

Coronavirus Disease (COVID-19) Preparedness and Response UNFPA Interim Technical Brief

For the latest evidence, see the World Health Organization COVID-19 site:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

1. Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19

Key Messages

Core Messages

- There is no current evidence of adverse effects on pregnant women from COVID-19. The physical and immune system changes that occur during and after pregnancy should however be taken into account. It is critical that all women have access to safe birth, the continuum of antenatal and postnatal care, including screening tests according to national guidelines and standards, especially in epicenters of the pandemic, where access to services for pregnant women, women in labour and delivery, and lactating women is negatively impacted.
 - Keep the health system functioning: Maintain sexual and reproductive health and rights (SRHR) information and services, protect health workers and limit spread of COVID-19.
- During public health emergencies, human and financial resources are often diverted from various health programs to respond to the infectious disease outbreak. Sexual and reproductive health services are being impacted by the pandemic and must be prioritized.
 - High Maternal Mortality Ratio (MMR) in a country is a strong indication of a weak health system. The COVID-19 pandemic will further strain health systems, and is expected to severely impact the health systems of low- and middle-income countries - with worse impacts in countries experiencing fragility and humanitarian crises. Preparedness and response support to countries with high maternal mortality rates will be critical in low income countries - and in pockets of populations with high maternal mortality rates in middle-income countries. Such measures must pay special attention to ensuring the continuation of basic services such as maternal and newborn health and sexual and reproductive health services and supplies.
 - Pregnant women with respiratory illnesses must be treated with utmost priority due to increased risk of adverse outcomes, and antenatal, neonatal and maternal health units must be segregated from identified COVID-19 cases.

- The protection of health workers, in particular midwives, nurses, obstetricians and anesthesiologists, must be prioritised as critical and lifesaving and they should be provided with personal protective equipment if they are treating patients with COVID-19.
- Safe pregnancies and childbirth depend on functioning and accessible health systems and strict adherence to infection prevention control measures.
- Surveillance and response systems should be disaggregated by sex, age, gender, and pregnancy status. Where relevant, special attention should be given to vulnerable populations such as persons with disabilities, HIV-positive persons, adolescents, elderly, indigenous people, people of African descent, refugees and migrants.

UNFPA Response Interventions

Short-term interventions

Facilitate coordination, participation and consultation

- Encourage activation of the UN coordination mechanism in sexual and reproductive health and rights, support efficient coordination mechanisms to ensure obstetric and newborn care is prioritized.
- Strengthen advocacy and leadership of the sexual and reproductive health (SRH) sub-working group under the health cluster where humanitarian coordination architecture is in place to channel support to the maternal health programme and specific response. Advocate at health cluster level to ensure uninterrupted access to maternal health, and non-diversion of healthcare resources at the expense of pregnant women.
- Establish necessary situational analysis that is gender, sex and age disaggregated as part of joint United Nations Country team.
- Support Ministry of Health and partners to strengthen, fund, implement and integrate gender and sexual and reproductive health into COVID-19 preparedness and response and operationalize plans and maintain ongoing programs.
- Organizations of young people, women, indigenous people, people living with human immunodeficiency virus (HIV), and persons living with disabilities should be consulted and involved in all stages of COVID-19 response.

Maintain continuity of maternal health and other sexual and reproductive health services

- Ensure women's and girls' choices and rights to sexual and reproductive health is respected regardless of their COVID-19 status, including access to contraception, emergency contraception, safe abortion to the full extent of the law and post-abortion care.
- Ensure that, when medical resources are scarce, access to healthcare is maintained, including sexual and reproductive health services with special attention to pregnant women among vulnerable populations such as persons living with disabilities, persons living with HIV, people belonging to indigenous groups, people living in poverty

