



**IMPACT ASSESSMENT:  
COVID-19 AND YOUTH  
SRHR IN NEPAL  
2020**



RIGHT HERE  
RIGHT NOW



This report has been presented by Visible Impact with technical support from Right Here Right Now (RHRN) Nepal platform.

Right Here Right Now (RHRN) Nepal platform is a strategic partnership between fifteen likeminded youth-led and youth-serving organizations that are advocating for enhanced experience of young people on sexual and reproductive health focused on three thematic areas - provision of age appropriate comprehensive sexuality education, legalization of marriage equality and provision of stigma-free, youth-friendly safe abortion services. The partner organizations of RHRN Nepal include Association of Youth Organizations Nepal (AYON), Beyond Beijing Committee (BBC), Blue Diamond Society (BDS), CDS PARK MUGU, Family Planning Association of Nepal (FPAN), Federation of Sexual and Gender Minorities Nepal (FSGMN), Human Development and Environment Protection Forum (HUDEP), LOOM Nepal, Restless Development, Rural Women's Network Nepal (RUWON), Visible Impact, Youth Action Nepal, Youth Development Center (YDC), Yuwa, Yuwalaya.

Visible Impact, which is a partner organization of Right Here Right Now, is a young woman led organization that aims to bring visible impact on the lives of every woman, every girl and every youth by unleashing the social and economic leadership of girls, women and youth through human centered approaches. Visible Impact under RHRN Nepal advocates for provision of quality, stigma free, accessible youth friendly safe abortion services in Nepal.

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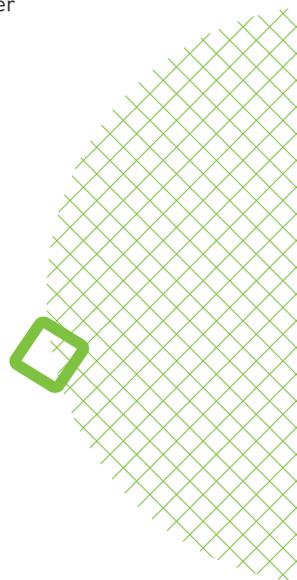
We strongly believe that this report will cast light on the SRH issues and challenges young people have faced during the COVID-19 pandemic induced lockdown, and shall assist in advocating for a strategic and need based response from all the necessary stakeholders to ensure young people's SRHR during crisis situations. This report will be handy to the government, researchers, youth lead and youth serving organizations and anyone who is working on sexual and reproductive health and rights of young people.

## Authors



# List of Acronyms

AYON	Association of Youth Organizations Nepal
BBC	Beyond Beijing Committee
BDS	Blue Diamond Society
CEHRD	Center for Education and Human Resource Development
COVID-19	Corona Virus Disease 2019
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
FPAN	Family Planning Association of Nepal
FSGMN	Federation of Sexual and Gender Minorities Nepal
GBV	Gender Based Violence
HUDEP	Human Development and Environment Protection Forum
IEC	Information Education and Communication
LBTI	Lesbian Bisexual Transgender Intersex
LGBTIQ	Lesbian Gay Bisexual Transgender Intersex Queer
MISP	Minimum Initial Service Package
PHCC	Primary Health Care Center
PWD	People with Disabilities
RHRN	Right Here Right Now
RUWON	Rural Women's Network Nepal
SAGM	Sexual And Gender Minorities
SRH	Sexual and Reproductive Health
SHRH	Sexual and Reproductive Health and Rights
UN	United Nations
WHO	World Health Organization
WOREC	Women's Rehabilitation Center
YDC	Youth Development Center





# Executive Summary

COVID-19 has been affecting millions of people across the globe including Nepal. The COVID-19 response made by Nepal has caused the shift of focus of health system majorly towards the disease prevention and control limiting the delivery of sexual and reproductive health services. This has caused a great deal of decrement in the service utilization by young people that includes contraceptives, safe abortion, SRH related counseling, etc.

The report incorporates the findings from the online consultations done with young people from five diverse groups that included young sexual and gender minorities, young people with disabilities, urban youth, rural youth, and youth activists. A separate crowd sourcing was also done in the social media pages of Visible Impact to incorporate the issues and concerns of larger circle of young people. The purpose of this study was to identify the impacts of COVID-19 on young people's SRHR.

Youth participants shared how their lives have been affected by the pandemic as a whole including how they have been pushed to compromise their privacy while living under safe roof with their family for a long time hindering their ability to get necessary sexual and reproductive health care. Further, lack of information about the availability of the services, restriction in mobility, and fear of the disease in both service seekers and service providers caused major decline in accessing SRH services like family planning and contraception among youths. With the closure of educational institutions and lockdown, sexuality education for young people has been hampered. Although, distance learning provisions and online classes has been initiated by schools and colleges, CSE is not prioritized. With the investment of majority of efforts and resources towards containment of COVID-19 infection, decline in the provision of quality maternal health services, non-functional ANC and PNC services were reported. Also, gap in effective communication on the provision of safe abortion services also increased illegal procurement of drugs from pharmacies. Sexual harassment in the COVID-19 isolation and quarantine sites were also frequently in news including some rape cases which was also highlighted by the participants during the consultations. The rise in violence and constraint to live

with the perpetrators further amplified the problem. Furthermore, procurement of menstrual hygiene products was another challenge and for young LBTI and people with disability it was more challenging to access the products due to the restriction in movement. Also, the relief packages, quarantines and holding centers did not ensure provision of menstrual hygiene products.

