



DELIVERING IN A PANDEMIC

UNFPA Asia and the Pacific:
Highlights





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Annual Report 2020



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FOREWORD



Strategy, perseverance and impact amid the challenge of COVID-19



UNFPA, the UN's sexual and reproductive health agency, entered 2020 on a note of optimism, buoyed by the inspiring momentum of the November 2019 Nairobi Summit commemorating the 25th anniversary of the Programme of Action that emerged at the 1994 International Conference on Population and Development in Cairo - where 179 governments, for the very first time, put individual rights and choices, including under the umbrella of sexual and reproductive health, at the centre of sustainable development.

In Nairobi a quarter-century later, Member States, joined by the UN family, civil society and the private sector, reiterated the crucial importance of the Programme of Action, including towards the achievement of the 2030 Sustainable Development Agenda, and made concrete commitments to accelerating ICPD in Asia-Pacific and globally, blending these into country efforts to achieve the Sustainable Development Goals.

None of us then could anticipate how our world would change just a few months later, thanks to a microscopic entity with colossal impact - a new coronavirus and the global catastrophe it has triggered.

At the outset of the COVID-19 pandemic in 2020, UNFPA warned of the potential impact the crisis would have on the health, safety and wellbeing of women, girls and young persons the world over, including through the lens of our transformative results under the Programme of Action: ending maternal mortality, unmet need for family planning, and gender-based violence and harmful practices against women and girls.

We anticipated that compromised sexual and reproductive health services would lead to an escalation in the number of unintended pregnancies, unsafe abortions and maternal deaths linked to pregnancy and childbirth, given disruptions to contraceptive supply chains and midwifery services.

As well, we predicted a sharp rise in gender-based violence amid pandemic lockdowns and other movement restrictions, with women often trapped indoors with their abusers, usually their husbands or partners.

The harmful practice of child marriage usually intensifies during crisis situations, amid economic hardship that often prompts families to marry off young girls in various sociocultural settings. Female genital mutilation, another scourge against women and girls usually practiced in the shadows even where it is technically outlawed, is difficult to uncover and prevent under 'normal' circumstances; amid a crisis, with legislative vigilance diluted, the practice is carried out with even more impunity.

These and other challenges amid COVID-19 put UNFPA's resolve to the test, but we rose to the occasion in Asia-Pacific through our 22 country offices and Pacific sub-regional office, working to support governments and civil society partners in myriad ways - including through strengthened partnerships and new modalities under the UN Reform process at regional and country level, with the creation of Issues Based Coalitions focusing on gender equality and human rights, among other imperatives.

'Innovation' was already a priority for us prior to the pandemic, as we strategised on how our pillars of work could be better leveraged for greater efficiency and impact. The realities of COVID-19 pushed us and our partners even further to find new ways of working, to ensure that stretched systems and resources could be maximised for the benefit of those that we seek to serve.

This relates as well to UNFPA's humanitarian response in the world's most disaster-prone region seeing even more intense and frequent weather-related events due to climate change. Hazards, disasters and conflicts did not, of course, stop for COVID-19. Our lifesaving humanitarian efforts in multiple countries not only continued, but were further enhanced through strategic approaches incorporating pandemic response as this report makes abundantly clear.

Alongside COVID-19 programming, 'regular' activities had to continue to ensure that progress already made on several fronts was not dissipated. This includes our expanded programming for young persons, incorporating comprehensive sexuality education, adolescent sexual and reproductive health, and the youth-peace-security nexus. As well, young persons were a key component of pandemic response, their involvement in programmatic activities critical to supporting country and regional capacity in this effort.

The other side of the demographic coin is our escalating support to the many countries facing rapid population ageing in adopting a life-cycle approach to tackling the challenges as well as harnessing the opportunities of this population dynamic. COVID-19 shone a harsh light as well on the realities and challenges faced by older persons in our region, where a lack of health and socio-economic safety nets took a toll on this vulnerable population with women constituting the majority of the 'oldest old.' UNFPA's support in policy creation and programme implementation for older persons amid the pandemic has been key.

Our work would not be possible without the consistent support of donor governments and other funding partners whose resources are invested in all that we do for the millions of women, girls and young persons in this vast region, especially the most vulnerable. This indispensable support enables us to accelerate the Programme of Action and demonstrate its convergence with the SDGs - all the more critical amid, and beyond, COVID-19, given that the pandemic has thrown the 2030 Agenda trajectory off-track and we need to work collectively all the more, with the SDGs' finish line less than a decade away.

As we seek to build back better towards a post-pandemic, resilient Asia-Pacific and world, we must, and will, take to heart the lessons of COVID-19 - addressing the long-running gaps and challenges the crisis has further accentuated, and further employing the innovations and best practices we have adopted and adapted, and will strengthen even more.

In doing so, underpinned by commitment and a spirit of optimism despite the challenges ahead, we at UNFPA in Asia and the Pacific will do our part to help achieve the vision of ICPD and the SDGs, leaving no one behind.



Björn Andersson

Regional Director, UNFPA Asia-Pacific





2 ACHIEVING OUR TRANSFORMATIVE RESULTS AMID THE COVID-19 CHALLENGE

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Just months after the Nairobi Summit, the emergence of COVID-19 in early 2020 posed what UN Secretary-General Antonio Guterres termed the world's gravest collective crisis since World War Two.

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UNFPA, the United Nations sexual and reproductive health agency, works across the life-cycle to achieve three transformative results which are interrelated and underpinned by gender equality and human rights:



Ending maternal deaths



Ending unmet need for family planning



Ending gender-based violence and harmful practices against women and girls.

In 2020, UNFPA in Asia-Pacific intended to build upon the significant achievements of the previous year, with a focus on working with countries to fulfil the concrete commitments governments and civil society partners had made at the ICPD25 Nairobi Summit of November 2019, to accelerate the 1994 ICPD Programme of Action all the more in this decade of action leading to the 2030 SDGs finish line.

The Asia-Pacific region had in the past 25 years demonstrated a significant drop in maternal mortality, although almost 80,000 women were still dying from pregnancy and childbirth complications each year. More and more women and couples were accessing contraceptives and other family planning supplies and programmes, even though advances were uneven within and across countries. And the challenge of gender-based violence and harmful practices including child marriage, female genital mutilation and gender-biased sex selection - fuelled by son preference - was being taken seriously by governments and civil society alike in more countries, with demonstrated impact in laws and policies to address these issues, along with a corresponding drop in prevalence and incidence.

But just months after the Nairobi Summit, the emergence of COVID-19 in early 2020 posed what UN Secretary-General Antonio Guterres termed the world's gravest collective crisis since World War Two. The pandemic has had an immensely damaging socio-economic impact on the region, including for vulnerable population groups.

With health systems and essential supply chains disrupted and existing socio-economic safety nets stretched to the maximum, UNFPA was called upon to respond urgently, and in innovative ways, from the very earliest days of the pandemic to help ensure safe pregnancy and childbirth for women; contraceptive supplies and family planning services for all who needed them; and swift, coordinated response to gender-based violence, including domestic violence, and harmful practices.

We had long advocated with governments and donors to realize how interlinked all these issues are, and how they require investments that view them holistically, given that ultimately our success in addressing these challenges in an integrated way contributes to strengthening gender equality and human rights. This report demonstrates how our longstanding approach proved to be all the more vital and valuable in 2020, when responding to the ravages of the COVID-19 pandemic.



TOWARDS ZERO MATERNAL DEATHS

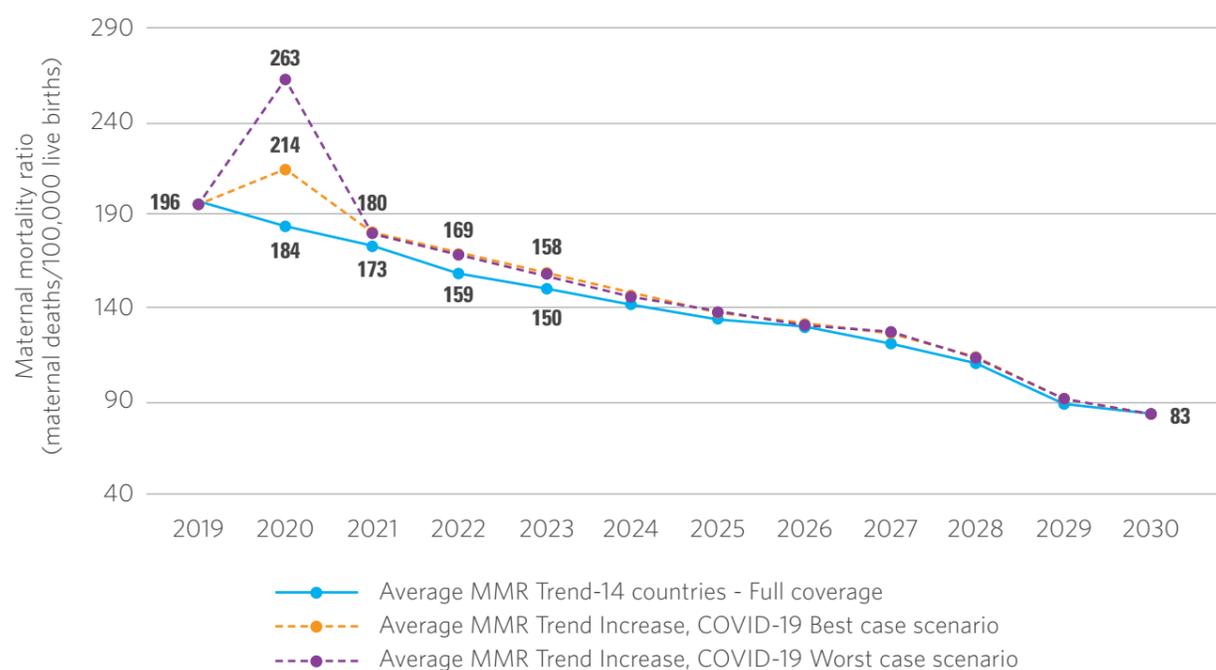
In 2020, COVID-19 disrupted health systems and the health workforce across Asia and the Pacific. Surveys have clearly shown that childbirth services in health facilities and antenatal care have been among the most frequently disrupted services during the pandemic.

In the early months of the crisis, UNFPA urgently conducted analyses across 14 high-burden countries in the Asia-Pacific region to estimate the impact of this disruption on already overstretched health systems, concluding that progress made so far towards achieving the 2030 SDG targets has been threatened by the diversion of resources from essential health services, including midwifery and other sexual and reproductive health pillars.

In 2020 alone, we forecast that the maternal mortality ratio in the 14 countries studied could increase to 214 per 100,000 births in the best-case scenario, or 263 per 100,000 births in the worst-case scenario, compared to a projected baseline of 184 in 2020 (Figure 1).

Faced with daunting challenges, we strove all the more to help countries ensure women would not die of preventable causes during pregnancy and childbirth.

Figure 1: Maternal mortality ratio-projected increase 2020-2030, COVID-19 impact



Source: UNFPA analysis based on 14 high burden countries in Asia-Pacific (Afghanistan, Bangladesh, Bhutan, Cambodia, India, Indonesia, Lao PDR, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Solomon Islands, Timor-Leste)

We urgently provided evidence-based and targeted policy, technical and programmatic support, working with the latest information and developments in a rapidly changing context. Our aim, more than ever, was to secure access to quality maternal and neonatal health services using a human rights-based and health systems strengthening approach.

IN 2020:

- We worked with 22 countries on emergency plans to ensure essential maternal health services amid the COVID-19 pandemic, including safe pregnancy and childbirth services.
- Related to this, we encouraged countries to find ways to better integrate SRH services with gender-based violence prevention and response services under COVID-19 challenges, recognizing the reality of stretched resources and funding being diverted from stand-alone programmes.
- We developed guidance for midwives and health workers on providing selected ante-natal and post-natal consultation to pregnant women using mobile or smartphone applications to ensure continuity of care even as services were disrupted due to COVID-19.
- 28 countries in Asia-Pacific were supported in strategy and policy aimed at reaching their long-term maternal health goals, strengthening roadmaps to achieve zero maternal deaths.
- A comprehensive package of 27 infographics, 4 training videos and one video with overarching messages on safe pregnancy and childbirth amid COVID-19 were made and disseminated across 22 countries in Asia to support health workers and pregnant women and their families with specific guidance.
- We provided countries across our region with comprehensive and timely sexual and reproductive health guidelines in the COVID-19 context, including on pregnancy, childbirth and breastfeeding for new mothers. This helped counter myths and misconceptions on critical issues, and empowered healthcare providers to disseminate accurate and timely information.
- Virtual training on the Danish Maternity Foundation's Safe Delivery App was provided in 5 countries - Cambodia, Indonesia, Maldives, Nepal, Papua New Guinea - including modules on services amid COVID-19, initially strengthening the lifesaving skills of 110 midwives and other health care providers. Subsequently, the app was downloaded over 900 times, mainly by health care providers, in these 5 countries in 2020 alone.
- Our online and interactive Midwifery Faculty Development programme reached almost 100 midwifery educators across 15 countries, strengthening their ability to impart professional knowledge and build the capacity of a new generation of midwives and skilled birth attendants, all the more significant in the ongoing COVID-19 context.
- We worked with Australia's Burnet Institute, a longtime partner, to create a new four-part course for health providers on the mental health needs of pregnant women and new mothers, an essential component of service delivery amid the COVID-19 pandemic and its significant stresses.
- We launched a multi-year regional strategy to eliminate cervical cancer in Asia-Pacific, beginning with 19 country analyses to show the impact of implementing essential policies and medical interventions, paving the way for countries to better tackle a disease that needlessly kills women when it can be successfully prevented through vaccines and mitigated through better treatment and care protocols.
- Related to the above, cervical cancer screening capacity was strengthened in Bhutan, a key component of the country's strategy to eliminate the disease.
- 18 country analyses on inequities in sexual and reproductive health were completed, an essential step towards ensuring equitable SRH services for all in Asia-Pacific.
- Global guidelines were rolled out in Asia-Pacific for governments and civil society partners to offer women and young persons with disabilities inclusive and accessible services related to gender-based violence and sexual and reproductive health and rights. This reflects UNFPA's strengthened commitment to addressing the needs of persons with disabilities as a key pillar of our SRH programming.
- A groundbreaking regional scoping review of involuntary sterilization and disability was launched to highlight and help address violations of disabled persons' sexual and reproductive health and rights.
- We created UNFPA's first-ever fully accessible communications materials, including a landmark video, for persons with disabilities under our campaign "Respect, Recognize, Engage" to raise greater awareness of the needs of persons with a range of disabilities under the umbrella of sexual and reproductive health.