- Ensure pregnant women with suspected, probable, or confirmed COVID-19, including women who may need to spend time in isolation, have access to woman-centred, respectful skilled care, including obstetric maternal screening tests, fetal medicine and neonatal care, as well as mental health and psychosocial support with readiness to care for maternal and neonatal complications.
- Work with the Ministry of Health and relevant line ministries, and the private sector to ensure availability and access to essential SRHR including maternal and newborn health services. In humanitarian contexts, this should include the implementation of the Minimum Initial Service Package (MISP) for Reproductive Health in Emergencies, which is endorsed by UNFPA. <https://iawg.net/resources/minimum-initial-service-package-misp-resources>
- Ensure sufficient training/refresher training of health care personnel in Infection prevention and control (IPC) [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)) to reduce risk of human to human transmission; train based on the World Health Organization (WHO) guidance note (Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected Interim guidance 13 March 2020) [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)
- Support supply chain (modern contraceptives, maternal and newborn life-saving drugs and supplies, maternal health equipment, IPC material and supplies, educational and counselling materials)
- Train health workers, particularly midwives, on the risk and mitigation of stigma and discrimination, and engage them and other relevant cadres in the sensitization of pregnant women on the COVID-19 infection symptoms and related prevention and hygiene messages. [https://www.who.int/publications-detail/risk-communication-and-community-engagement-\(rcce\)-action-plan-guidance](https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance)
- Particular attention to be paid to the care and protection of young people, especially girls, in areas with high HIV prevalence.

Facilitate the continuum of care during a pandemic

- For all pregnant women (See World Health Organization (WHO) risk communication: <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>)
- Maintain antenatal and postnatal care; especially in pandemic affected countries, support the establishment of dedicated antenatal and postnatal care facilities/ mobile clinics in accordance with local Ministry of Health authorities.
- Mode of birth should be individualized based on obstetric indications and the woman's preference. WHO recommends that caesarean section should ideally be undertaken only when medically justified.
- Advocate for continued breastfeeding and uninterrupted care between mother and newborn.

- Develop education materials for pregnant women/families on basic hygiene practices including related to COVID-19. [https://www.who.int/publications-detail/risk-communication-and-community-engagement-\(rcc\)-action-plan-guidance](https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcc)-action-plan-guidance)

For women directly affected by COVID-19

- Pregnant and recently pregnant women who have recovered from COVID-19 should be enabled and encouraged to access routine antenatal, delivery, safe abortion, and postpartum, or post abortion care to the full extent of the law.
- Ensure that pregnant women infected with COVID-19 at the time of delivery are attended at least in the second level of care, to ensure appropriate care if respiratory complications arise
- Monitor the situation (obstetric activity, service readiness and utilization, hygiene status and staff protection)

Limit the transmission of COVID-19

Facility policies and interventions

- Provide technical guidance on reinforcing infection control measures within facilities, including triage flow and segregation of neonatal and maternal health units in exceptional cases and according to the decision of governments. Pregnant women with respiratory illnesses must be treated with utmost priority due to increased risk of adverse outcomes, and Antenatal, neonatal and maternal health units must be segregated from suspected and confirmed COVID-19 cases.
- Ensure appropriate [Infection Prevention and Control \(IPC\) measures](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control) and prevention of complications applied to pregnant and recently pregnant women, including those with miscarriage, late pregnancy fetal loss, and postpartum/post abortion women. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>
- Manage antenatal care, delivery, postnatal care, and maternity ward flows in order to keep a safe distance (at least 2 meters) between people.
- Ensure all recently pregnant women with COVID-19 or who have recovered from COVID-19 are provided with information and counselling on safe infant feeding and appropriate [infection prevention and control measures](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control) to prevent COVID-19 virus transmission. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>

Protection and capacity building of health workers

- Protect health workers (in particular midwives, nurses, obstetricians and anesthesiologists) by ensuring that basic protection (PPE) is available (gloves and masks, gowns and protective lenses, according to [WHO guidelines](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control). <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>
- Procure and provide medical supplies and equipment for prevention and infection control, including personal protective equipment (PPEs) according to [WHO guidelines](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control) for health care personnel and

community health workers. Ensure that hygiene material (chloride, soap, hand hygiene stations) are available in maternity units (including ANC and PNC facilities) AND utilized.