Among diverse youth focus groups, the rural youths were the most hard to reach with information and services due to less access to the internet as well as geography. For young people with disabilities, necessity of assistive devices and assistance from others, functional limitation to maintain physical distancing, inaccessible information for people requiring sign language interpretation all posed challenges in accessing SRH services. Among LGBTQ youths, participants reported increment in significant tensions, confidentiality concerns and suicides among LGBTIQ since many of them were living with their family who are not supportive of their choices and sexuality. Further, young sexual and gender minorities living with HIV and AIDS were affected as they did not have access to their regular health checkup and Antiretroviral Therapy (ART).

This assessment has depicted that the demand for contraceptives, safe motherhood services including safe abortion is on rise, while there exists gap in service delivery and accessibility of those services and the government including the private institutions were unable to address this strategically. Marginalized and vulnerable groups face more challenges and difficulties with regards to their SRH needs. CSOs could have played an important role in facilitating to develop need based strategies and interventions as well as limit the SRH information gap that existed between service providers and service seekers. From the consultations with diverse youths, following recommendations have been made:

- Recognize that the need of SRH services for young people is heightened at the time of crisis, and ensure uninterrupted availability and access of SRH services at crisis situations such as COVID-19
- Enhance Youth engagement in strategy formulation and implementation
- Recognize and Strategize interventions directed towards the marginalized and vulnerable young people
- Ensure zero tolerance to violence and discrimination

Use Mask ▶



# 1

## Introduction

### 1.1 Background

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes and most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment.<sup>1</sup>

Sexual and reproductive health rights are human rights. The right to sexual and reproductive health (SRH) implies that people are able to enjoy a mutually satisfying and safe relationship, free from coercion or violence and without fear of infection or pregnancy, and that they are able to regulate their fertility without adverse or dangerous consequences. Sexual and reproductive rights provide the framework within which sexual and reproductive well-being can be achieved.<sup>2</sup>

The COVID-19 disease which was declared as a pandemic by WHO on March 11, 2020 has affected millions across the globe and Nepal has been no different. The very first case of COVID-19 in Nepal was



identified on January 23, 2020 and as of September 19, there are 17,383 active cases of COVID-19.<sup>3,4</sup> With a fragile health system and no adequate infrastructure in place, Nepal has faced various challenges in responding to the pandemic. On March 24 2020, Nepal went into a nationwide lockdown as a response against the pandemic, and even after 6 months, with a little bit of ease for 3 weeks in between, major part of the country is still in lockdown. Apart from the direct impact of the disease on health of the people, the consequences of the disease induced lockdowns and restrictions on economy; education; health care delivery has been quite critical and concerning. The COVID-19 has exacerbated the pre-existing sexual and reproductive health issues in young people hindering effective delivery of sexual and reproductive health services.

Nepal considers people belonging to the age group 16-40 as youth and more than 40% of the total population belongs to this group.<sup>5</sup> Due to the immense stress faced by the health system, it is disrupting the delivery of routine health services and information to young people while sharply limiting their access to SRH services.<sup>6</sup> Young people in Nepal face a lot of challenges when it comes to SRHR. This sensitive and much needed topic is often surrounded by myths and social stigmas. COVID-19, the current crisis the world is facing has amplified the SRH issues faced by young people. This has further affected the socio-economic and physical conditions of certain key population groups like women, adolescents, people with disabilities, sexual and gender minorities, those living in poverty and socially marginalized groups. Marginalized groups are doubly troubled due to stigma and discrimination that COVID-19 adds to already existing challenges in accessing sexual and reproductive health.

Moreover, Due to the COVID-19 global pandemic, more than 8 million students are staying at home in Nepal without access to alternative means to continue their education.<sup>7</sup> A survey conducted among four districts in Nepal predicts that almost half of the girls may drop out of their school due to COVID.<sup>8</sup> Most of the young people residing in the rural areas do not have a good internet facility, there is a big challenge to ensure continued learning for learners from communities of adults, youth, adolescents and children including the historically excluded, marginalized and vulnerable girls, indigenous peoples, person with disabilities and LGBTIQ people.



**"I am pregnant. During my first trimester I knew I had to do an USG but I was unable to get the service on time. Also folic acid, iron, calcium tablets were not available and we had to order it from elsewhere in ambulance."**

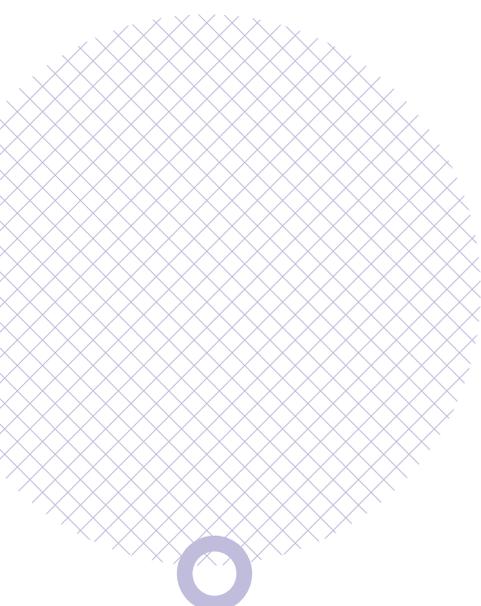


## 1.2 Objectives of the study

The major objective was to assess the impact of COVID-19 on sexual and reproductive health and rights of young people that can serve as the basis for advocating timely and strategic focus on addressing sexual and reproductive health needs and issues of young people at crisis situations.