China's heroic midwives: Personal stories from the COVID-19 frontlines

CHINA

Midwives are central to everything we do at UNFPA. In China and globally, we celebrate the lifesaving work of midwives and advocate for the protection of and investment in midwives, through the COVID-19 pandemic and beyond.

During the more than 70-day nationwide aid to Hubei, the province hardest hit by COVID-19, China mobilized a total of 28,600 midwives and nurses. This accounted for 70 per cent of the total number of medical staff who were deployed to Hubei. Among the 28,600 midwives and nurses, almost nine in ten of them were women. Midwives,

especially women midwives, have been playing a critical role in the battle against COVID-19, safeguarding the health of women and newborns, and giving courage to vulnerable patients.

UNFPA applauds and hails the work of all midwives in the fight against the novel coronavirus. We stand by them and work with the government, national and international partners to protect them, and support the development of their profession in China.

All images courtesy China Maternal and Child Health Association via UNFPA China.



"Even the heavy gear makes us sweat, the foggy goggles make us operate with difficulty, but we do not compromise and treat it seriously."

Zhang Jinling, a midwife of Sichuan University West China Second Hospital, volunteered to go to Wuhan city, the epicenter of the COVID-19 outbreak. She provided care and support to critically ill COVID-19 patients and ensured necessary preventive and protective measures were taken to minimize occupational safety and health risks.



"I think pregnancy is a natural process. My role as a midwife is to keep company with the soon-to-be mother, make her feel safe, relieve her pain and reduce her fear, and help her see childbirth as a beautiful journey."

As a midwife working in Hunan Provincial Maternal and Child Health Hospital for the past three years, Huang Ke knows well the hardship before giving birth. She helps a pregnant woman comb her hair to make her look good for when she "meets" her child.



"During an epidemic, almost everyone can stay at home except health care workers. To ensure safe motherhood and occupational safety, we must take both disease prevention and safe delivery seriously."

Chen Chongjun (front row in white gear), a midwife of Xinyang Maternal and Child Health Hospital of Henan Province with 30 years of work experience, led her team in urgently acquiring knowledge of COVID-19 prevention and control, and organized emergency response drills on treating COVID-19 patients in labour.



"The pandemic does not care for people, but we care for people. Taking strict personal protective measures, we are accountable for the safety of every one of our colleagues, ourselves and our patients."

Since the Shenzhen Third People's Hospital in southern Guangdong Province started to receive COVID-19 patients from Chinese New Year's Eve in January, till 18 March, Ning Yifang, its head nurse and midwife and her nurse colleagues worked on the frontlines for 58 straight days. To ensure midwives' health and safety, Ning checked carefully to ensure the midwives were wearing their protective equipment properly.



"When a baby is in the womb, it is its mother who cares for it; when a baby is born, it is us who welcome it and care for it and its mother. I hope every baby can live a happy life and embrace every journey in its life."

Cheng Yanling (in white), a midwife of Shanghai Baoshan Hospital of Traditional Chinese and Western Medicine, volunteered to go to the frontlines and attended births from high-risk pregnancies in isolation wards. She and a colleague provide care to an infant born to a mother who endured a high-risk pregnancy.



"Midwives care for mothers and bring new life into the world. At a time of COVID-19, I am happy to be the mother's backbone."

Li Hui, a midwife from Weifang Maternal and Child Health Hospital, teaches pregnant women using birthing balls to induce labour.



"I am honoured to work in the isolation wards in this designated hospital for COVID-19 patients. I draw pictures to help reduce the pressure of medical workers and give hope to the patients during the pandemic."

Wu Xianjun, a midwife of the Zhongshan University Affiliated Third Hospital, Guangdong Province, drew pictures to cheer up her colleagues and patients, while she attended to births in isolation wards.



These five midwives work in the Hubei Provincial Maternal and Child Health Hospital. More than 5,000 infants were born safely in the hospital during the pandemic from January to early April 2020.



In pursuit of her calling as a midwife in Laos

LAO PDR

Phailine's mother got married at 13 and gave birth to her just two years later. Her mother was again pregnant at the age of 17. In the seventh month of her pregnancy, she felt severe pain in her abdomen. She went to the nearest hospital, but she could not find a doctor, nurse, or midwife. She had no choice but to walk home in pain. On the road, she delivered a premature baby without any assistance. Her mother and the baby survived, but they both had to live with lifelong health problems.

Phongsaly Province sits in the northern corner of Lao PDR with an average altitude of 1,400 meters above the sea level. It is the highest province in Lao PDR. At the same time, it has the lowest population density in the country. 60 per cent of inhabitants live in rural areas with a road and 21 per cent in rural areas without a road. According to the Ministry of Health, only 35 per cent of pregnant women in Phongsaly Province received skilled attendance whilst giving birth. Maternal and newborn health coverage has been limited due to difficult mountainous terrain, poor road conditions and inadequate skilled health care personnel.

- **My mother delivered my brother on the road as a premature baby at the age of 17 years. They both suffered severe complications. This is still an everyday reality in Phongsaly. I want to change this.** ●●

A wish to contribute to saving lives

Upon completion of her higher secondary education, Phailine engaged in a few informal jobs to help her family which largely survives from farming. Soon she realised these jobs would not uplift her family and her community. A life-changing opportunity was presented to her when she got admitted to the Higher Diploma of Midwifery Programme at the Vientiane Provincial Nursing School. She knew that this was her chance to make a difference by pursuing a career as a midwife.

Phailine's personal commitment to become a midwife has made her stronger in coping with many practical challenges she encounters during her studies. To better understand terminologies in English, she relies on internet-based tools to overcome language barriers. **"These difficulties cannot stop me from becoming a midwife to safeguard the health of women and babies,"** Phailine says. She is determined to return to her hometown to serve her local community after her graduation.

Every woman must have an assisted delivery with well-trained health care providers

With support from UNFPA, the Ministry of Health of Lao PDR, the International Confederation of Midwives and the Khon Kaen University of Thailand started to collaborate on improving midwifery education. The programme included revisions of the national midwifery curriculum, further training of midwifery teachers and the provision of scholarships to midwives from ethnic groups. Nursing schools in the country received support in expanding midwifery education to promising young people across the country. Phailine was among those who were able to study midwifery as a result of the expanded midwifery education programme.



"When trained midwives are deployed in hardest to reach communities and are supported with necessary tools and equipment, they can tackle the unfinished business of ending preventable maternal deaths," says Mariam Khan, UNFPA Representative in Lao PDR. The most critical intervention for safe motherhood is to ensure the presence of a competent health professional with midwifery skills at every birth.

Implementing quality midwifery services could prevent about two-thirds of maternal and infant mortality globally. A competent and educated midwife can provide 87 per cent of the essential care for women and newborns, and contribute to healthier families and communities.

In Lao PDR, there are 1,867 midwives currently enrolled in hospitals and health centres nationwide, in which 512 of them are from the ethnic communities. Furthermore, the Lao Association of Midwives was re-established to strengthen the skills of clinical midwives and build a strong cadre to support women. With UNFPA's support, Lao PDR made significant progress in bringing down maternal mortality from 294 maternal deaths per 100,000 live births in 2010 to 197 in 2015. To reach the target of ending maternal death by 2030, the Government will continue to promote midwifery education with UNFPA's support to ensure universal coverage of quality midwifery services, particularly among the most vulnerable communities.



TOWARDS ZERO UNMET NEED FOR FAMILY PLANNING

The COVID-19 pandemic impacted global contraceptive supply chains, including prominent facilities based in Asia-Pacific, causing disruptions in availability and accessibility of essential sexual and reproductive health supplies and commodities, including contraceptives.

Even before the pandemic, there were an estimated 140 million women in the region with an unmet need for family planning. UNFPA modelling work in 14 low- to middle-income countries in the Asia-Pacific region has estimated the indirect impacts on the reduction of such services toward the achievement of the SDGs, which could in the worst-case scenario result in an increase of 40% in unmet need for modern family planning methods in 2020 alone (from 18% to 26%).

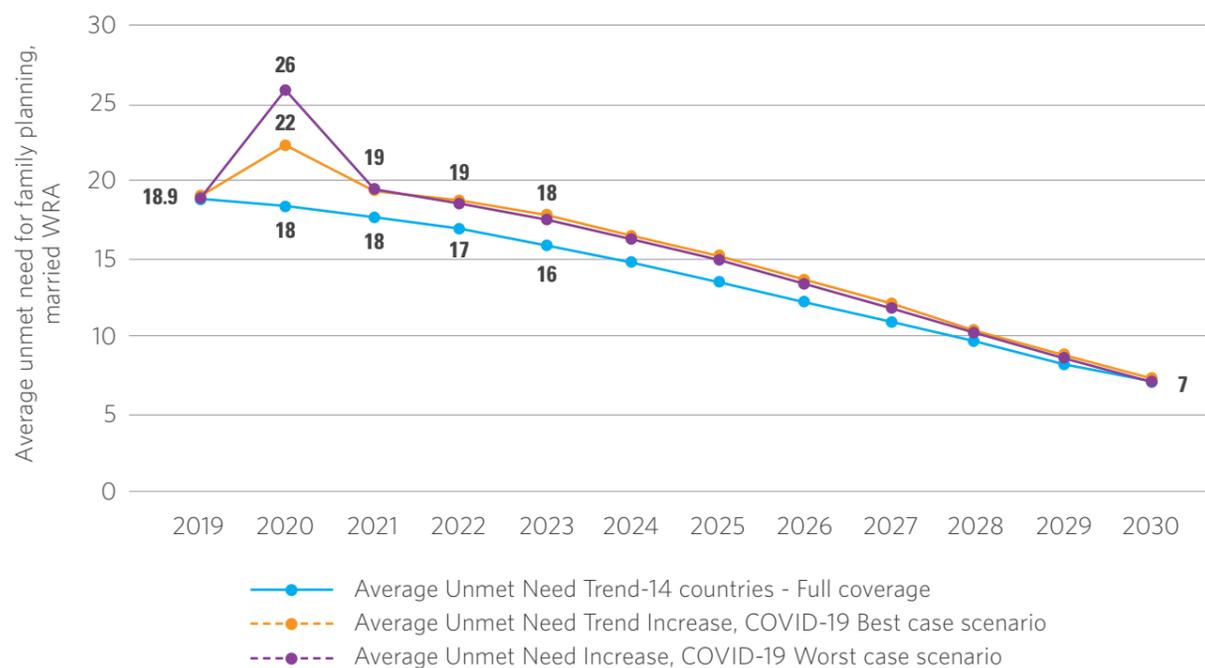
UNFPA worked with manufacturers and governments to help get supply chains and procurement systems back on track, recognising that unmet need for family planning would lead to unintended pregnancies and harmful consequences for women and young persons - as we have already seen in various countries, such as the Philippines which has recorded rising numbers of unplanned pregnancies as a result. Going forward,

governments must prioritise sexual and reproductive health in efforts to build a more resilient region.

IN 2020:

- We provided urgent support initially to 5 countries at the outset of COVID-19 on how to ensure and promote family planning amid the crisis, resulting in regional guidelines and online training modules that could be used by all countries and civil society partners supporting family planning programmes and efforts.
- Amid COVID-19 urgency, UNFPA facilitated the expedited procurement and delivery of family planning and other reproductive health commodities for Bhutan, the Democratic People's Republic of Korea, Iran, Maldives, Nepal and Papua New Guinea. SRH commodities worth almost US\$ 96 million were procured and supplied to countries of the region.
- Through our global UNFPA Supplies programme, we advocated with the governments of Lao PDR, Myanmar, Nepal and Papua New Guinea and Timor-Leste to significantly increase their budgetary allocations for family planning programmes and commodities, with a total of US\$ 4.6 million in 2020 alone, potentially benefitting millions of people in the years ahead.