- Support the training of health workers and facility administration including in shelters and maternity homes, on COVID-19 infection prevention; control strategies, hygiene procedures, create/activate hospital hygiene committees where possible

Community level interventions

- Inform the population (community level) and pregnant women on COVID-19 risks, symptoms and transmission and prevent discrimination of people that present with COVID-19 like symptoms, people that have confirmed COVID-19 infection (if tests are available, which is not certain) and health care providers working in facilities with COVID-19 cases. [https://www.who.int/publications-detail/risk-communication-and-community-engagement-readiness-and-initial-response-for-novel-coronaviruses-\(-ncov\)](https://www.who.int/publications-detail/risk-communication-and-community-engagement-readiness-and-initial-response-for-novel-coronaviruses-(-ncov))
- Public advice campaigns and information from national health authorities should be made available to the public in sign language and accessible means, modes and formats, including accessible digital technology, captioning, relay services, text messages, easy-to-read and plain language on [hygiene practices including those related to COVID-19](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public). <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Long-term interventions

- Strengthen health systems to ensure continuum of services that integrate gender-based violence services during public health emergencies
- Extend strategies for comprehensive Maternal and Newborn Health interventions at national and sub-national scale to all countries with a maternal mortality rate above 140/100 000 live births
- Utilize and communicate best practices from current program countries¹ that have capacity to implement and monitor maternal and newborn health (MNH) program at national scale to replicate in all countries.

2. Sexual and Reproductive Health and Rights: Modern Contraceptives and Other Medical Supply Needs, Including for COVID-19 Prevention, Protection and Response.

For the latest evidence, see World Health Organization COVID-19 site:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Key Messages

Core Message

Provision of modern short- and long-acting contraceptives, information, counselling and services (including emergency contraception) is lifesaving and should be available and accessible during the COVID-19 pandemic response.

- Modern Contraceptives Commodities and Supplies, including menstrual health and hygiene items, are central to adolescents and women's health, empowerment, and the exercise of sexual and reproductive health and rights as these groups can be disproportionately affected by the pandemic.
- Supply chains are being impacted by the pandemic. The closing of borders and constraints in manufacturers' delivery flows are negatively affecting the import and in-country availability and distribution of contraceptives, essential maternal health medicines and other essential medicines including antiretroviral (ARV) drugs. This could have life-threatening consequences and reverse recent gains to ensure universal access to sexual and reproductive health (SRH), which encompasses access to modern contraception, maternal and newborn health and ARVs for human immunodeficiency virus (HIV).

Facilitate coordination, participation and consultation

- Promote public and private partnership to mobilize the private sector to step up for the enhanced social responsibility programmes (e.g. supplies of sanitary items, medical equipment)
- Support and promote South-South and triangular cooperation vis-a-vis pandemic preparedness and response to share good practice, technical assistance and human resources.

UNFPA Response Interventions

- Redouble efforts to ensure the procurement, provision, appropriate administration and in-country distribution of the needed sexual and reproductive health (SRH) products (modern contraceptives, maternal and newborn health, antiretroviral for HIV), including interagency emergency reproductive health (IARH) kits for humanitarian settings.
- Continue investments in sexual and reproductive health supply chain including appropriate storage and warehousing space for SRH commodities.
- Consider including protective clothing, [personal protective equipment \(PPE\) for health workers](#) (gloves, masks, gowns, soaps, hand sanitizers, etc.) for clinical management of COVID-19.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>

- Consider including products such as essential hygiene and sanitation items (e.g. sanitary pads, soap, hand sanitizers, etc.) for female health workers, women and girls, particularly those quarantined for prevention, screening and treatment.
- Monitor stock levels of contraceptives using the Logistic Management Information system (LMIS) and consider allowing higher levels of stocks to ensure continued availability of an adequate contraceptive method mix.
- Renew and update inventory management efforts to determine: current stocks (for modern contraception, maternal and newborn health, HIV, emergency reproductive health kits that include contraceptives and disaggregated as relevant, for example by contraceptive method); current pipeline (what is en route and scheduled to arrive where and when); current monthly consumption projections and supplier engagement to understand sourcing and supply constraints as well as needs for modification of distribution plans.
- Utilize national LMIS and other relevant data sources in coordination with the relevant national authorities and any coordination effort/mechanism present in-country (for example in the context of the Visibility and Analytics Network).
- Review and, as necessary, update, procedures for supply distribution to programme beneficiaries (for UNFPA Country Offices in which UNFPA donates reproductive health supplies, including contraceptives).
- Advocate and support planning and spacing of pregnancy with adequate modern contraceptive supply and counselling to help clients' preparedness and continued contraceptive practice in case of limited mobility and access to normal services.
- Support Ministry of Health to provide online screening, education and reproductive health and contraception counselling services, using mobile phones e.g. WhatsApp messaging etc. in countries with high COVID-19 burden.
- Promote partnership with private sector health care providers to provide counselling and contraceptive services to relieve pressure on public health systems.
- Promote the role of the primary health sector and community empowerment programmes to shift commodity distribution from clinical settings to the community.
- Advocate for a total market approach to enhance coordination between public, nonprofit and for-profit providers to optimize the use of existing products and services to better meet the needs of the population.