### The specific objectives of the impact assessment were:

- To document the sexual and reproductive health experiences, challenges and coping strategy during crisis, of young people from diverse groups that includes young sexual and gender minorities, young people with disabilities, rural youth, urban youth, and youth activists.
- To generate youth recommendations for the government and other concerned stakeholders for timely and need-based response towards ensuring Sexual and Reproductive Health and Rights of young people during crisis situations such as COVID-19.



Wash your Hands ▶



# 2

## Methodology

### 2.1 Study method

The study was qualitative so as to gain deeper understanding of needs, experiences, challenges, and issues of young people in assessing SRH information and services during COVID-19 crisis.

### 2.2 Study participants

The study included diverse young people (aged 15-30) representing all the seven provinces of Nepal. Young sexual and gender minorities, young people with disabilities, rural youths, urban youths, and youth activists were reached out with the help of Right Here Right Now (RHRN) Nepal platform member organizations. Twenty young people from each group were reached out and invited to participate in the study, however, out of 100, only 77 young people participated in the study.

### 2.3 Data collection tools and techniques

#### Online Consultations

The data was obtained by conducting five different online consultations with 5 diverse youth groups by using consultation



guideline (Annex I). The consultations were done via Zoom, which is an online meeting platform. They were conducted using Nepali language and it took 1.5 to 2 hours to complete each consultation. All the consultations were recorded with participants' approval to ensure a complete transcript.

**TABLE 1** Number of young people who participated in the consultation by their diversity:

FOCUS GROUPS	SAMPLE SIZE
LGBTI youths	13
Young PWDs	17
Urban youths	16
Rural youths	15
Youth Activists	16
Total	77

### **Crowdsourcing**

Apart from online consultations with specific groups of young people, crowdsourcing was also done through the social media pages of Visible Impact to incorporate the views and issues from larger circle of young people. Each week, young people were asked various questions (Annex II) through the Facebook and Instagram pages of Visible Impact about their experiences on availability and accessibility of SRHR services amid pandemic, their engagement in tackling the impact of COVID-19 as a young person or an organization and their recommendations for mitigating such impacts. The answers received through comments were further engaged by the moderator to get deeper insights. Young people shared their opinions through the comments as well as direct messages. Selected participants were also rewarded with a mobile recharge cards to increase their engagements.

## **2.4 Analysis of the collected data**

The data was obtained from the notes taken by the note takers as well as the recording of the consultations. The collected data was first transcribed and then translated from Nepali to English. The case stories derived from the consultations were translated from Nepali to English with the help of our note takers.

Transcripts were then carefully read and responses were manually sorted into sub-themes such as safe abortion, family planning and contraceptives use, comprehensive sexuality education, menstrual health and so on. The implicit meanings of the narrative responses were analyzed to identify and understand the impact of COVID-19 on SRH of young people. Interpretative analysis was then carried out.

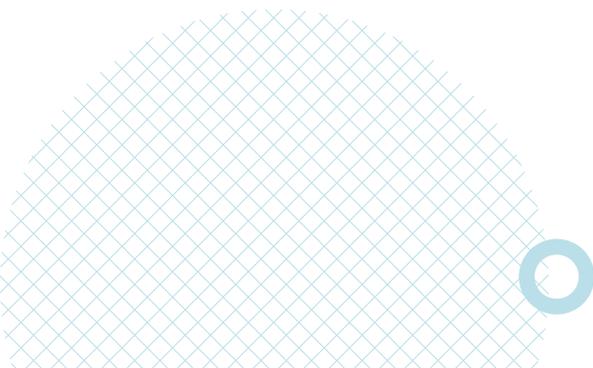
## 2.5 Ethical considerations

Informed verbal consent was taken from each of the participants and purpose/objectives of the study were clarified at the beginning of each consultation. Permission to record the consultation was also obtained from all the participants. Confidentiality of the information provided by the participants was maintained. Internet allowance was also provided to all the participants to compensate the personal expenses made by the participants for internet data usage.

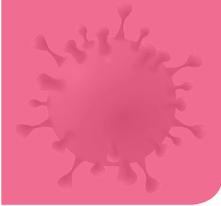
## 2.6 Limitations of the study

As all the techniques used to collect information were online, young people who had access to internet connection could only be involved in the study. The presence of poor telecommunication network in some places of Nepal also resulted in drop out of some of the priorly confirmed participants. Though other impacts due to COVID-19, such as economic, emotional or social existed, this assessment has focused only on impact for SRHR, and so multiplier effect due to other impact on sexual and reproductive health has not been studied.

**“Losing our daily routines, having bare minimum things to do and coping with the idle hours were exhausting”.**



Avoid Contact ▶



# 3

## Impact of Covid-19 on Youth SRHR



In one way or the other, everyone has been affected by the lockdown imposed by the government as a part of COVID-19 response and young peoples are no exception. With the possible threat of COVID-19 infection, young people who were staying at towns/cities for employment, education or any other purposes returned back to their hometowns. As the nationwide lockdown had started and educational institutions, employment, physical entertainment, travel were not operational, young people said that it was stressful to cope with the imposed restrictions as well as fear of the disease itself. Impact on mental, psychological, emotional, economic and social health was found. Young people shared, *“Losing our daily routines, having bare minimum things to do and coping with the idle hours were exhausting”*.

This section has highlighted key experiences of young people regarding their SRHR.