Figure 2: Average unmet need for family planning increase 2020-2030, COVID-19 impact



Source: UNFPA analysis based on 14 high burden countries in Asia-Pacific (Afghanistan, Bangladesh, Bhutan, Cambodia, India, Indonesia, Lao PDR, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Solomon Islands, Timor-Leste)

Amid COVID-19 urgency, sexual and reproductive health commodities worth USD\$ 96 million were procured and supplied to countries across the Asia-Pacific region in 2020.

- We worked with Papua New Guinea to help transfer overstocked family planning commodities from the national government to private implementing partners to ensure the availability of supplies in remote inaccessible areas which lack government service providers.
- We worked with government and private health sector entities in Bangladesh, India, Mongolia, Nepal and the Philippines to strengthen public-private partnerships promoting the uptake of family planning services.
- Nepal innovated a pilot programme to deliver family planning information and services to remote areas through mobile service providers, as well as by integrating immunisation programmes and family planning programmes for better efficiency.
- Mongolia expanded the scope of its telemedicine services by adding family planning information and counselling to reach women and couples in remote areas, all the more crucial amid COVID-19 challenges and restrictions..
- Online support to clients and 24x7 telephone hotlines for family planning counselling and information on availability of SRH commodities, including contraceptives, was expanded in Bangladesh, India, Pakistan and the Philippines.
- India developed e-training guidelines and modules on SRH issues for grassroots level health care providers; FAQs on counselling for family planning; and scaled up an earlier initiative on SMS/text message-based Logistics Management Information Systems (LMIS) for family planning supplies.
- UNFPA supported Indonesia and Pakistan in conducting national assessments on the impact of COVID-19 on SRH programmes and services, to better address the challenges and gaps.
- Deliberations were held with Ministries of Health in 7 countries - Afghanistan, Bangladesh, Cambodia, India, Mongolia, Papua New Guinea and Viet Nam - on strengthening family planning indicators, all the more important in boosting family planning programmes beyond the COVID-19 crisis.





Meeting family planning needs in Nepal's quarantine centres

NEPAL

When Kabita Bhandari arrived at a COVID-19 quarantine centre in Baitadi District, in far-western Nepal, residents thought she was bringing food. They soon realized she was delivering another kind of essential supplies: contraceptives.

There were four couples staying at the centre, undergoing a mandatory 14-day quarantine after returning from India. They said the family planning supplies were absolutely needed.

"The women were worried about getting pregnant," recounted Ms. Bhandari.

She and her colleagues are known as "visiting service providers." They specialize in delivering family planning information and supplies to remote communities. They often go to great lengths, scaling mountains and crossing rivers, to deliver contraceptives to women who need them.



Amid the COVID-19 pandemic, visiting service providers are coordinating with local authorities to help make sure women do not lose access to these services.

To reach the quarantine centre in Puchaudi Municipality, Ms. Bhandari travelled for five hours in a vehicle, then hiked for three hours over rugged terrain. She advised the couples about the range of family planning options available, free of charge.

"After this session, the four women, all in their mid-30s with three to four children each, came to the nearby health centre," Ms. Bhandari said, referring to a family planning outreach clinic half an hour from the quarantine centre.

All four of the women chose implants that provide long-lasting contraception. Ms. Bhandari, wearing full-length protective gear, inserted the implants.

Swift action amid lockdown

Since Nepal's coronavirus lockdown began in March, visits to health centres have sharply decreased, largely due to transport disruptions and fears of infection.

Experts have been concerned that disruptions in family planning services could result in an increase in unintended pregnancies. This, in turn, could result in "dangerous long-term impacts on women's health," explained Dr. Guna Raj Awasthi, the provincial health director in Sudurpaschim.

The visiting service provider programme initially came to a halt when Nepal's stay-at-home order was announced. Providers tried offering services remotely, but knew that in-person counselling and care was more effective.

They also knew that the communities they serve have the greatest needs. The programme - which is funded by the United Kingdom's Department for International Development and UNFPA Supplies, and works with federal, provincial and local governments as well as partner organizations MSI Nepal and ADRA Nepal - covers 16 districts that have low contraceptive prevalence rates.

"Whenever I spoke to the district health authorities, we discussed how to resume family planning services under these circumstances," said Ganesh Shahi, the UNFPA district officer in Baitadi.

"We finally came to an arrangement to issue special travel passes in coordination with authorities so that the providers could go back to work, taking steps to protect themselves. We sought advice from government health officials to select the quarantine centres with families, paving the way for the deployment of visiting service providers."



Working with pride

Outreach to quarantine centres began on 16 May, starting with Baitadi, where a team of four visiting service providers, in safety gear, reached 14 different health centres.

As of 23 June, they had provided implants to more than 250 women, intrauterine devices to 40 women, and family planning counselling to 720 people across 19 quarantine sites in Baitadi alone. Across 11 districts, in both quarantine centres and the community, more than 950 women had received contraceptive implants, and more than 120 received intrauterine devices during 28 days of the lockdown.

Kala Chaudhary, who coordinates the work of four visiting service providers including Ms. Bhandari, said the work has been rewarding.

"Helping out people in difficult times like this makes us proud," she said. "We are planning to visit even more quarantine sites to reach as many as women and men as possible."

Dr. Awasthi said he admires their dedication: "It's heartening to see how motivated they are to continue their important work. We cannot let the progress we have made in averting unplanned pregnancies slip due to coronavirus."



Improving family planning access in Papua New Guinea

PAPUA NEW GUINEA

Marjorie Elijah is a procurement officer with the Medical Supplies, Procurement and Distribution Branch (MSPDB) of the National Department of Health in Papua New Guinea. After working with MSPDB for just one year, the challenges in connecting family planning supplies to men and women across the country are clear. **"We don't know the actual consumption at the facility level,"** says Marjorie. **"If we get that data, we can save a lot of money."**

Marjorie's role involves procurement of all public health commodities, including family planning supplies. MSPDB then manages distribution to

health care providers across the country. Currently, ordering supplies for family planning can be a guessing game and the game can be costly. All commodities have a shelf life and inaccurate data can lead to significant wastage.

To reduce wastage, MSPDB needs information on precisely what products are being used and how often. This information needs to come from health care providers. **"We don't have data on the end users,"** says Marjorie. **"That will determine what we actually need, not just procure anything and everything and have it expire at the warehouse."**



In her 20 years of experience as a health care provider, Emily says attitudes towards family planning has changed. **"Previously, everyone thought it is a woman's business and it is for married people,"** she says. **"But now perceptions have changed due to changes at the policy level."**

Even among faith-based health care providers, Emily has seen a growing openness to connecting patients with family planning services. **"That's a big change,"** she says. **"It's very surprising to see that Church-based clinics advise women on family planning and where to access services, even if they don't provide these services themselves."**

Last month, Emily facilitated training for health workers at Rumginae Hospital, Western Province, on maternal and antenatal health care. This training was part of UNFPA's activities to reduce maternal mortality in the North Fly District through greater community awareness, improved health worker capacity and better health centre facilities and equipment.

This week's workshop in Koitaki is similarly looking to connect the links between modern family planning products and the people in need of these products, no matter how remote. The training will give participants the skills and knowledge needed to ensure high-quality family planning commodities are available in Papua New Guinea, ensure providers have timely access to generic medicines and low-cost devices, and reduce wastage.

In speaking to the team ahead of the workshop, UNFPA Country Representative Marielle Sander noted that those managing the supply chain have the **"most invisible, most thankless role"** in strengthening the health and wellbeing of PNG families. **"You don't get to see the garment being applied or the oxytocin being administered,"** said Marielle.

"There are improvements, but we need to do more," she says. Emily agrees that improvements in supply chain are essential for Papua New Guinean families. **"Family planning is important in improving the lives of families and preventing maternal deaths,"** says Emily. **"30% of maternal deaths are youth and adolescents."**

Preventing these deaths is fundamental to UNFPA's mandate in Papua New Guinea. **"It's not just about women and girls,"** said Marielle. **"It's about women, girls, men and boys stepping up and taking responsibility".**

UNFPA facilitated a workshop on procurement planning of reproductive health commodities, which Marjorie and her colleagues attended. The workshop, hosted in Koitaki, aimed to build capacity of reproductive health commodity security and strengthening medical supply chain systems in the country. The workshop was organised after the PNG Government allocated, for the first time in 2020, a budget of US\$2 million for the procurement of reproductive health commodities, following the submission of a procurement plan for reproductive health commodities to the Department of Treasury in 2019.

The team at MSPDB was joined in this workshop by health care providers who will help to bridge the information gap between procurement and end users, ensuring the new funding is spent effectively.

"We need to develop our capacity," says Dr Edward Waramin, Manager for the National Department of Health's Population and Family Health Service Branch. **"We need a system that works effectively for us".** That system needs to bring together national planning apparatus, like MSPDB, and frontline health workers.

Emily John joined the training as an experienced nurse and midwife. She is well aware of the challenges faced by consumers of family planning services at the community level. **"Health workers need more education and information on policy surrounding family planning,"** she said. **"Some are yet to understand that family planning is for all men and women of reproductive age. This policy must be communicated through to the peripherals."**



TOWARDS ZERO GENDER-BASED VIOLENCE AND HARMFUL PRACTICES

At the very outset of the COVID-19 crisis, UNFPA forecast a significant escalation in gender-based violence (GBV) amid pandemic movement restrictions. Country reports, coupled with big data analyses of online content reflecting help-seeking behaviour, have borne out that prediction.

UNFPA in Asia-Pacific scaled up its support to governments and civil society partners addressing this scourge, as well as harmful practices including child marriage, in both the context of COVID-19 and humanitarian emergencies such as natural disasters and conflicts.

In this, we also devised and encouraged innovative ways to strengthen and maximize prevention and response resources - including the integration of GBV and sexual and reproductive health (SRH) services in various ways.

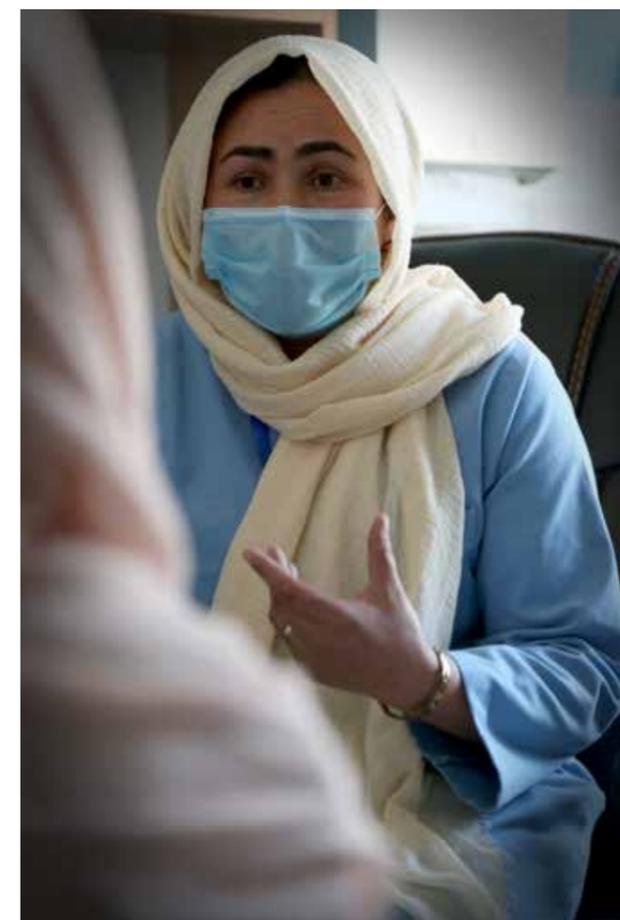
IN 2020:

- Given the overwhelming demand for technical support on GBV and COVID-19, we quickly adapted a range of existing guidance, particularly on GBV in emergencies, including how to adapt humanitarian dignity kits for the pandemic context, and how to strategize more broadly on GBV and harmful practices.



- Under our urgent COVID-19 capacity building efforts, we organized 17 regional webinars for UNFPA personnel and key partner organizations on GBV topics - including referral pathways and case management, promising practices to address GBV during the pandemic, management of GBV hotlines, supporting adolescent survivors of GBV, and the interlinkages between GBV, SRH and women's economic empowerment.
- The COVID-19 pandemic created a surge in the demand for mental health and psychosocial support and services (MHPSS). Given UNFPA's global leadership role in providing and coordinating GBV services, we recruited an MHPSS specialist and provided extensive support to 11 UNFPA country offices in the Asia-Pacific region to urgently develop and implement MHPSS programmes to support GBV survivors and frontline responders alike.
- We provided dedicated technical support in adapting GBV programming tools to the COVID-19 context to 16 UNFPA country offices: Afghanistan, Bangladesh, Bhutan, Cambodia, Indonesia, Iran, Lao PDR, Maldives, Mongolia, Nepal, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Timor-Leste and Viet Nam. This included implementing strategy development, case management of GBV, integrating SRH and GBV services, supporting GBV hotlines and the health sector response to GBV.

