.3 million fewer women** than forecasted between January and June 2020, with safe abortion and post-abortion services reaching **90% fewer women than predicted**.

**Global supply chains have been heavily disrupted, affecting sexual & reproductive health.**

In 2020, global lockdown measures brought **major disruptions to contraceptive supply chains**. Large manufacturers of contraceptives in Asia had to halt production or operate at reduced capacity.



The **world's largest condom producer** – [Malaysia's Karex Bhd](#) – which makes one in every five condoms globally, was forced to close for a week in March 2020 and only given permission to **reopen at 50% capacity**.



A **major global producer of IUDs** came to a **standstill** in April 2020 with the **Indian government** curtailing export of any product containing progesterone, a key component of a number of contraceptives.

## Some countries are **adapting** and **diversifying** how people access sexual & reproductive health services through alternative models of care to allow ongoing accessibility during the pandemic.

### 1 Integrating SRHS into established essential services

In [countries](#) like **Zimbabwe** and **Nigeria**, SRHS have been **integrated with other essential services**, such as immunization, food delivery programmes or COVID-related activities, which has ensured continued access to family planning services.



In **Nepal**, a coordinated [response](#) was implemented across the country to ensure **continued access to SRHS** during strict lockdown.

### 2 Maintaining essential services by embracing innovative approaches

In **Uganda**, [SafeBoda](#), a pilot ride-hailing app allowed some women to **order contraception** and have them delivered to their door via motorcycles, known as *boda bodas*.



The **UK** has made it possible for women to take **abortion pills at home**, and in **France**, the government took action to ensure continued delivery of the contraceptive pill to women, even if they were unable to renew their prescriptions.

### 3 Ensuring continued access of vulnerable groups to SRHS

In **Tunisia**, the [Tunisian Sexual and Reproductive Health Association \(ATSR\)](#) and partners worked with government to make the **access to care** related to SRHS **free and equitable** for **sub-Saharan migrants and refugees**.