### 3.1 Compromise on privacy

The lockdown has brought most of the families together which is a good thing but young people have been pushed to compromise privacy while living under the same roof with their family for a long

time. The lack of privacy and confidentiality which many young people experienced while living at home with family hindered their ability to get necessary sexual and reproductive health care. One of the reasons for this was not being able to express their SRH needs to their parents or guardians as discussing about sexual and reproductive health is not a norm in Nepali family. *“Since premarital sex is stigmatized in our society, youth are not being able to have sexual relationships or buy contraceptives from nearby pharmacies which may lead to unsafe sex and unwanted pregnancies.” (Rural youth)*

Moreover, changes like returning home after a period of being away, maintaining relationship with friends at a distance and, for many, very limited or no proximity with their romantic partners affected their sexual and reproductive health.

Young people also reported decline in seeking SRHR services during lockdowns because of the interrogation made by the police with regard to their mobility and purpose of their visit to health facilities. This confidentiality concern had been a barrier to the use of SRHR services by young people. *“Many young people would avail contraceptives from health post or service providers while returning from schools and colleges. They can’t even go to pharmacies to get condoms because they would have to explain why there are out of house. Some instances have also been reported where the police asked for prescriptions if anyone said they are going to pharmacy, which is not possible for contraceptives or menstrual products.” (Service provider)*

### 3.2 Family Planning and contraceptive use

The Guttmacher Institute estimated that even a modest decline of 10% in reproductive healthcare (use of short and long acting reversible contraceptives) due to COVID-19 would have disastrous implications for the lives of women and their newborns worldwide.<sup>9</sup>

In Nepal too, the family planning services have observed a decline in users which is due to the lack of information regarding service availability, restriction in mobility, and fear of the pandemic.<sup>10</sup> Following the pandemic induced restrictions, access to family planning services and contraception by both married as well as unmarried youth became limited. Health posts and Primary Health Care Centers (PHCCs) which are the major sources of contraception

for most of the school going youth were not accessible due to the possible threat of disease, restrictions in mobility and shutdown of public transportation service. Lack of information about the continuum of services further declined their reach. The possibility of their privacy being disclosed also aggravated the service seeking behavior of young people.

Shortage of contraceptive pills and emergency contraceptives have also been reported by certain youth group while some even experienced hike in price. *“There was a shortage of condoms initially, causing the rise in unsafe sex.” (SAGM) “There was raise in the price of the commodities during the earlier days of lockdown”. (Rural youth)*

Another concern that is being raised by the development sector currently is that millions of young labor migrants are in the verge of return due to termination of jobs abroad, which is going to increase the need for contraceptives in the near future. It is important to ensure that all the service sites have proper supply of contraceptives so that the contraceptive needs are met.

### 3.3 Comprehensive Sexuality Education

The school curriculum and peer education programs run by various youth serving organizations were the major source of sexuality education for most of the in and out of school youth. Since all of the educational institutions have closed and majority of the students are staying at home, they do not have alternative means to receive comprehensive sexuality education. Other subjects are taught through distance learning either through private initiation or through national radio and television. But, CSE is not prioritized in these distance learning sessions. In fact, CSE is a life skill and requires interactive learning that has been hampered due to the lockdown. Physical programs that CSOs used to conduct to provide sexuality education to out of school youths have been completely stopped. Though many organizations moved such educational activities to virtual platforms, young people who did not have access to internet were left out.

### 3.4 Safe motherhood and reproductive health services

Youth shared that as most of the efforts and resources were invested towards the control and containment of the COVID-19 infection,

there has been a decline in provision of quality maternity health care services, which has given rise to pregnancy related complications. Safe motherhood and reproductive health services as essential health services were provided by all the service sites after the Ministry of Health issues a directive, few weeks after the lockdown. However, in the first few weeks, in many places, safe motherhood services like antenatal care, post-natal care and immunization were not functional in earlier days, while some completely stopped service delivery. For example, in Gandaki Province, the provincial hospital initially closed all the reproductive health care services; however, after the civil society's voices, the services were resumed.<sup>11</sup> *"Service providers claimed unavailability of services at the time and asked to come later." (Province 1)*

Transportation and access was highlighted by the young people as the main challenge to avail SRHR services. *"Due to restrictions in public transport, most of the youths cannot consult doctors or health centers on one hand while on the other hand those who are facing the problems with SRH are facing privacy issues because hospitals are crowded with COVID cases and you feel hesitant to share in front of everyone. Besides due to fear of contracting the virus, youths are not seeking health services from the health facilities as most of the hospitals are turned into isolation or quarantine wards." (Facebook)*



*"There was a shortage of condoms initially, causing the rise in unsafe sex." (SAGM)*  
*"There was raise in the price of the commodities during the earlier days of lockdown".*

Judgmental attitude of provider, provider not willing to spend time with or come near to patient to explain them properly due the fear of COVID transmission, difficult to access information over phone to protect privacy, language barrier, hesitance to provide services due to lack of PPE etc. were also common in almost all the youth consultations.