- We partnered with several regional UN agencies and international NGOs to implement the virtual capacity building and rollout of IASC Disability Guidelines on the Inclusion of Persons with Disability in Humanitarian Action. Our three-part webinar series reached 188 persons from regional and local organisations working on gender and disability in humanitarian contexts. APRO also contributed good practices from the region for an Asia-Pacific Good Practices Brochure on Intersection of Gender and Disability in Humanitarian Response.
- We co-led regional inter-agency advocacy efforts to urgently boost funding for gender programmes in the COVID-19 response, leading to a joint donor advocacy document Closing the Funding Gap for Women-Focused Organisations Responding to COVID-19 in Asia and the Pacific.
- UNFPA Asia-Pacific, UN Women Asia-Pacific and UNICEF East Asia and the Pacific jointly partnered on a regional, multi-country initiative to explore existing collaboration and the integration of Violence against Women (VAW) and Violence against Children (VAC) policies, services and programmes, as well as future collaboration opportunities with a focus on four countries - Cambodia, Papua New Guinea, the Philippines and Viet Nam. The four-country study reports were launched through a high-level virtual event which concluded with a call to action to tackle VAW and VAC in the region jointly.
- Under the UNiTE working group (co-led by UNFPA and UNWomen), UNFPA Asia-Pacific, UN Women Asia-Pacific and UNICEF South Asia jointly developed Guidelines for Responsible and Representative Reporting of Violence against Women and Violence against Children along with a summary guidance for media practitioners. The guidelines were disseminated through three consecutive webinars targeting UN personnel, media professionals and civil society organisations.
- For the first time ever, we mobilized dedicated funding for GBV prevention and response through Zonta International, to launch a multi-country initiative to strengthen the health sector response to GBV in Papua New Guinea and Timor-Leste.
- UNFPA and UN Women, under the UNiTE Working Group, jointly conceptualized and produced a high-profile Regional Curated Dialogue (livestreamed on Facebook and YouTube) to kickstart the 16 Days of Activism against GBV and to launch the UN Secretary-General's Political Engagement



Strategy on GBV and COVID-19, focusing on the Strategy's pillars: Fund, Prevent, Respond and Collect. The event provided an opportunity to hear from frontline GBV responders and civil society organization leaders who showcased promising practices, shared strategies and insights on addressing GBV amid the challenges of COVID-19.

- We collaborated with CARE Australia to develop a [working paper](#) on the interlinkages between women's economic empowerment, strengthening sexual and reproductive health and rights, and ending gender-based violence.
- We provided dedicated support to 9 UNFPA Country Offices to produce compelling audio-visual and social media assets featuring UNFPA's GBV programmes (Mongolia, India, Bhutan, Bangladesh, Nepal, Myanmar, Afghanistan, Sri Lanka, Indonesia). In addition, APRO compiled a photo essay titled "[We are frontline GBV responders](#)" featuring powerful individuals addressing violence against women during the pandemic in Bangladesh, Bhutan, India, Mongolia, Myanmar, Nepal, Papua New Guinea, Philippines and Sri Lanka.



Mongolian women get help to escape violence even amid pandemic

MONGOLIA

When Dulam* first sought help from a one-stop service centre in northern Mongolia, she was suffering from post-traumatic stress disorder.

For years, she had experienced violence by her husband – as had her four children, aged 2-16. Dulam, now 38, hid the violence from family and friends for fear of bringing shame upon her children. Hope that things would ever get better was all but lost, and she had contemplated suicide.

One winter night, Dulam's husband returned home in a state of drunken rage and lashed out violently.

Fearing for his mother's life, her 16-year-old son called the country's '102' helpline, managed by the National Police Agency. It was the first time anyone in Dulam's household had called the helpline.

With the helpline's guidance, Dulam and her children escaped to the one-stop service centre in the provincial centre – one of 17 UNFPA-supported centres in Mongolia that provides safe accommodations, health care, psychosocial counselling, protection services, and basic legal guidance to women experiencing violence.

* Name has been changed for the survivor's protection. The survivor provided informed consent for use of her story.

●● The lessons learned in responding to gender-based violence amid the challenge of COVID-19 will be taken forward. ●●

A spike in violence

According to a 2017 study conducted by the National Statistics Office and UNFPA, 58 per cent of women in Mongolia have experienced some form of violence – physical, sexual, emotional, economic and/or controlling behaviours – by an intimate partner, most often a husband, in their lifetime. In the year prior to the survey, 35 per cent of women experienced at least one of these forms of violence.

The COVID-19 pandemic and attendant containment measures have exacerbated gender inequalities, contributing to a drastic rise in gender-based violence globally, while also jeopardizing prevention efforts and the availability of services for survivors.

In the first quarter of 2020, reports of incidents of domestic violence to Mongolia's National Police Agency increased by nearly 50 per cent compared to the same period in 2019. Even more striking, the average number of clients served by one-stop service centres – which are led by the Ministry of Justice and Home Affairs and the Ministry of Labour and Social Protection, with support from UNFPA and the Swiss Agency for Development and Cooperation – has increased by almost 90 per cent, compared to the same period in 2019.

The one-stop service centre where Dulam and her family received help served nearly twice as many clients in March 2020 compared to March 2019. In response to the influx of reports of gender-based violence, two centres opened in the country's capital, Ulaanbaatar.

UNFPA also distributed guidelines and organized training sessions for centre staff to help them adapt during the pandemic, including by adopting alternative methods of service delivery.

"Services for survivors are generally still available, but many consultations and counselling sessions are now done online or over the telephone," explained J. Tsetsegmaa, chief social worker and administrator of the local one-stop service centre.



"Technology like mobile apps, websites and TV programmes also help us continue reaching people in need through remote support."

Ms. Tsetsegmaa and her colleagues are also hosting virtual meetings to coordinate with health workers and legal advisers – a feat in a country where a population of approximately 3.2 million is spread across remote communities, and where a nomadic herding lifestyle is still practiced by many.

"The lessons learned in responding to gender-based violence amid the challenge of COVID-19 will be taken forward," said Kaori Ishikawa, UNFPA's representative in Mongolia.

A new lease on life

Dulam's family stayed at the centre for a month, participating in therapy and 'life-skills' sessions to help them cope with their trauma and gradually build confidence. The children also received support to continue their studies. In preparation for becoming the family breadwinner, Dulam graduated from the centre's 'Empowered Mothers' programme, a two-part initiative in which domestic violence survivors share their experiences in support groups and learn skills they can use to earn a living.

Inspired to help other survivors find ways out of violent relationships, Dulam now raises awareness about gender-based violence in her community and works as a nursing assistant in a private hospital with hopes of supporting even more women experiencing these challenges.

"The one-stop service centre helped rebuild my life," Dulam said. "I smile a lot more now than before. I have faith in my future. I found a 'new me' and feel like I have been reborn."

kNOwVAWdata and the collection of GBV data

It was challenging to conduct violence against women prevalence surveys under our landmark kNOwVAWdata initiative in 2020 amid COVID-19, as these require in-person enumeration in a safe, confidential environment. But the work continued in several ways, ahead of the launch of the second phase of the multi-year initiative in 2021.



- We provided technical assistance to 10 countries on VAW prevalence data measurement, including interpretations of existing data for programming and necessary adaptations for eventual data collection: Cambodia, Indonesia, Maldives, Mongolia, Myanmar, Nepal, Samoa, Sri Lanka, Tonga and Viet Nam.
- Reports were launched on previously conducted national VAW studies in Viet Nam and Sri Lanka and on the economic cost of violence in Mongolia, leading to strengthened efforts to address gender-based violence nationwide.
- Related to the pandemic, the following 12 countries/regions were supported with the planning and design of rapid assessments including VAW/GBV amid COVID-19: Bangladesh, Cambodia, China, Iran, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Philippines, the Pacific and Sri Lanka.
- Together with the University of Melbourne, we finalised our kNOwVAWdata 4-week face-to-face course curriculum and made it available to various institutes to use and adapt. While the in-person course could not happen because of the pandemic, an online version was developed and released, with the first cohort of 50, including representatives of governments, civil society organisations and UNFPA.
- Given the high demand for GBV data amid the pandemic, our kNOwVAWdata initiative partnered with UN Women and WHO to develop a Decision Tree on Data Collection on Violence against Women and COVID-19 to guide data collectors through various considerations, viable options and alternative data sources for obtaining information about women's experience of violence during the pandemic without jeopardising participants' safety or the data's integrity.
- We expanded the reach and positioning of kNOwVAWdata and APRO through our social media presence, multiple media articles and knowledge products. These products and activities contributed to raising regional and global awareness on the importance of VAW data and establishing UNFPA as a thought leader in this area.

Marking the end of the kNOwVAWdata Initiative Phase I, a final evaluation was conducted. The initiative was deemed effective in supporting ethical and rigorous VAW prevalence surveys while ensuring high levels of national ownership; relevant to national needs by improving capacity to collect, analyse, interpret, understand, disseminate and use VAW data; and successful in ensuring sustainability through an open-source curriculum a robust network of trained data collection experts.





Viet Nam releases landmark follow-up study on violence against women

VIET NAM

“On my body, there are still traces of my husband. I have permanent scars all over my face so I can never forget him.” These were the words of Tuyen*, a woman in her 50s living in rural Viet Nam.

Her experience is far too common, shows a new UNFPA-supported study – the world’s first follow-up research using a cross-culturally validated method originally developed by the World Health Organization (WHO). The study offers, for the first time, a glimpse into the progress made in eliminating violence against Vietnamese women since the first such survey was conducted in 2010.

The results are a mixed bag.

On the one hand, there has been only a modest decrease in women’s experience of physical and emotional violence at the hands of their partners, and a reported increase in sexual partner violence.

On the other hand, younger women reported experiencing less violence than older women. And there have been promising changes in younger women’s attitudes about their rights and empowerment. Increased reports of sexual violence, researchers explain, could be an indication that people, particularly in the younger generation, are more open to discussing and recognizing sexual violence.

A side-by-side comparison

In 2010, 34.4 per cent of women reported experiencing physical and/or sexual violence by a partner. In 2019, this number was 32 per cent.

In 2010, 33.3 per cent of women reported experiencing controlling behaviour from a partner. This number fell to 27.3 per cent in 2019.

* Name has been changed for the survivor’s protection. The survivor provided informed consent for use of her story.

The slow pace of progress is worrying, experts say.

“Violence against women remains hidden because gender stereotypes are still common in society. Silence, stigma from the community and a culture of blame are barriers that prevent the survivors from speaking out and seeking help,” said Nguyen Thi Ha, Vice Minister of the Ministry of Labour, Invalids and Social Affairs, which collaborated with the General Statistics Office, UNFPA and Australia’s Department of Foreign Affairs and Trade in executing the study.

In some cases, there has even been regression.

In 2010, 9.9 per cent of women reported experiencing sexual violence by a partner in their lifetimes. This number rose to 13.3 per cent in 2019. Reported non-partner sexual violence rose to 9.0 per cent from 2.3 per cent.

Still, further research is needed to determine whether these reflect a true increase in sexual violence or if respondents today are more aware, and better equipped, to speak about what has happened to them.

Hearing the unspoken

In fact, data about violence against women are notoriously difficult to obtain and analyse. Survivors seldom seek help. As a result, metrics such as police reports or calls to emergency hotlines fail to capture the majority of violence experienced by women.



With this study’s release, Viet Nam leads the way towards better data collection. This survey produces more reliable evidence by interviewing a large, nationally and culturally representative sample of women. The interviewers are trained in confidentiality and safety in order to elicit clear answers on different forms of violence.

The methodology, developed by WHO, has been used in some 30 countries globally – 26 of them in the Asia-Pacific region, where UNFPA and the Government of Australia have been prioritizing the study of gender-based violence through the kNOwVAWdata initiative.

“Getting better evidence about violence against women, not surprisingly, is hugely difficult. Far too many women remain silent for a number of reasons. Their husbands or partners might beat them up again. Or they are afraid of not being taken seriously, or even of being blamed for having ‘provoked’ the violence in the first place,” said Dr. Henriette Jansen, who is the technical lead of the kNOwVAWdata project.

“We need to have accurate data so we can provide the best possible services to women who have been subjected to violence,” she added.

Starting a new chapter

In the coming years, more countries will conduct follow-up research using this same methodology.

Experts say the results from Viet Nam could be a sign of what is happening elsewhere – sluggish progress in ending violence, even as women are increasingly aware of their rights.

Tuyen’s own story mirrors these slow but crucial changes.

“For 26 years, I cared for him. In exchange, I was beaten,” she said of her husband. “My head was beaten, my back bruised. My legs and arms were severely broken... Three years ago, I decided to save myself.”

Tuyen left her husband and began volunteering at the local women’s union. Now she serves as a mentor and role model for other women.

“My experience has helped me to understand and relate to women that have struggled,” she said, “to help them find new happiness.”