3. Gender Equality and Addressing Gender-based Violence (GBV) and Coronavirus Disease (COVID-19) Prevention, Protection and Response.

For the latest evidence, see World Health Organization COVID-19 site:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Key Messages

Core Message

The pandemic will compound existing gender inequalities, and increase risks of gender-based violence. The protection and promotion of the rights of women and girls should be prioritized.

- Disease outbreaks affect women and men differently, and epidemics make existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty, worse.
- Women represent nearly 70 percent of the healthcare workforce globally and not enough attention is given to how their work environment may be discriminatory, as well as what their sexual and reproductive health and psychosocial needs are as frontline health workers.
- Women can be less likely than men to have power in decision making around the outbreak, and consequently, their general needs and health, including sexual and reproductive health, may go largely unmet.
- Men may exhibit less health-seeking behavior because of rigid gender norms, wanting to be viewed as tough rather than weak, implying a delay in detection and access to treatment for the virus. Men may also feel pressure in the face of economic hardship resulting from the outbreak and the inability to work, causing tensions and conflict in the household, and possibly leading to violence.
- The COVID-19 pandemic may increase women's domestic burden, making their share of household responsibilities even heavier.
- Women are more likely than men to work in precarious, informal jobs while shouldering a greater burden of unpaid care, and can face interruptions to their work as a result of COVID-19 making them more vulnerable to shocks. Social protection systems that do not address gender inequalities during COVID-19 can exacerbate the multiple and intersecting forms of discrimination women and girls face.
- During this COVID-19 pandemic, where movement is restricted, people are confined, and protection systems weaken, women and girls are at greater risk of experiencing gender-based violence, and the threat of harmful practices including female genital mutilation and child, early, and forced marriages, especially for girls in disadvantaged and hard-to-reach areas.

- Gender, age and disability inequalities compound placing women, girls and vulnerable populations at greater risk of GBV and harmful practices and in need of prevention, risk mitigation and response services, at the same time that the very services they require are reduced as resources are diverted to respond to the overall health crisis.
- Different groups of women and men, particularly those most excluded such as those living in poverty, homeless persons, displaced persons, refugees, migrants, asylum seekers, persons with disabilities, indigenous people, internally displaced persons or refugees, LGBTIQ Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex individuals, and others who face intersecting and multiple forms of discrimination will face a higher risk of being left behind in access to outbreak response including testing, treatment, social protection, care, and within the quarantine experience.

UNFPA Response Interventions

Addressing gender-based discrimination in outbreak response

Coordination, participation and consultation

- Convene briefings with implementing partners, key interlocutors such as women's right groups and other organizations representing most marginalized communities, to ensure that the response to COVID-19 does not reproduce or perpetuate harmful gender norms, discriminatory practices and inequalities, including within the quarantine experience.
- Given the stark absence of women in many epidemic/pandemic planning and implementation, including in the COVID-19 experience thus far, advocate with national and local authorities to ensure that women's participation, including as health workers, is prioritized as their roles within communities typically place them in a good position to positively influence the design and implementation of prevention activities, and help with surveillance.
- In partnership with research institutions and academia, support research and strengthen the availability of evidence on the gender implications of health emergencies to inform advocacy and programmatic interventions that are gender-sensitive and responsive.
- Using already established UNFPA community networks, partners, and social mobilization, draw on its extensive networks of youth and women's organizations and religious and traditional leaders to cultivate compassion, raise awareness of and protection from the virus, promote healthy behaviour and social norm change, reduce stigma and discrimination while supporting the building of safer more resilient communities, taking care not to convene large crowds where this may increase the risk of transmission especially for women's groups and community networks who are among the most vulnerable as their movement may also be restricted and they may have less access to personal protective gear.

Outreach, social protection, and services for most marginalized women and girls

- Apply gender analysis when developing outreach messages to the general public on public health measures including tailored messaging directed to men and women, as specificity will be needed to resonate with the right intended audience.