*"The service providers were usually in haste, and would not explain or talk to us in details." (Rural youth)*

*"My relative had delivery during lockdown. She had an operation during delivery but she was not given information about post maternal care. When she sought immunization for her child, she was not told about what vaccine was given to her child, nurses were in rush. (Rural youth)*

*"In one of the government hospitals of far-west Nepal, COVID patient ward and the gynecology ward were in close proximity. Pregnant*

*women were scared that they and their baby might get COVID-19 infection. Regarding private hospitals, they were closed. So, women had no other option than to visit the government hospital” (Youth activist)*

Maternal mortality increased very sharply during the lockdown. At least 24 women died due to birth related complications in the first two months of lockdown. This is an almost 200% increase in the maternal mortality ratio since the lockdown began on March 24 2020, compared to 80 cases in the previous fiscal year.<sup>12</sup>

*“I am pregnant. During my first trimester I knew I had to do an USG but I was unable to get the service on time. Also folic acid, iron, calcium tablets were not available and we had to order it from elsewhere in ambulance.” (Urban youth)*

It was also stated by one of the participants that the hospitals were opting and suggesting for a caesarian section rather than a normal delivery to every expecting woman.

### 3.5 Safe Abortion

Abortion care is a time-sensitive service that cannot be significantly deferred without profound consequences for women and their families. A woman who decides to end a pregnancy will do it, without regard to any restrictions, quarantine or not. Hence, providing safe abortion services timely and adequately becomes even more imperative during lockdown when sexual activities and sexual violence are on rise.

Even though Government started relaying information that it is providing safe motherhood and reproductive health services as essential services, and safe abortion being an integral part of it, the gap in effective communication led to many gaps in service provision. Due to this and due to lockdown, illegal procurement of drugs from pharmacies increased.

*“Due to the lack of information about the provision of safe abortion services amid lockdown, many women have opted for self-medication. After the lockdown started, one of the married sisters in my village fainted and I was called for help as I am a nursing student. As I reached there and analyzed the situation, I got to know that she had*

*an unintended pregnancy and therefore took the pills from medical shop for abortion. It might only be the side effect of the abortion which resolved spontaneously but I suggested her and other women around to opt for safe abortion procedures under the guidance of registered health professional in a registered health facility as complications may arise". (Rural youth)*

*"One of my friends wanted abortion. I advised her to go to government health center, she thought that privacy will not be maintained so I advised her to contact Marie Stop center. But it was difficult to reach there due to lack of transportation services. I think she took abortion pill by herself." (Facebook)*

*"A woman I know was pregnant and she had to purchase a pill for abortion from the medical shop." (Youth activist)*

The ones who received the services in the health facilities had to follow a lengthy procedure to do so. The service provider had to take a history about the service seeker and schedule an appointment.

*"One of my sisters called a doctor during the lockdown and said that her period had stopped because she was reluctant to say it was for abortion over the phone. So, she just said that she wanted to come for a checkup. The doctor suggested that it was better to visit a nearby medical shop rather than visiting the hospital during this time of crisis. So, following the suggestion of the doctor she visited a medical shop and had an abortion pill. She experienced some side effects which led to the infection of her uterus. The infection aggravated and reached to the intestine and later she was admitted in the hospital". (Youth activist)*

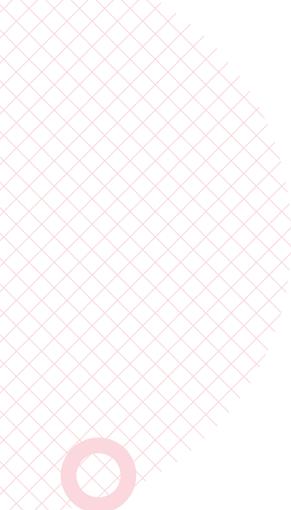


*"A woman I know was pregnant and she had to purchase a pill for abortion from the medical shop."*



### 3.6 Gender Based Violence

The cases of gender based violence have risen during the lockdown. According to the Women's Rehabilitation Centre (WOREC Nepal), it recorded 336 cases of violence against women and girls from 33 districts of Nepal from 24 March to 15 May 2020. Among the reported cases, 198 cases were of domestic violence, 48 cases were of rape and 10 were attempts to rape case, 29 were of social violence, 12 cases were of sexual abuse and so on. The perpetrators of violence against women were mainly husband (155 cases), family members (67) and neighbors (66). Women and girls of age 17-25 year were affected the



most (108), followed by the age group 26-35 (103).<sup>13</sup> While the case has been increasing, reporting to the police has been declining, which may be because the survivors are staying with perpetrators at home, and there is little access to transportation during lockdown.<sup>14</sup>

The rise in GBV cases can also be asserted from the rise in coverage of the issue in the news portals. Violence increased from 12% to 23%. Sexual violence against women increased from 7% to 9%. In times of crisis, women and girls face disproportionate impacts with far reaching consequences that are only further amplified in contexts of fragility, conflict, and emergencies. This case has been amplified during lockdown because women were forced to live with their perpetrators during lockdown.

Sexual harassment in the COVID-19 isolation and quarantine sites were also frequently in news including some rape cases which was also highlighted by the participants during the consultations. A woman who was staying at a quarantine facility in Kailali was allegedly gang-raped.<sup>15</sup>

COVID has pushed women to stereotypical roles. It is also highly likely that women who had entered nontraditional roles prior to the pandemic may roll back to traditional roles in the post-COVID-19 era. The work burden has been increased to the females in the household because almost all families are inside the homes and daily household chores are expected to be done by female.

### 3.7 Menstrual Health

Menstruation is attributed to several restrictions that have been aggravated at this time of COVID as girls and women are staying within home and are forced to follow the restrictions.