Women's wellbeing study published in Sri Lanka

SRI LANKA

- **Study finds that in Sri Lanka, one in five ever-partnered women have experienced physical and/or sexual violence by an intimate partner in their lifetime.** ●●

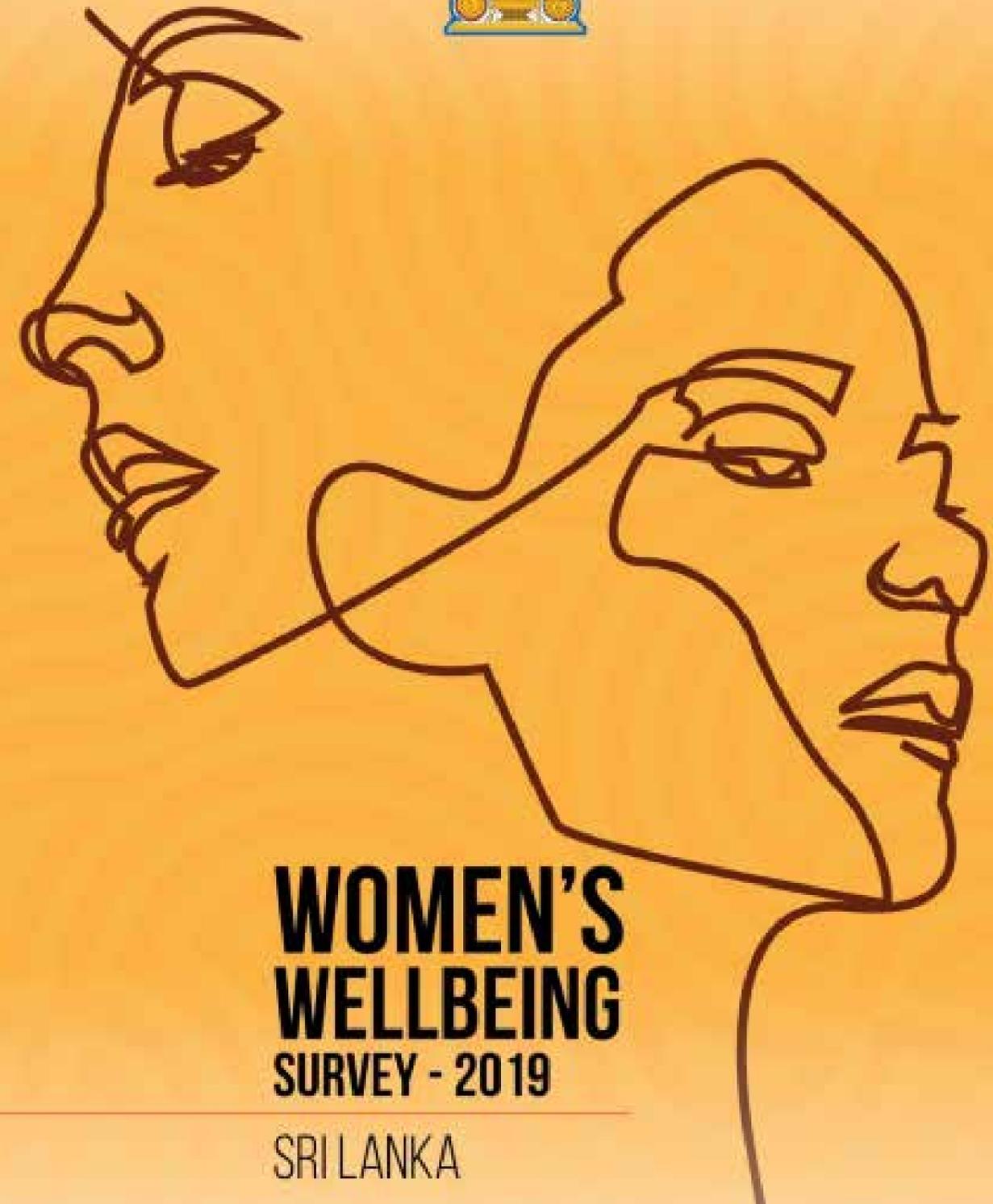
COLOMBO, Sri Lanka (03 November 2020): In 2019, the Department of Census and Statistics conducted the first dedicated national prevalence survey on violence against women. Known as the Women's Wellbeing Survey (WWS) it covered all 25 districts in Sri Lanka and interviewed more than 2,200 women aged 15 and above. The study found that in Sri Lanka, one in five (20.4%) ever-partnered women have experienced physical and/or sexual violence by an intimate partner in their lifetime. In analyzing women's coping strategies when living with violence by a partner, the study found that nearly half (49.3%) of the women who experienced sexual violence by a partner did not seek formal help anywhere due to reasons such as shame, embarrassment and fear of being blamed or not being believed, and/or thinking the violence was normal or not serious enough to seek help.

This Women's Wellbeing Study was supported by the United Nations Population Fund with financial assistance from the Government of Canada.

Violence by partners in any form can have a significant impact on women's health and wellbeing and is also interconnected with the socio-economic recovery from crises such as the COVID-19 pandemic.

Hence in further sharing other detailed findings of this study, a series of consultative workshops are scheduled to be held with key Government stakeholders and other development partners over the next few months to better inform decision-making to ensure we leave no one behind.

To access the full report, please visit <http://www.statistics.gov.lk/>



**WOMEN'S
WELLBEING
SURVEY - 2019**

SRI LANKA

ENDING HARMFUL PRACTICES

(CHILD MARRIAGE, FEMALE GENITAL MUTILATION, GENDER-BIASED SEX SELECTION)



- UNFPA's 2020 flagship State of World Population report, titled *Against My Will*, focused on ending harmful practices including child marriage, female genital mutilation and gender-biased sex selection. Our Asia-Pacific launch featured three compelling webinars, one on each theme, with the participation of leading regional and global experts on the issues, activists and advocates, and UNFPA donor government representatives.
- A companion regional social media initiative, #SheCounts, demonstrating the value of girls and women, reached more than 38 million people via Twitter, Facebook and Instagram, propelled by significant online influencers in several countries.
- Collaborating with UNICEF and other regional partners, we launched and produced a number of studies on child marriage in different contexts, including child marriage in humanitarian settings; the links between child marriage and child labour; and the patterns of adolescent pregnancy, child marriage and early union in Southeast Asia.
- In response to COVID-19, we launched a study on the impact of the pandemic on gender-biased sex selection (GBSS) and the unwantedness of girls as a result of son preference. We also developed a conceptual paper on the interlinkages between GBSS and other harmful practices against women and girls.





Mother, rebel and role model: One woman stands firm against son preference

INDIA

"My stomach was huge, so I knew that I was carrying more than one child. What I didn't know was that they were going to be all girls," 58-year-old Jasbeer Kaur says, smiling at her 23-year-old triplets, Mandeep, Sandeep and Pardeep Kaur as they huddle together in their tiny kitchen, preparing lunch.

"People here in my village often tell me, poor thing...you should have had at least one son instead of three daughters. And I tell them, spare me this rubbish! I am a woman and I am proud of having raised these girls who are now grown women," Kaur says. "Then these people look at my daughters and when they see how bold they are they say, they are just like their mother!"

The three siblings laugh when their mother narrates this story. Over the years they've learned

to see the lighter side of things, even though they're acutely aware that their very existence is in so many ways, an anomaly.

Just a few months into her marriage, young Jasbeer Kaur realized that the man her parents had married her off to wasn't someone she wanted to spend the rest of her life with. Her husband was an alcoholic who was rarely kind.

But things were about to get worse.

"I was pregnant and during one of the ultrasounds, the doctor told me I was having not one, but three children...three daughters. Now it is banned but, in those days they would tell you the sex of the child. The doctor offered to conduct an abortion, because she said it would be difficult for me to raise three daughters. She even explained that the

procedure would be a straightforward one, similar to a delivery. For a few moments, I was scared, but God gave me strength to refuse and I said no," Kaur recalls. "When I told my mother, she said, if I can raise daughters, so can you."

But her husband and in-laws weren't so supportive.

"No daughter had been born in my husband's family in the last three generations. They told me, we won't allow three daughters being born in the house at the same time. They gave me an ultimatum: Get an abortion or leave," Kaur says.

She chose to leave. And never looked back.

It wasn't easy raising and educating three children, but grit and determination were on her side. She worked as an auxiliary nurse midwife in India's Rajasthan, earning a meagre salary that kept them afloat.

The triplets have done their mother proud.

Today, Sandeep is a make-up artist in Amritsar, with dreams of making it to Bollywood one day. Pardeep, after pursuing a degree in hotel management, is now interning with a five-star hotel. Mandeep is following in her mother's footsteps; she is close to earning a degree in nursing.

"As kids, we would often wonder why our father never came for school functions like other fathers," says Sandeep, "or why we would often see Mummy cry at home."

"It's only when we were much older that our aunt and grandmother told us the story of how we came to be born," adds Pardeep. "That's when it all began to make sense."



"We are so very proud of what Mummy has been through," says Mandeep. "But it's not something we can talk about with our friends, because we know their immediate response will be one of pity which is something we don't want from anyone."

But in 36BB Village in Rajasthan's Ganganagar District, pity is the last thing that comes to mind when neighbours speak about the Kaur family. In a society still largely obsessed with sons, Kaur is a living example all the local women cite with pride.

"Here, people still think that you need a son, because without a son how can you carry forward the family's name. You see, as a mother, you haven't done your bit till you've given birth to a son," explains Rajveer Kaur, a mother of two daughters. "But I think daughters are more important because they take more care of their parents than sons do. And if Jasbeer Kaur can raise three daughters on her own, why can't we raise daughters when we enjoy our families' support?"

A deeply entrenched preference for male children continues to prevail across the country. Despite sex-selection being banned, many families are still able to resort to abortion if they discover a woman is pregnant with a girl, leading to a highly skewed sex ratio at birth. After birth, girls face higher mortality rates than boys, an indication that they are facing discrimination in care.

Between 2001 and 2016, an average of 450,000 girls were "missing" at birth annually. According to an analysis based on numbers from the Indian census, approximately 34 per cent of girls went missing due to sex selection. The other 66 per cent were missing due to post-birth female mortality. Today, it is estimated that more than 460,000 girls are missing annually.

A single mother raising female triplets is a rarity anywhere, and particularly in rural Rajasthan. Kaur's daughters know the hardships and stigmas their mother overcame, and they are determined to make her proud. They want to leave behind a legacy that honours her hard work.

"Today, people know us as Jasbeer Kaur's daughters," says Sandeep. "We want to make something of our lives...We want people to say, this is Jasbeer Kaur, she is Sandeep, Mandeep and Pardeep's mother."



3 HUMANITARIAN CRISES IN A TIME OF THE PANDEMIC



In 2020, as the COVID-19 pandemic engulfed our region, we responded to urgent humanitarian needs.



UNFPA has long provided life-saving support to women and girls impacted by hazards, disasters, and conflicts in Asia and the Pacific, the world's most disaster-prone region. The support focuses on ensuring continued access to a range of services that ideally should be integrated - including sexual and reproductive health services ensuring safe pregnancy and childbirth support, along with preventing gender-based violence and providing support to survivors of violence.

In 2020, as the COVID-19 pandemic engulfed our region, we responded to urgent humanitarian needs, including shortages of personal protective equipment for frontline responders and essential life-saving medicines and supplies for pregnant women, new mothers and their babies.

Our pandemic response efforts often converged with, and were integrated into, traditional humanitarian support when hazards and disasters struck, or when conflicts erupted, adding to the COVID-19 challenge.

As always, we were inspired by survivors who transformed - often through our capacity-building efforts - into responders themselves, including peer outreach workers and youth volunteers supporting their communities in the most challenging of circumstances.