- Ensure that social protection systems and measures put into place by governments to address gendered risks over the course of the outbreak, as they play a vital role in protecting women from poverty and insecurity, helping them and their families cope from the outbreak, and recover from other economic and social shocks and ultimately promote and protect their rights.
- Extend paid parental leave and promote shared responsibility for care for those who need health care including those affected by COVID-19, the elderly, as well as care of children and family members during such crises.
- Advocate for surveillance and response systems that include disaggregated health-related data by age, sex, pregnancy status and disability to ensure that the most at risk have equal access to resources and opportunities.
- Be systematic in ensuring that excluded women and girls, including women and girls with disabilities, have critical information about how to prevent and contain the COVID-19 so that public advice campaigns and information from national health authorities are accessible to the entire public, for example, in sign language and accessible means, modes and formats, including accessible digital technology, captioning, relay services, text messages, easy-to-read and plain language.

Addressing gender-based violence (GBV) and harmful practices in all settings

Prevention, protection, response and coordination

- Promote and maintain coordination of the UNFPA response with relevant gender and GBV coordination bodies and agencies. Facilitate and support these groups to strengthen inter-agency advocacy on key issues in the COVID-19 response that impact gender equality and GBV.
- Ensure staff and partners remain aware of Protection from Sexual Exploitation and Abuse (PSEA) measures and requirements <https://www.un.org/preventing-sexual-exploitation-and-abuse/content/training> and implement PSEA measures throughout UNFPA programmatic response. <https://www.unfpa.org/protection-sexual-exploitation-sexual-abuse-and-sexual-harassment>
- Undertake an analysis of the implications of COVID-19 on current UNFPA GBV and harmful practices programmes, including the Spotlight Initiative (a global, multi-year partnership between European Union and United Nations to eliminate all forms of violence against women and girls by 2030), the UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation and the UNFPA-UNICEF Global Programme to End Child Marriage, among others. Such analysis could include how these programmes can integrate advocacy, protection and response mechanisms to ensure that violence against women and girls are prevented and that access to services are ensured. Also refer to the UN-wide Violence Against Women and Girls (VAWG) Prevention Guidelines: <https://www.who.int/reproductivehealth/publications/preventing-vaw-framework-policymakers/en/>
- In addition to working with humanitarian organizations, utilize UNFPA remote surge capacity to provide gender and GBV expertise who can ensure that GBV and appropriate coordination, planning and actions can be adequately integrated into emergency response.

- Ensure that community-based protection systems are still effective to protect women and girls from GBV and girls at risk of female genital mutilation and child, early and forced marriage especially in conflict-affected areas where health and education services have been interrupted and health and other infrastructure damaged.
- Provide technical support to integrate GBV risk mitigation into all aspects of the epidemic response and ensure it is included in national contingency/preparedness and humanitarian response plans, including providing tools and methodologies for risk mitigation and prevention of GBV in any cash and voucher (CVA) based programming, especially related to food security; conducting safety audits; health and water, sanitation and hygiene (WASH) responses.

Services and response

- Review the modalities of UNFPA programming to provide services for GBV survivors and those at high risk to ensure that the Do No Harm principle is respected. Consider adapting standard UNFPA interventions such as Women and Girl Safe Spaces to decrease the risk of coronavirus exposure. Scale-up remote modalities for service delivery, including for case management and psychosocial support, with accompanying training, staff support and quality of care.
- Provide technical support to ensure that GBV prevention and clinical management care and GBV referral systems are functioning according to national guidelines.
- Prioritize strengthening the response capacity of national hotlines; thus, increasing remote access to mental health and psychosocial support (MHPSS) and safety planning opportunities with trained service providers.
- Ensure that clinical management of GBV such as forensic kits, sutural of cervical and vaginal tears kit, post-rape treatment kits and dignity kits are available.
- Ensure GBV referral pathways and information are updated and disseminated regularly to UNFPA's relevant partners to facilitate access to GBV services throughout the health crisis.
- Promote and protect the ethical, safe collection and use of gender and GBV related data throughout UNFPA's programmatic responses, which may include reviewing and improving the functionality of pre-existing data protection mechanisms for the COVID-19 response.