Procuring products to maintain menstrual hygiene was another challenge that came up frequently in the youth consultation. *“Due to lockdown many medical stores were closed so there was a problem”. (SAGM) “My friends went to get pads from the health posts but they were sent back empty handed.” (Rural youth). “My friends who live out of valley couldn’t even buy sanitary pads because they were unavailable.” (Urban youth)*

Though there is a guideline to provide sanitary pads at quarantine and holding centers, it isn't implemented properly. The young LGBTI and people with disability who required menstrual hygiene products faced more challenges in accessing them due to the restriction in movement that was caused due to the lockdown. The relief package that the government provided mostly consisted of food essentials only. Some of the CSOs and private institutions distributed sanitary pads to the needy ones during the lockdown.

Health care workers who work at the frontline need to change their pads every 3 hours, but it is uncomfortable to wear pads with PPE and inconvenient to change it every 3 hours. Some organizations including Visible Impact were found to be innovative in providing menstrual cups to the health care workers at frontline.



“Viral load checking is very important for people living with HIV, but hospitals were not checking them or the machines were out of order. Also, delivering ART medicine was difficult due to lockdown”.



### 3.8 Intersectionalities

- **Young sexual and gender minorities**

Young sexual and gender minorities living with HIV and AIDS were affected as they did not have access to their regular health checkup and Antiretroviral Therapy (ART). Though ARTs were delivered at homes by some organizations, full body checkup for CD4 counts and viral load tests were not available, which affected their course of treatment. HIV testing of individuals residing both inside and outside Kathmandu valley was disrupted during the lockdown. People living with HIV felt that the health facilities were focusing more on COVID-19 rather than the issues they were facing in terms of treatment.

*“Viral load checking is very important for people living with HIV, but hospitals were not checking them or the machines were out of order. Also, delivering ART medicine was difficult due to lockdown”.*

There was a shortage of hormone medications, and due to unavailability of the hormones, side effects like withdrawal symptoms was common among the transgender population.

*“It is tormenting to realize that I have to live with these symptoms unless the medicines are made available or until the lockdown ends”.*

Many young LGBTIQ+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual and others) faced online and offline bullying and harassment. As per the participants, a case of media assault on the trans genders of Nawalparasi was also observed during the lockdown. Stigma and discrimination also led to a decrease in health-seeking behavior further among sexual and gender minorities. The organizations serving sexual and gender minorities had difficulty in providing services to the needy ones since inter district travel was very difficult and had to go through a lengthy procedure if such travels are to be made.

In many cases, for some LGBTIQ whose families are less accepting and being quarantined for months with such families has led to significant tensions and confidentiality concerns, which has made LGBTQ youths more isolated. Participants also shared that suicides among LGBTIQ were found to be increased since many of them were living with their family who are not supportive of their choices and sexuality.

*“I did my Sex reassignment surgery (SRS) and breast augmentation surgery 4 months back in India. I had to spend huge amount on surgery and the rest of my savings in fulfilling my basic necessities including hormone medications, I was eventually out of money. An organization provided me with relief materials which were of great help but that was not enough to sustain myself. At that time, I was in need of certain things like Dettol, betadine, sanitary pads but I was unable to access them which was later managed by one my friend”.*  
(Transwoman)



**“Social/physical distancing not applicable to PWD who are autistic or wheelchair users. Prevention of COVID-19 is further challenging for us”.**



- **Young people with disabilities**

Young people with disabilities had their own set of issues and challenges during the lockdown concerning SRHR. The necessity of assistive devices and assistance from others, functional limitation to maintain physical distancing, inaccessible information for people requiring sign language interpretation all posed challenges in accessing SRH services. Since most of the health facilities are not disability friendly, it has always been difficult in accessing services and COVID-19 further aggravated the problem.

*“Before the lockdown, people used to help us reach the desired place to get services but now due to the possible threat of getting COVID-19 infection, people aren’t in a place to help us even when they want to. So, we are facing problems to get basic services as well as health related services”.*

They also shared that social distancing is particularly challenging for PWDs as they might need assistant to operate assisting devices. *“Social/physical distancing is not applicable to PWDs who are autistic or wheelchair users. Prevention of COVID-19 is further challenging for us”.*

Some participants shared that people with psychosocial disabilities and autistic persons faced more challenges compared to others as they mightn’t be able to cope with the strict confinement at home. Change in behaviors such as being monotonous, frequently getting angry, being less expressive was observed.

According to the participants, they were not sure about the availability of SRHR services during the time of crisis. Even when the services were available, such information were not systematically communicated nor disseminated in accessible formats and means to reach people with disabilities. Though there has been some effort to make information available to PWDs (For eg: the daily media briefing of the Government has sign language interpretations as well), many information is not yet available in accessible languages.

With regard to SRHR, some organizations that work on SRHR have been providing essential information about the access and availability of services to the PWDs. PWDs residing outside the capital faced more challenges regarding access to SRHR services in comparison to PWDs living in the capital as the health institutions are sparsely distributed in rural areas and the organizations working for PWDs which could provide assistance to them at the time of need are also mainly located in towns and cities.

*“During lockdown, one of the friend of mine had asked an organization to provide him with the contraceptives as he was not able to access them, but he lived in Syangja which is very far from capital city, so the organization was not able to help him.”*



**“Young people do not seek SRHR related services since they have to explain their reason of visiting health facilities to the police mobilized during the lockdown” shared a participant from the rural area.**



- **Urban youth**

Urban population is considered more privileged than population living at other settings. However, young people living in the urban areas faced similar kind of challenges like youths from other settings. Restrictive mobility, lack of information access about service provision, privacy issues, etc. were faced by youths residing in urban areas as well. It was shared that there was service denial by the health facilities due to the fear of COVID-19, doctors were not available in private hospitals, access to menstrual hygiene products were limited, maternal services and information access regarding it was limited. Young people who had easier access to health facilities were hesitant in seeking the services since the precautions and preventive measures adopted by the health facilities were questionable.