HAZARDS, DISASTERS, CONFLICTS AND COVID-19: OUR HUMANITARIAN RESPONSE IN ASIA AND THE PACIFIC

Afghanistan – Amid one of the world's most complex and protracted crises, UNFPA assisted 70,000 safe deliveries and supported 11 emergency obstetric care facilities, 12 women's safe spaces and 14 mobile clinics

Bangladesh – UNFPA reached ~250,000 women with SRH services and ~310,000 women with GBV services, including through our 23 safe spaces in Cox's Bazar, and distributed >92,000 dignity kits to Rohingya and host communities

Democratic People's Republic of Korea – UNFPA strove to reach 453,000 women of reproductive age with SRH supplies. We reached an estimated 42,300 people in eight counties with family planning services as well despite the constraints

India – With India being particularly hard-hit by COVID-19, UNFPA reached 30,000 older persons with essential health and well-being services and reached 31.3 million people through COVID-19 health messages

Indonesia – Through UNFPA's partnership with midwifery networks, 502 PPE sets were distributed to midwives. UNFPA also supported 30,120 reproductive health services and pregnancy check-ups

Iran – UNFPA supported essential midwifery and SRH services during the COVID-19 pandemic, including through 31 mobile clinics and 80 emergency obstetric care centres, and provided assistance to 22,000 older persons

Lao PDR – UNFPA reached 712,000 women of reproductive age with sexual and reproductive health services. About 27,000 people received GBV prevention, risk mitigation and response services

Timor-Leste – UNFPA fully equipped the only maternity isolation ward in the country for pregnant women and mothers with COVID-19, providing medical equipment and personal protective equipment for health personnel

Myanmar – Amid long-running protracted internal crises coupled with frequent hazards, UNFPA reached almost 70,000 women of reproductive age with sexual and reproductive health services, conducting over 400 safe deliveries

Nepal – Through the flagship UNFPA-supported Rupantaran youth social and financial skills programme, 1,245 adolescents accessed sexual and reproductive services and 170 youth volunteers were trained

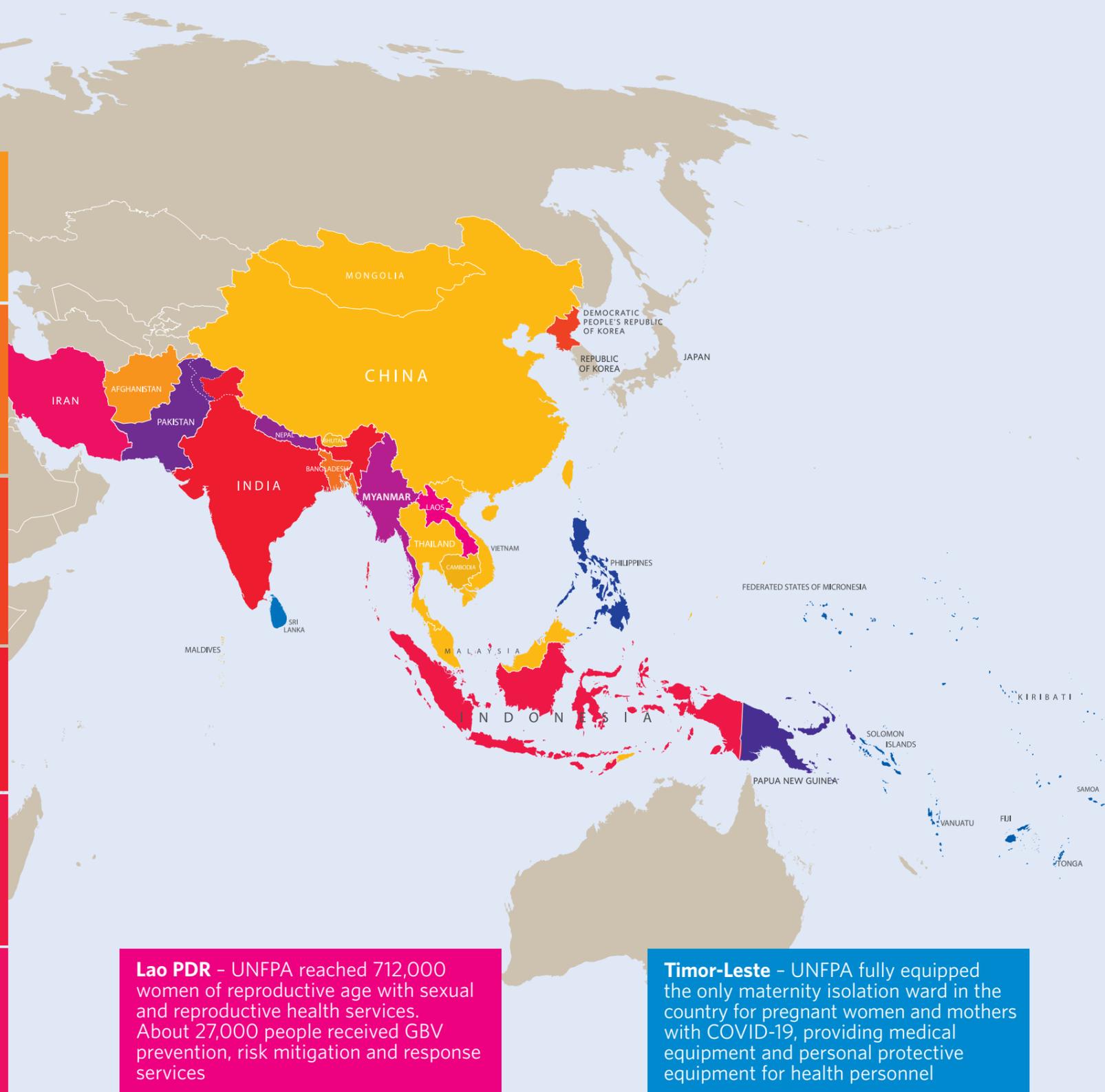
Pakistan – Amidst a range of hazards exacerbated in 2020 by COVID-19, UNFPA supported 11 safe spaces for women, 14 mobile clinics and 19 facilities offering specialised gender-based violence services targeting refugee and host communities

Papua New Guinea – Papua New Guinea is increasingly impacted by climate change and hampered by weak health systems. Supporting the COVID-19 response, UNFPA provided PPE to frontline responders and distributed dignity kits, RH kits and tents

Philippines – The Philippines was buffeted by hazards and disasters and was also hit hard by COVID-19. UNFPA reached ~176,000 women with services and cash and voucher assistance to advance the sexual and reproductive health and mental health of women and girls

Pacific Sub-Region (Including Fiji, Samoa and Vanuatu) – UNFPA reached ~8,250 women of reproductive age in Fiji, Samoa and Vanuatu with sexual and reproductive health services. UNFPA reached 3,800 people with family planning services in Samoa and Vanuatu

Sri Lanka – 1,000 Dignity Kits were distributed to women and girls in COVID-19 quarantine facilities and 30 people were trained on the national COVID-19 hotline for gender-based violence survivors



*Dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

OUR RESULTS IN EMERGENCIES



385,296

frontline responders provided with COVID-19 personal protective equipment supplies in

22 countries



3,076,820

services relating to sexual and reproductive health, adolescent sexual and reproductive health and family planning provided to women and men in

16 countries



1,950,780

women of reproductive age (15-49) reached with sexual and reproductive health services in

15 countries



310,940

adolescent girls and boys provided with sexual and reproductive services in

10 countries



760,256

men and women provided with family planning services in

14 countries



54,844

older persons aged 65+ reached with sexual and reproductive health services in

6 countries



203,280

dignity kits were distributed to women and girls across

15 countries



145

women-friendly spaces and youth friendly spaces established in

8 countries



263,189

men and women, including youth facilitators, trained on various aspects of sexual and reproductive health and gender-based violence in

14 countries



75

mobile clinics providing sexual and reproductive health services supported by UNFPA in

8 countries



472

functional health facilities providing emergency obstetric care supported by UNFPA in

13 countries

IN FOCUS: Regional repositioning initiative

UNFPA's Asia-Pacific Regional Office manages the Regional Repositioning Initiative in partnership with Australia, a flagship programme to strengthen preparedness and build resilience through integrated humanitarian response approaches in the most disaster-prone countries in the region.

Since 2016, the Regional Repositioning Initiative has reached over 163,000 direct beneficiaries with more than US\$1.7 million worth of essential supplies to meet the sexual and reproductive health needs of women and girls and to prevent and respond to gender-based violence in 69 emergencies across 15 countries.

In 2020 alone, the RPI supported our humanitarian response in 24 emergencies in 11 countries: Bangladesh, Fiji, Indonesia, Kiribati, Myanmar, Philippines, Papua New Guinea, Timor-Leste, Tonga, Sri Lanka and Vanuatu.

Repositioning has dramatically improved UNFPA's humanitarian response in Asia and the Pacific in terms of speed, quality and efficiency.

Repositioning has also strengthened UNFPA's reputation and reliability as a humanitarian actor, provided new opportunities to advocate for measures to address sexual and reproductive health and gender-based violence during humanitarian responses, and helped to build trust with governments and other partners. These outcomes assist UNFPA's work in relation to the humanitarian, development and peace-building nexus.



Bangladesh: Without adequate clothing, menstrual supplies and hygiene items, women and girls may be unable to access basic services after a disaster, including humanitarian aid. UNFPA distributes dignity kits to reduce vulnerability and connect women and girls to information, support and services. © UNFPA/Prince Naymuzzaman

IN FOCUS: Disasters and dignity

In countries across Asia and the Pacific, hazards and disasters are uprooting families, leaving women and girls most at risk. UNFPA engages and works closely with affected people to support them in ensuring their rights, dignity, and protection.

From Bangladesh to Kiribati, women are speaking up and proactively taking action, helping governments and civil society plan ahead and ensure crucial supplies are on hand to help women and girls maintain their dignity, even when disasters disrupt their lives. The integration and inclusion of women and girls in all aspects of disaster preparedness and response is critical to building resilience.

Without adequate clothing, menstrual supplies and hygiene items, women and girls may be unable to access basic services, including humanitarian aid. That is why UNFPA distributes its trademark **Dignity Kits** during disasters, to reduce vulnerability and connect women and girls to information, support and services. Dignity Kits contain underwear, basic clothing, sanitary napkins, toothbrushes, toothpaste, soap and laundry powder, as well as information on the services that are available and how to access them.

Dignity Kits have been customized in a number of countries across the region to meet the unique and varied needs of people affected by emergencies:

Indonesia: Close relationships with community health networks in Indonesia have helped UNFPA develop specially adapted kits for the elderly. "Through the conversations about dignity, we heard that the elderly were facing similar challenges (as women and girls) but for a range of reasons," says Elisabeth Sidabutar, UNFPA Indonesia's Humanitarian Program Analyst. "They needed different clothing, supplies, and specialized advice about their health."

The Pacific: In Fiji, Samoa, the Solomon Islands, Tonga, Vanuatu, and Kiribati UNFPA has held consultations with people with disabilities to customize and prepare Dignity Kits that are adapted to their needs, including items such as flashlights with buttons designed for ease of use, incontinence pads, hot water pack, and waterproof sheet.

Bangladesh: "For the first time in my life, I felt that I was treated like a normal human being," says Kajli, a member of the transgender community in Kurigram District, Bangladesh. As part of UNFPA's support to vulnerable communities, Kajli received a Dignity Kit which was specifically designed to meet the needs of the transgender community.

Sri Lanka: In Sri Lanka, as part of a preparedness initiative, consultations have led to customized Dignity Kits for female sex workers, older persons, LGBTQIA+ communities, and persons living with disabilities.





Father's hope stronger for his daughter's recovery from emergency-induced mental illness

PHILIPPINES

Inside the earthquake-cracked residence of the Hayods family, Martin's 15-year-old daughter Lyka* is now always looking straight at him, hurling words that the father has never heard, constantly needing his attention. As she walks towards him, Martin gives Lyka a quick but tight hug to reassure his second daughter, "Everything will be okay, Daughter. Just trust Papa."

Holding Lyka in his arms, Martin was recalling the natural disasters that totally changed his family's lives - on 16 October 2019 night, a strong earthquake of Magnitude 6.3 jolted North Cotabato Province, which forced the Hayods family to flee their house along with thousands of others in Makilala, Philippines. Many of the same communities and other vast areas in the province were struck by countless aftershocks and three major earthquakes on 29 and 31 October, from M6.1 to M6.6. "The strong shakes destroyed many buildings, and many peoples' dreams. It also broke my daughter's mental state."

Emergencies affect people physically, economically, and mentally

An emergency - be it a natural disaster such as earthquake, typhoon, flooding or tsunami, or armed conflict, or mega-scale accident - can devastate physical infrastructure, cause human casualties, displace people, disrupt economic activities and services. It can also destroy a community's social fabric and mutual-help systems, and isolate people. In and after such an emergency situation, many feel mental distress, depression, anxiety about the future - some more severely than others. Some also suffer from post-traumatic stress disorder (PTSD). Within a year following the 2013 Super Typhoon Haiyan (Yolanda), over 800,000 people suffered from different mental health conditions, according to the UN World Health Organization's estimate. Mental disorders caused by such an external shock, often take longer to heal than the time needed to rehabilitate the broken houses.

* Name has been changed for the survivor's protection. The survivor provided informed consent for use of her story.

"My daughter too must have been traumatized by the earthquake experiences," surmises Martin.

"She was watching television in the house when we heard a loud underground rumbling and the entire wooden-made house trembled viciously. My daughter has been a different person since that night."

Lyka started uttering unknown words, jumping up and down straight from their balcony. She lost appetite as well. The subsequent change in the base of their life was also stressful as they needed to move to an evacuation center because their house was partly destroyed. After Martin took her all the way to a doctor 110 km away in Davao City and received antidepressants and mood-stabilizing medicines for her, and then moved to the relative's house farther in Tagum, Lyka's behavior got back to normal - or so he thought.

When her school classes resumed in January 2020, the family returned to Makilala. "But when she saw the damages brought about by the earthquakes, my daughter suddenly started to have panic attacks," Martin recalled. "She then prefers to be alone all the time. The once bright and cheerful girl has totally changed."

Ms. Sunny Vhie Saniel, a mental health coordinator at Makilala Hospital, said their patients surged to over 200 since the earthquakes. "Our patients have dramatically increased after the earthquakes. Most of them were traumatized."

For teenage patients like Martin's daughter, the condition can make it difficult for them to focus on studying as they were able to do previously, according to Ms. Saniel. Having a loved one suffering from mental illness affects not only the patient, but the entire family.

These people displaced by the earthquakes are now suffering also from additional difficulties caused by the unprecedented COVID-19 health emergency and associated quarantine measures. The increased social isolation, loneliness, anxiety about their health and also the economic downturn are, all combined, affecting their mental health and wellbeing. The multi-agency Gender and Inclusion Assessment that the United Nations Population Fund (UNFPA) in the Philippines recently led to examine the impacts of the pandemic, also pointed to an increase in mental and psychological problems, especially among women and young people.