Capacity development for adequate response

- Strengthen health services and provider competencies to render a comprehensive response to sexual violence and its consequences, including counselling, shelters, hotlines, prevention and treatment of sexually transmitted infections, human immuno-deficiency virus (HIV), post-exposure prophylaxis (PEP), emergency contraception, treatment and care for women with traumatic fistulas and pregnancy-related care. Specifically refer to the Health and Social Services Guidelines of the Essential Services Package: <https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>
- Ensure that health workers have the necessary skills and resources to deal with sensitive gender-based violence-related information, that any disclosure of gender-based violence be met with

respect, sympathy and confidentiality and that services are provided with a survivor-centred approach.

- Ensure the well-being and care for agency staff and UNFPA's implementing partners of the response. Information on support mechanisms and briefings should be provided on a regular basis.
- Ensure that most excluded women and girls including those from indigenous communities, disabled, LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex), displaced persons, migrants, refugees, and others have equal access to GBV prevention and response during the outbreak. Use of existing guidelines such as the Guidelines for providing rights-based and gender-responsive SRH and GBV services for women and young persons with disabilities can be helpful: <https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities>

4. Adolescents and Young People & Coronavirus Disease (COVID-19)

For the latest evidence, see World Health Organization COVID-19 site:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Key Messages

Core Message

In times of crisis, adolescents and young people have specific needs, and may not be able to access services and support mechanisms if schools are closed. Young people are an important resource in mitigating risks and community outreach in times of crisis.

- Young people in many countries today face heightened challenges at home and in their local communities due to COVID-19. Their formal education, where they have access to it, has been severely impacted by the pandemic. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO) 107 countries have implemented nationwide closures, impacting over 861.7 million children and youth.
- Young people's sexual and reproductive needs are also compromised, in light of the current COVID-19 pandemic. Many countries have declared either a state of disaster or a state of emergency which calls for particular measures to be put in place to address COVID-19 related matters and therefore disrupts health systems - hospitals and clinics. This reduces the availability of services, including sexual and reproductive services for the general population and specifically for adolescents and young people.
- Not all adolescents and youth will be affected in the same way. For example, young people living with human immuno-deficiency virus (HIV) are of greater risk due to weak immune systems, dependency on regular supplies for antiretroviral medication, and young people from marginalized groups such as LGBTIQI (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex) might be particularly isolated.
- In times of crisis, adolescents and young people need access to timely, relevant and age-appropriate information. Support mechanisms and access to health services need to be maintained during school closures.
- Prolonged periods of school closure and movement restrictions may lead to additional emotional unrest and anxieties and an increased risk of violence at home. If caregivers are infected, quarantined, or pass away, protection and psychosocial issues for adolescents need to be addressed.
- Young people represent a valuable resource and network during crises and public health emergencies. With the right training on the disease and its transmission, young people can work jointly with health authorities to help break the chain of infection.

UNFPA Response Interventions

- ***Support young people in community engagement:*** Using already established youth networks, partners, and social mobilization, UNFPA will draw on its extensive networks of youth organizations to cultivate compassion, raise awareness and protection from the virus, and promote healthy behaviour in their communities.
- ***Engage young people in risk communication,*** through partnering with large youth movements and networks, with whom UNFPA has established MOUs, local youth organisations, young bloggers and opinion leaders in positive and proactive communication around how to mitigate the effects of the pandemic. This will include translating vital resources into local languages and combating misinformation and xenophobia around the COVID-19 pandemic.
- Strengthen ***the capacity of youth organizations*** to engage safely, effectively and meaningfully in ways that enable young people to augment their knowledge on the virus and play an effective role in the response.
- Ensure that measures are in place to ***mitigate risk of all forms of violence against adolescents*** and youth in quarantine settings, isolation processes and procedures.
- ***Provide factual, age-appropriate information about the virus*** and concrete instruction about how to avoid spreading of the virus to adolescent and youth
- UNFPA , through its country offices, will support where possible ***continuity of education through non-formal education or recreational activities*** - refer to [IFRC /WHO/UNICEF guidance to keep schools safe during the outbreak.](https://www.unicef.org/media/66036/file/Key%20Messages%20and%20Actions%20for%20COVID-19%20Prevention%20and%20Control%20in%20Schools_March%202020.pdf)
https://www.unicef.org/media/66036/file/Key%20Messages%20and%20Actions%20for%20COVID-19%20Prevention%20and%20Control%20in%20Schools_March%202020.pdf
- UNFPA country offices will adopt creative and flexible outreach strategies to reach young people through digital platforms that UNFPA is already using to promote comprehensive sexuality education.