*“We are in dilemma with regard to seeking health care services because in one hand there is a fear if we directly go to the emergency services as there might be the possibility of contracting more infections and on the other hand, if we consult the doctor before going to the hospital they suggest not to come to the hospital because of the pandemic”.*

- **Rural youth**

Apart from mobility restrictions, rural youth had less reach to services and service providers as the time needed to reach a health institution is very high for rural youths in comparison to other areas. Operation of a few health institutions in the rural areas further diminished their access. Health professionals and practitioners were not providing complete information regarding contraceptives and were quickly assessing of the patients to avoid longer duration of contact. And, sometimes patients were even asked to visit the health facilities some other days. It was stated by one of the participants that the availability of contraceptives has also declined during the lockdown.

Digital divide has been further aggravated due to lockdown. Poor telecommunication network and internet connectivity limited their reach in accessing information from the virtual spaces. Participants from rural areas also shared their observation on growing number of violence within their community post lockdown and victims of GBV were obliged to stay with the

perpetuators of violence and had no means or information regarding reporting of such cases. With regard to the available quarantine centers, they were not gender friendly due to which women faced a lot of challenges while being kept there.

*“Young people do not seek SRHR related services since they have to explain their reason of visiting health facilities to the police mobilized during the lockdown” shared a participant from the rural area.*



*“Aside from the fear of getting the disease, being unemployed and the financial anguish added up to cause the psychological stress”*



- **Youth activists**

Youth activists have their own share of problems. While most of the issues were similar, they shared that the lockdown has made a huge impact in their personal and professional growth and development. Since everything has transitioned to the virtual space, there was always a big question for them on the effectiveness of virtual advocacy activities. They added that only those beneficiaries/stakeholders who are computer literate and had a good internet connection could be reached while others from rural areas with less friendly telecommunication networks were usually left out. This has affected the advocacy efforts on sexual and reproductive health and rights of young people.

Many youth activists who used to work with non-governmental/private organizations eventually lost their jobs and voluntary works were also halted due to mobility restrictions. *“Aside from the fear of getting the disease, being unemployed and the financial anguish added up to cause the psychological stress” added an activist.*

Sanitize your hands ▶



# 4

## Conclusion and Recommendations



### 4.1 Conclusion

Young people's need for SRH services are heightened during emergency situations like COVID. This assessment has also depicted that the demand for contraceptives, safe motherhood services including safe abortion is on rise, while there exists gap in service delivery and accessibility of those services. Young people have not been able to utilize services provided by government and private institutions and the government hasn't been able to address the issue strategically. Young people with diversities such as young LGBTIQ, young people with disabilities, PLHIV are more vulnerable and are facing even greater inequalities in accessing healthcare during the pandemic due to inaccessible health information and environments. In the absence of need based approaches to deliver the SRH services to these groups, their right to SRH are violated which has negative consequences to their lives. SRHR issues of young people needs to be identified and incorporated in the response and relief plans and strategies. CSOs can play a vital role in assisting the government in addressing the SRH needs of young people, thus it is necessary for government to bring the CSOs together to put forward a better and strong crisis response.

## 4.2 Recommendations

### 1. Recognize that the need of SRH services for young people is heightened at the time of crisis, and ensure uninterrupted availability and access of SRH services at crisis situations such as COVID-19

- Assert SRH services as the essential health services immediately at the onset of crisis and emergency, so that there is no gap and interruption for service delivery.
- Develop a contingency plan for sexual and reproductive health services in humanitarian settings, including the Minimum Initial Service Package (MISP) and train and engage young people for the implementation of MISP in crisis situations.
- Keep a communication channel in place that ensures young people are well informed about the availability of SRH services to promote service utilization at the time of crisis by using youth friendly platforms like mobile applications, podcasts, Public Service Announcements, radio broadcast etc.
- Roll out interventions that increase access of young people to internet through tailored support system, relief packages etc.
- Expand access to SRH services including contraceptives, safe abortion, SRH related counseling, menstrual hygiene products etc. through places other than health facilities such as online platforms, mobile clinics, and youth information centers.
- Secure continuity of learning of Comprehensive Sexuality Education (CSE) in case schools are closed and do not seem to reopen soon by the use of digital Information Education and Communication materials, audio books, web courses, digital workshops, radio broadcast, etc.

### 2. Enhance Youth engagement in strategy formulation and implementation

- Train and mobilize a team of young people at ward level to coordinate information provision, relief services and counseling as and when required. With the provision of mobilizing them in quarantine and holding centers in identifying and fulfilling sexual

and reproductive health needs of youths, men and women through advocacy with the local government.

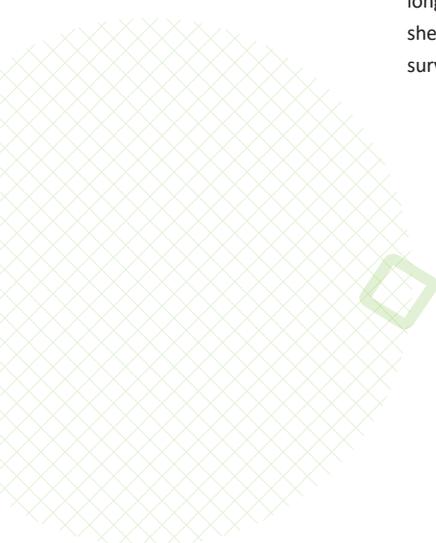
- Coordinate and collaborate with youth led and youth serving organizations for identifying needs of youths and developing contingency plans and strategies.