New "Cash for Protection" for mental health and psychosocial support

UNFPA Philippines has augmented its Mental Health and Psycho-social Support (MHPSS) for the earthquake survivors in Mindanao, by introducing a new "Cash for Protection" (C4P) initiative, with the support of the UN Central Emergency Response Fund (CERF). The C4P aims to strengthen the resilience of the affected women and girls and provide them with a social safety net, through the provision of unconditional cash transfer. Those who are identified by the local health officers and social workers as persons living with psychosocial disabilities and in need of socio-economic support - particularly women and girls - receive P10,000 (approximately USD 200) from the UNFPA project to cover their medical needs. This C4P helps eliminate economic barriers in accessing critical and essential health needs, including sexual and reproductive health services, in addition to mental health and psychosocial support. The initiative also helps strengthen or restore the dignity and self-worth of women and girls who have mental and physical health challenges, especially those whose conditions were aggravated by the natural disaster and pandemic. Survivors of gender-based violence, such as domestic violence, sexual assault, human trafficking or child marriage, are also covered by this MHPSS intervention.

Ms. Saniel appreciated UNFPA's Cash for Protection for MHPSS "because our own funds allocated for mental health were not enough. With support by our partners like UNFPA, we were able to continue to provide the minimum assistance to the increased clients in our town that they needed."

"The medicines are really expensive. Without this cash assistance, I don't not know if we could sustain my daughter's treatments. This has really been a big help since we are still trying to recover from the earthquake disaster last year, and now from COVID," Martin said after receiving UNFPA's 'Cash for Protection' assistance at Makilala Hospital, through UNFPA's NGO implementing partner, the Mindanao Organization for Social and Economic Progress, Incorporated (MOSEP).

"This helps us keep our hope for our daughter's recovery." Martin is looking forward to that day coming soon.



Safeguarding girls during times of crises

BANGLADESH

As Bangladesh simultaneously faces multiple intersecting crises, such as the COVID-19 pandemic, natural disasters and the Rohingya refugee crisis, girls are at an increased risk of sexual violence, child marriage, unintended pregnancies and inadequate access to sexual and reproductive health services.

“River banks were eroded, trees were uprooted and houses were destroyed”, says Jerina Akther Simmi, a 15-year old girl from the Asashuni village of Satkhira district, as she describes the devastation Cyclone Amphan caused in her village last May.

Jerina’s family of five was one of the unfortunate

ones to have their home destroyed by the cyclone. Even though Jerina’s father was able to somehow rebuild the family home in the months following the disaster, the COVID-19 pandemic has made daily life an ongoing struggle for the family.

Cyclone Amphan destroyed multiple houses in Jerina’s village, including her family home

Job opportunities for Jerina’s day-labourer father are far and few between, and the family income is barely enough for covering basic necessities. Amidst such dire and precarious conditions, young girls like Jerina often find their important needs overlooked or even belittled.



“With all of this going on, we are not able to discuss concerns about our physical and mental health with our family members”, Jerina laments.

A common concern that particularly emerges among adolescent girls in times of emergency is menstrual health. Due to poor hygiene standards in her community, Jerina has suffered from various infections in the months following the disaster. Her family’s serious economic hardships have made addressing the issue close to impossible.

Despite the obstacles caused by COVID-19, UNFPA strives to safeguard girls such as Jerina by providing relief to their urgent sexual and reproductive health needs. In September 2020, UNFPA, Plan International and Concerned Women for Family Development distributed 5,200 of Menstrual Health Management Kits to girls between the ages of 10-18 years in districts affected by Cyclone Amphan in Bangladesh.

The kits contained essential goods such as soap, detergent powder, sanitary pads, underwear, and masks that help girls take care of their personal hygiene during the floods while protecting themselves from the ongoing pandemic. In addition to these products, the kits contained flashcards with information on sexual and reproductive health, helplines to report incidents of gender-based violence and the safety precautions to follow during COVID-19.

- The menstrual health management kits contain essential goods such as soap, detergent powder, sanitary pads, underwear, and masks that help girls take care of their personal hygiene during the floods and protect themselves from COVID-19. ●●

“These menstrual health management kits are very helpful to girls in our community during these times. Because of the flashcards, I now also know that I can protect myself from COVID-19 by wearing a mask and practicing social distancing”, Jerina tells excitedly after receiving the kit.

The kits also included the number for the UNFPA-supported Alapon helpline, which provides youth an opportunity to discuss their concerns during the pandemic with professional counselors. Sadia, another girl from Jerina’s community is hopeful that knowledge of the helpline will lead to many positive developments in the village.

“Through Alapon, we can access information on menstrual and mental health related matters. I hope this will help to reduce social stigma for these issues in our community. Because of Alapon, we may also be able to prevent child marriages in our community”, she states hopefully.





4 THE HEALTH, WELLBEING AND RIGHTS OF YOUNG PERSONS



Our in-depth review of Comprehensive Sexuality Education in Asia-Pacific conducted in 30 countries shone a crucial light on the status of CSE policies and curricula, paving the way for strengthened programming to benefit millions of young persons regionwide.



The health, wellbeing, and rights of young persons are a key component of the ICPD Programme of Action and the 2030 Agenda for Sustainable Development.

In 2020 UNFPA ensured that young people in Asia-Pacific were not forgotten in the response to the pandemic, including an emphasis on essential information and services for adolescent sexual and reproductive health.

As well, we underscored the involvement of youth themselves in deliberations and processes instrumental to their futures - including the introduction and implementation of comprehensive sexuality education curricula in the region, vital to building a strong foundation for life from a very early age.

IN 2020:

- #YouthAgainstCOVID, UNFPA's global youth programme partnership with the online multimedia platform Prezi was rolled out across Asia-Pacific to empower young persons to disseminate key messaging on COVID-19, from prevention and control protocols to psychosocial health and sexual and reproductive health issues amid the pandemic.
- We worked with Y-PEER, along with three UN partners and four CSO partners, to develop a three-month online course on adolescent and youth sexual and reproductive health for the COVID-19 context, with almost 100 young people from 12 countries enrolled in the very first batch with access to 20 older youth mentors. The course has delivered 10 classes either as self-paced modules or live sessions.
- UNFPA supported two Y-PEER led initiatives, Live Now and Me for Myself web platforms for mental health, to build the momentum of sharing positive messages and information among young people in the COVID-19 context and beyond.
- Our in-depth review of Comprehensive Sexuality Education in Asia-Pacific conducted in 30 countries shone a crucial light on the status of CSE policies and curricula, paving the way for strengthened programming to benefit millions of young persons regionwide.
- Given the urgent need for online outreach amid COVID-19, we expanded our regional Digital Sexuality Education Community of Practice, doubling the number of country-level DSE initiatives engaged from the previous year to a total of 62 from 19 Asia-Pacific countries.
- We established a new partnership with Advocates for Youth to adapt their powerful and age-appropriate AMAZE sexuality education videos for young audiences in Asia-Pacific.
- We worked closely with UNFPA country offices in Bhutan, Myanmar, Nepal, Pakistan, the Philippines, Papua New Guinea, Thailand, and Viet Nam to strengthen both in-school and out-of-school Comprehensive Sexuality Education initiatives, supporting government and civil society partners in imparting crucial knowledge.
- In collaboration with the Asia-Pacific Resource and Research Centre for Women (ARROW) and UNESCO we organized the Regional Asia-Pacific Multi-Stakeholder Dialogue on Youth, involving Ministry of Education officials in China, Malaysia and Nepal. At the same time, the Asia and the Pacific Sexuality Education Virtual Exhibition 2020 was held to showcase a range of innovative sexuality education initiatives in the region.
- Partnering with UNICEF, we launched Pathways to Adolescent Pregnancy, a crucial initiative in Cambodia, Indonesia, Lao PDR and Malaysia, to thoroughly research a complex issue that must be urgently addressed.
- We finalized Young People and the Law, a long-awaited flagship report that reviews laws and policies impacting the sexual and reproductive health of young persons across Asia-Pacific, along with six in-depth country case studies – encouraging legislation that benefits young people and recommending the adjustment of policies that impede their health, wellbeing and rights.
- Partnering with UNICEF, UNAIDS and UNESCO, we produced My Body is My Body, My Life is My Life, a review of the current status of young people's sexual and reproductive health and rights in Asia-Pacific, to support informed policy, programming and advocacy with governments and other partners.
- We provided key input to the ASEAN Work Plan on Youth 2021-2025, to strengthen youth development in the ASEAN region through UNFPA's particular focus on health and wellbeing, and youth participation and engagement.
- We strengthened the leadership capacity of youth advocates regionwide through co-chairing the Asia Pacific Interagency Network on Youth (APINY) with a focus on sexual and reproductive health advocacy and the youth-peace-security nexus.
- UNFPA supported the United Network of Young Peacebuilders (UNOY) to mentor national youth-led organisations leading to inspiring initiatives in Afghanistan, Indonesia, Iran, Myanmar and Philippines; through UNOY we also delivered an online training course for 33 young peacebuilders in 11 ASEAN countries.
- As a member of the Inter-Agency Task Team on Young Key Populations (YKPs), UNFPA supported the launch of a website with COVID-10 related resources for YKPs and young people living with HIV. We also contributed to a COVID-19 blog series based on the YKP COVID-19 Survey and a virtual event series called Spill the T with YKP.





Better suicide prevention and mental health care needed among Myanmar's most vulnerable youth

MYANMAR

Globally, a person dies from suicide every 40 seconds, and it is estimated that for every death, 20 others have attempted to take their own lives. The vast majority of suicides take place in low- and middle-income countries, according to the World Health Organization.

Young people's vulnerability to suicide-related mental health problems is particularly concerning in Myanmar, a country that has long grappled with conflict and humanitarian crises. "There is a strong association between conflict, forced migration and higher rates of mental and psychosocial disorders," said Eri Taniguchi, a UNFPA specialist in issues relating to gender-based violence.

"As we all know, the vulnerabilities of women, girls, youth and adolescents increase in humanitarian settings, while mental health and psychosocial needs tend to be overlooked or considered not a priority," she added.

UNFPA, the lead agency for mental health and psychosocial support in Myanmar, is working to change that. With the Johns Hopkins University, UNFPA chairs a working group that has established a referral system for mental health and psychosocial services.

"Suicide is a serious public health problem," Ms. Taniguchi said. "However it is preventable with timely, evidence-based and often low-cost intervention."



The toll of inequality, violence

In 2016, suicide mortality for men and boys in Myanmar stood at about 5.9 deaths per 100,000 people – well below the global average of 13.5 – according to WHO. But for women and girls, Myanmar's suicide mortality was 9.5 per 100,000 people, higher than the global average of 7.7.

There is little reliable information about why women experience such suicide rates, but it is clear that women and girls in Myanmar face a range of stressors, including persistent gender inequality and high rates of violence.

According to one recent survey, 11 per cent of women and girls reported experiencing physical or sexual intimate partner violence within 12 months of the survey date.

UNFPA is working to integrate mental health and psychosocial services into its support for survivors of gender-based violence. This includes providing counselling and group support activities at women and girls centres, as well as educational and vocational trainings, which can help survivors find economic empowerment.

UNFPA is also working closely with the Department of Social Welfare and other partners to provide mental health and psychosocial support in conflicted-affected communities in Kachin, Rakhine, Shan, Kayin and Mon States.

Between April 2018 and June 2019, UNFPA reached 24,000 survivors and vulnerable women and girls with group psychosocial support.

Breaking stigma

UNFPA is also helping to raise awareness of the mental health needs of young people.

In October, UNFPA and the mental health organization Metanoia held a "talk show and sharing session" in Yangon to promote awareness about suicide prevention. The session, facilitated by Metanoia, drew more than 50 young participants and was aired on local television.

It was a taboo-breaking event.

"People are reluctant to discuss about mental health issues openly," said Dr. Ohnma Win Pe, Metanoia's director. "We need to create a comfortable environment so that more and more people engage in the issue to come up with better plan for prevention."

Participants spoke openly about the need for safe spaces where they can speak openly about their problems and receive counselling.

"Depression and lack of space for sharing are underlying drivers to increase the suicide cases among young people nowadays," said Laha Hkawng Lum, 21.

Youth-friendly spaces and peer networks can help provide some of this support. UNFPA currently supports two youth centres in Kachin as well as one youth "corner" at the health clinic in Kayin, where adolescents and young adults can receive services and guidance.

But more work must be done to end the stigma associated with mental disorders.

"In our society, discussion on mental health is somehow considered as 'social taboo', and those seeking mental health support are often stigmatized," Ms. Taniguchi said. "This has to change."

●● **Depression and lack of space for sharing are underlying drivers to increase the suicide cases among young people nowadays.** ●●



Putting menstrual hygiene first

INDIA

Like the rest of India, Bada Malhera in Madhya Pradesh's Chhatarpur district has been unusually quiet since the country went under lockdown on 24 March 2020. But listen carefully, and you can probably hear the quiet hum of machines inside a one-storey building which houses a sanitary napkin manufacturing unit.

