

## Impact of COVID-19 on Family Planning and Sexual and Reproductive Health Services

Gender discrimination and inequality have resulted in women facing challenges and hardships for centuries, which were accentuated by the COVID-19 pandemic. Even prior to the pandemic, regressive social norms and the lack of freedom among women to exercise their reproductive choices limited their access to family planning and sexual and reproductive health services.

Last year, in the wake of the lockdown, family planning and reproductive health services were impacted as they were initially not listed as non-COVID essential services leading to restricted access for people, particularly women. Resource re-allocations and disruption in sexual and reproductive health (SRH) services were witnessed as a consequence of the COVID-19 pandemic.

PFI's analysis of Health Management Information System (HMIS) data<sup>1</sup> to assess the impact on sexual and reproductive health (SRH) service uptake during the lockdown period (April 2020 to June 2020) compared to the previous year (April 2019 to June 2019) made some startling revelations. All the family planning services were severely impacted during the lockdown period. There was a 43% drop in injectable doses, 50% drop in interval IUCD and 21% drop in oral contraceptive pill (OCP) and condom distribution. Centchroman (weekly) pill distribution saw the highest drop at 59%.

Several studies projected millions of unplanned and unintended pregnancies as a collateral effect of the pandemic. Some key projections in the context of India include:

- COVID-19 could limited access to contraceptives for **25 million couples in India** ([UNAIDS, 2020](#))<sup>2</sup>.
- The lockdown could result in **2.4 million unintended pregnancies** ([FRHS India, 2020](#))<sup>3</sup>.
- [Another study](#) reported that **1.85 million women had restricted access to abortion services** in 2020.

In an attempt to ensure that the reproductive rights and dignity of women and adolescents are safeguarded now and post crisis, *Population Foundation invested in strategic engagement both at national and state level to drive attention to the need to include family planning in the list of essential services, in the very initial phase of the lockdown last year.* As the second wave of COVID-19 unfolds in the country, we have resumed our role as convenor for NGOs working on family planning and sexual and reproductive health, looking at the impact of Covid-19 on services and supplies.

## Recommendations to mitigate risk to sexual and reproductive health services during future health emergencies

1. **Family Planning and Reproductive Health are included as essential services** at the very beginning of any health emergency so to ensure continuity of services.
2. **Ensure availability of self-care/use methods** like condoms, oral contraceptive pills, emergency contraceptive pills, at the pharmacies and with community health workers such as ASHAs.
3. **Ensure uninterrupted continuity of contraceptive supply** to rule out stock outs in districts up to Primary Health Centres (PHCs).
4. **Engage social marketing and family planning service delivery organizations** to support the government and take some burden off the public health system by ensuring availability of contraceptives and FP services.

5. **Provision of information and counselling** on SRH services and topics through helplines, **telemedicine** services, community radios, chatbots and mobile services should be ensured.
6. **Strengthening locally managed, community-driven mechanisms**, which could play a major role in community monitoring and implementing local solutions, like Village Health Sanitation & Nutrition Committee (VHSNCs), Mahila Arogya Samitis (MASs), Rogi Kalyan Samitis (RKSs) and engaging Panchayati Raj Institutions (PRI).
7. **Respond immediately through a social behaviour change communication campaign (SBCC) focusing on** misinformation, stigma and discrimination and do's and don'ts around the health emergency.

## The way forward

The aftermath of COVID-19 will not just impact people's health, but their lives and livelihoods for a long time to come. For the nation as a whole, unplanned pregnancies during the period of lockdown and pandemic could become a huge responsibility for the country to support in future. India's public spending on health at 1.3 per cent of its GDP is well below the global average of 6 per cent. The under-investment by the State has been largely responsible for the poor reach of primary health care, infrastructural inadequacies, and shortages of health professionals.

Much of what we do and say today will influence how the pandemic impacts us in times to come. Going forward, COVID-19 must be viewed as a unique opportunity to redefine and reimagine healthcare in India, by promoting health literacy and self-care among people. Health systems strengthening and increased health budget allocation is the need of the hour. The Government must re-evaluate and revamp the public health system in order to ensure system preparedness to combat health emergencies at scale. Southern states of India are proof of the fact that a well-balanced and equitable health system has the ability to withstand the worst possible crisis. In contrast, it is virtually impossible for an unprepared health system to suddenly step up to the challenge of a public health emergency of the magnitude of COVID-19. The resilience of the frontline health workers must be built and the government must focus on health management and prevention instead of disease management and treatment alone. Efforts also need to be made to ensure that the COVID-19 response doesn't take away from other essential health services. Civil society and philanthropic organizations need to step up, as they always have, to support communities, and vulnerable sections of society. Finally, it is imperative to ensure that all emergency measures adopted in the face of the pandemic are inclusive of all sections of society and ensure no one is left behind.

## References

- <sup>1</sup> National Health Mission (NHM) - Health Management Information System (HMIS) data (Comparison of April 2019 to June 2019 with April 2020 to June 2020), (last accessed on August 27, 2020 at 01:20 PM)
- <sup>2</sup> Prevailing Against Pandemics by Putting people at the Centre. UNAIDS. [Prevailing against pandemics by putting people at the centre — World AIDS Day report 2020 \(unaids.org\)](#). Page 34.
- <sup>3</sup> Impact of COVID 19 on Family Planning Program. Policy brief May 2020. FRHS India as cited in Kranti Suresh Vora, Shahin Saiyed & Senthilkumar Natesan (2020) Impact of COVID-19 on family planning services in India, Sexual and Reproductive Health Matters, 28:1, DOI: [10.1080/26410397.2020.1785378](#).