### **3. Recognize and Strategize interventions directed towards the marginalized and vulnerable young people**

- Recognize that different marginalized groups have different needs and devise support activities tailored to them. Maintain frequent communication with the most marginalized groups who require greater support such as sexual and gender minorities, people living with disabilities, etc. to ascertain needs of such groups are addressed.

### **4. Ensure zero tolerance to violence and discrimination**

- Practice zero tolerance approach towards any form of violence, discrimination and stigmatizations against any groups of the society at all times including emergency response activities.
- Encourage all relevant institutions dealing with gender based violence (police, medical, judiciary, CSOs etc.) to draw up medium-long term coordinated action plan, which provides counselling, shelter and rehabilitation support to ensure the protection of survivors.



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# ANNEX

## Annex I: Consultation Guideline

### Online consultations with 5 different youth groups (Conduct it separately with each group)

#### Preparation for the consultation

No. of Participants: max. 20 per group

Age group: 15-30 years

Group type: Heterogeneous

Organizer:

Facilitator: 1/2 Nos.

Note taker: 2 Nos.

Logistics

Venue: Any secured online meeting platform with known functionality

Time: 1.5-2 hours (Based on participant's availability)

#### Before the consultation

- Request your contacts/partner organizations to coordinate the participants for the online consultation with basic details.
- Inform the participants about the time and venue at least 2 days in advance.

#### Conducting the consultation

- In the beginning, warm up and build rapport with the participants.
- Introduce the facilitators and note takers. Also mention that in case the facilitator conducting the consultation has connection issues the alternate facilitator will take over.
- Explain the details of the consultation. E.g. what it is about, the objectives, outputs, etc.
- Explain that the consultation is confidential and that their participation is voluntary, they do not need to answer all the questions if they don't want and can leave the consultation whenever they want.
- Take verbal approval from the participants to record the consultation and mention that their recording won't be published anywhere or shared. Also, ask if anyone has any kind of issues with keeping their verbatim in the report.

#### Consultation Questions

##### General Questions (Applicable to all the focus groups)

1. How has lockdown affected you? How has lockdown affected your access to SRHR? (talk about FP, contraception, safe abortion, CSE, maternal health services, menstruation, GBV etc.) (Physical access, provider behaviors, information access, affordability etc.)
2. What are the major sexual and reproductive health services you know that are made available by the government during the lockdown?
3. Did you access any SRHR related services at this period? Any difference in accessing it than earlier? Probe for case stories.
4. How did you come to know about the services being provided (source of information)? Was it youth friendly? Did it meet your expectations? What were the gaps?
5. Do you know of any CSOs/ private institutions providing these services during a lockdown? What kind of services did they provide or are providing? Do you think they are trustworthy?
6. Has the access changed after the lockdown was eased?
7. Any stories that you would like to share about you or someone you know who has benefited from the

- service? (procedure, the behavior of service providers, safety precautions, service)?
8. How have you been coping with this? How have you or your organization coping with COVID-19 and what are some of the support you are providing?
  9. What are the major barriers and challenges in seeking those services?
  10. What are the recommendations you would like to give in order to strengthen the provision of SRHR services during such a crisis? (Recommendations to govt., and CSOs).

### **Focus group specific questions:**

#### **Urban youth**

1. What are the challenges created by the pandemic in the accessibility of SRH commodities and services?
2. What can be the role of youth in combating these challenges?
3. How has the scenario changed for youths in urban areas regarding the accessibility, availability, and affordability of SRH commodities and services before and during this pandemic?
4. Major sources of information, any apps, sites that you find useful and youth-friendly?

#### **Rural Youth**

1. What can be the source of information for SRHR related information dissemination?
2. How the closure of non-formal education opportunities like in terms of engagement with peers and educators has affected youths in getting information regarding SRHR?

#### **Young people with disabilities**

1. Is the public information regarding SRHR services available in accessible formats (easy to read format, captioning, sign language interpretation)?
2. What are the difficulties faced during this pandemic regarding communicating your needs related to SRHR to the concerned authorities or organizations?
3. What are your suggestions for the government to make health services and health-related information more inclusive?

#### **Young LGBTIQ+**

1. Have you faced any form of violence or harassment during the lockdown period? Or someone from your peer group who has faced such problems?
2. In case you faced any form of violence, how did you deal with it?
3. What kind of SRHR services are required during such a crisis by young LGBTIQ+?

#### **Youth Activists**

1. In the context of COVID19 with the disruption of schools, what can be a new way of information dissemination to adolescents and young people regarding SRHR?
2. Were/Are you involved in any kind of COVID-19 response initiatives concerning SRHR? If yes, what kind of engagement was it?

### **Annex II: Crowdsourcing Questions**

Data was crowd sourced from young people from July 1 - July 10, 2020. One question running every 3 days through social media pages (Visim FB page, Who Decides, and Instagram pages). It was a closely moderated online discussion. Every day one person with the most engaging answer received a recharge card worth Rs. 500.

#### **The questions were:**

1. Are you a young person from Nepal? How do you think young people have been affected by COVID-19 in regards to safeguarding their sexual and reproductive health and rights?
2. As a young person or youth-led/serving organization, how have you been responding to COVID-19? How have you been coping or helping others in this time of pandemic?
3. What do you think needs to be done to mitigate the impact of COVID-19 on young people?