Set up as part of the UNFPA-supported Samridhhi Project in Madhya Pradesh state in 2018, this little factory produces 700 packets of sanitary napkins in one eight-hour shift or over 18,000 packets monthly – output that's become even more relevant in this time of COVID-19.

Since the time it was set up, this manufacturing unit has been run by women and adolescent girls above the age of 18 from the local community who make ultra-thin, non-plastic biodegradable sanitary napkins that are then sold using a social marketing mechanism keeping a low-profit margin, to women and girls in 335 villages in Chhatarpur through peer educators and adolescent girls.

When the COVID-19 pandemic hit India and the country went into lockdown, like most factories this unit too had to be shut down. But the project staff were quick to realize the negative impact this could have on the menstrual hygiene of women and girls in the villages.



"When the factory shut down, we knew it meant women and girls wouldn't be able to receive the pads as they were earlier. We had stocks at the unit but not in the field," says Jagannath Dubey, Project Coordinator, Samridhhi Project, "We immediately approached the District Magistrate to allow travel of project staff to provide supplies of sanitary pads in the villages. Menstrual hygiene management had to be prioritized even during these difficult times."

The district authorities agreed and the Samridhhi staff were quick to respond.

"We collected sanitary pad packets from the Project Coordinator who visited our cluster for supplying the stock to us. First, we made sure we were properly protected and then every day we went house to house distributing the napkins," recounts Chandani Bano, Cluster Coordinator from the Naugaon Block in Chhatarpur.

"We made sure we maintained physical distancing and followed other guidelines as well. The women and girls used to be so happy when we would hand the napkins over to them. A lot of them were worried that they wouldn't have supplies since shops are also shut due to the lockdown," says Shilpi Rajak, a peer educator from Bikora, Naugaon.

- **When the factory shut down, we knew it meant women and girls wouldn't be able to receive the pads as they were earlier. We had stocks at the unit but not in the field. ●●**

Since the start of the project, the sanitary napkin manufacturing unit in Bada Malhera has been providing employment to five adolescent girls and two local women who work in the factory as well as to the 10,000 adolescent girls and peer educators who help sell these pads, retaining a small profit for themselves on every packet sold.

When the countrywide lockdown was initially implemented for two weeks, the manufacturing unit couldn't function. In the following weeks, as COVID numbers started decreasing, the doors of the manufacturing unit re-opened. With public transport still restricted, most of the staff were unable to make it to the factory, but the project team stepped in so supply was not disrupted.

"I had never worked but I got the opportunity to work at the sanitary pad manufacturing unit. During the lockdown I felt that this is time when we need to open the unit and start producing sanitary pads as supplies were not reaching villages during lockdown and girls needed sanitary pads," says Rubina Bano, Manufacturing Unit In-Charge, "As the regular trained staff were not available, I had to train our project staff who stayed near the factory so that we could start production immediately."

The women and the girls who were able to receive the sanitary napkins were grateful.

"It's difficult to talk about menstruation and sanitary napkins openly because it's not something we do. But we are so happy that some people understand the necessity of these things, and that they are ensuring supply even now during the pandemic," says Chanchal Namdev from Tatam village.

Even as this manufacturing unit waits to welcome back its original workforce of young women, menstrual hygiene management cannot and should never be compromised – whether in a crisis like the ongoing pandemic, or at any time.

5

A LIFE-CYCLE APPROACH TO POPULATION AGEING - MORE URGENT THAN EVER



Our regional Population Ageing programme was at the forefront of early efforts to urgently support governments and civil society partners in addressing the special needs of older persons amid the pandemic.



Even before COVID-19 struck Asia-Pacific and impacted older persons disproportionately in the early phase of the pandemic, countries in the region were increasingly turning their attention to the reality of rapid population ageing, with the region at the forefront of this demographic transition.

UNFPA has been supporting governments and civil society partners to address what's often perceived as a socioeconomic challenge by encouraging partners to view the shift as an opportunity - finding ways to harness the 'silver dividend' through policy changes allowing older persons to contribute to society for as long as they are willing and able, and creating stronger systems that strengthen the health, safety and wellbeing of older persons.

Key to UNFPA's efforts is what we call a life-cycle approach to population ageing - viewing ageing not in isolation but through a holistic approach that ensures optimal investments in every stage of life, from pregnancy through childbirth, to adolescence and then adulthood, and on to the older years.

This approach - rapidly strengthened in 2020 - lays a special emphasis on girls and women, grounded in gender equality and human rights, noting that allowing girls and women to achieve their full potential contributes to stronger societies and economies, and ensures healthier old age which strengthens a country's ability to address the realities of population ageing.

By 2050, one in four people in Asia and the Pacific will be over 60 years old. The population of older persons in the region will triple between 2010 and 2050, reaching close to 1.3 billion people. The majority of older persons, including the 'oldest old,' are women. The COVID-19 crisis has drawn special attention to the gaps in policies and safety nets for this vulnerable population.



ENSURING OLDER PERSONS ARE NOT LEFT BEHIND IN COVID-19 RESPONSE AND BEYOND

Our regional Population Ageing programme was at the forefront of early efforts to urgently support governments and civil society partners in addressing the special needs of older persons amid the pandemic.

We developed a regional technical guidance note for our Country Offices to provide critical and practical advice on older persons, health workers, and caregivers in the context of COVID-19 to effectively support Member States and work with other partners in better preparing for and responding to the escalating outbreak. The guidance was informed by the UNFPA Interim Technical Brief on COVID-19 Preparedness and Response and the UNFPA Asia-Pacific Guidance Document on COVID-19, as well as early on-the-ground experience gleaned from China, Iran, Japan and the United States.

For a longer term view, we partnered with HelpAge International's Asia-Pacific Regional Office to produce a series of reports on COVID-19 and older persons.

Given that the pandemic will have far-reaching and long-lasting impacts in unpredictable ways, monitoring the impacts of COVID-19 on older persons is essential to inform policymakers and broader society to ensure responses are inclusive of older persons and that they are not left behind.

Throughout 2020, HelpAge and UNFPA monitored the situation of older people across Asia-Pacific, including in a number of countries: Afghanistan, Bangladesh, India, Iran, Japan, Myanmar, Pakistan, Republic of Korea and Viet Nam.

UNDERSCORING A LIFE-CYCLE APPROACH TO POPULATION AGEING

Even before the pandemic, UNFPA Asia-Pacific had long advocated with governments and other partners to tackle the issue of population ageing from a holistic perspective - linking a strong early foundation established in childhood and adolescence, including for girls and young women, to optimal health and economic outcomes during adulthood and the older years.

We expanded on this approach in a landmark publication, Addressing Population Ageing in Asia and the Pacific Region: A Life-Cycle Approach and a companion video that spells out its elements simply and clearly.

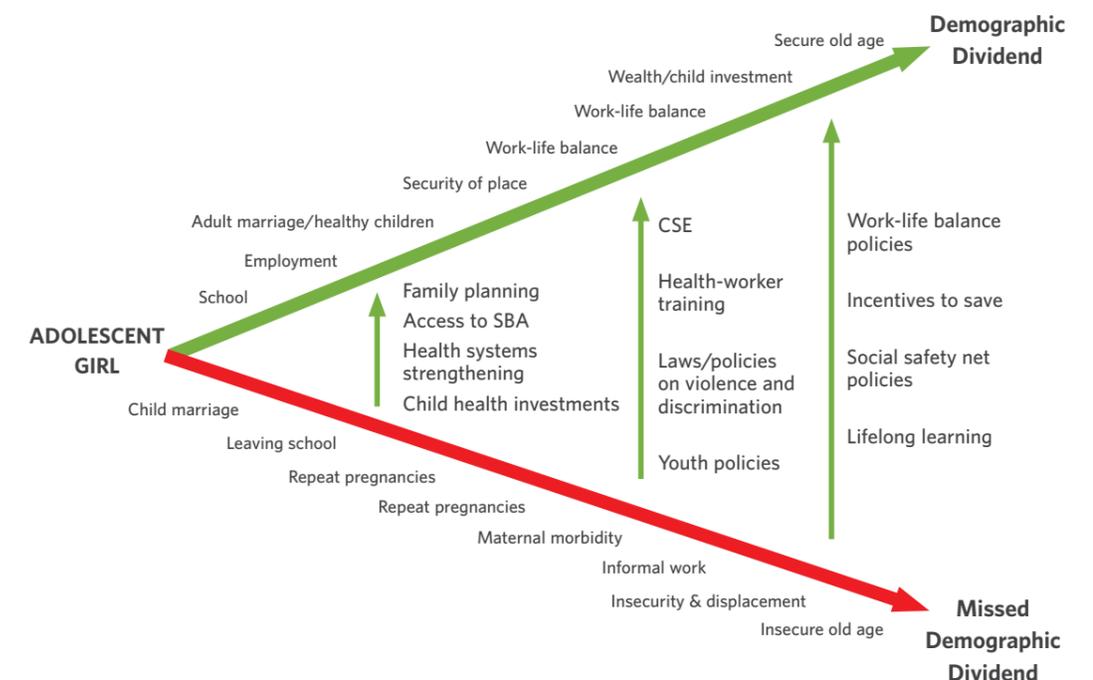
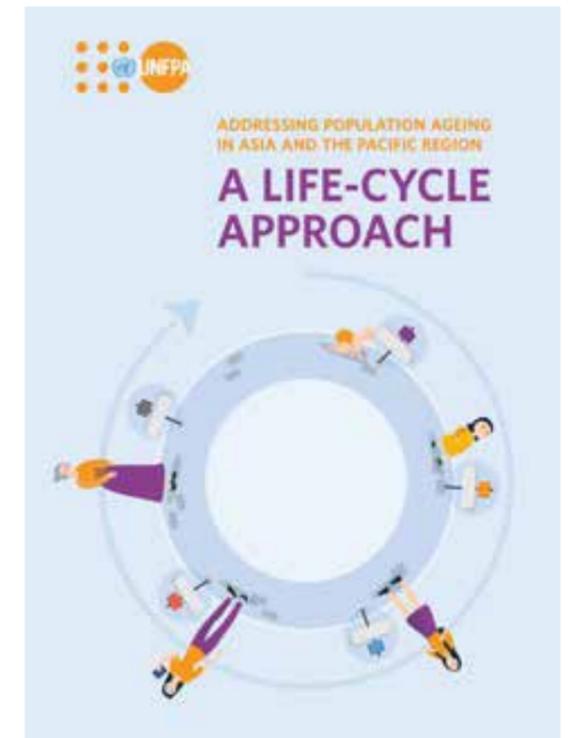
A wider life-cycle approach to population ageing that emphasizes the sequential events and developmental steps throughout a person's life is proposed by UNFPA as an effective policy option, based on scientific evidence.

This is in line with the ICPD Programme of Action, which endorses a rights-based comprehensive approach to population matters covering all generations. Many events that happen in later life could be underpinned by fertility and lifestyle decisions, as well as societal expectations and preferences during earlier phases of the life cycle.

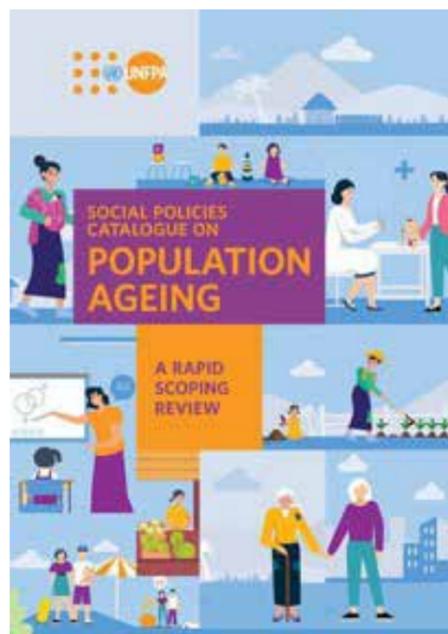
The social inclusion of older persons could be achieved by partnering with youth communities. Enabling an environment for women to work and

have children at the same time (to address gender inequality) is also necessary to ameliorate issues relating to childbearing

Applying a life-cycle lens to population ageing remains the cornerstone of our efforts to support governments and societies in transforming a perceived challenge into opportunities that benefit everyone.



CATALOGUING SOCIAL POLICIES ON POPULATION AGEING TO BETTER INFORM THE LIFE-CYCLE APPROACH



The Social Policies Catalogue on Population Ageing seeks to systematically identify and collate available social policies on population ageing on a global scale.

Through the course of developing this catalogue, we learned that no country in the Asia-Pacific region has a single comprehensive policy that addresses all aspects of the dynamic population transition of ageing.

This compilation or rapid scoping review is all the more timely as the world grapples with the COVID-19 crisis and seeks to regain lost ground in achieving the 2030 Agenda and its Sustainable Development Goals or (SDGs) with their promise of leaving no one behind.

It is our hope that this catalogue will enable governments to learn from and improve on existing policies, to further our efforts on successful ageing and shape life-cycle strategies for the region.

The catalogue also provides an important opportunity for governments to learn from each other, in the spirit of South-South and Triangular Cooperation.

Population ageing against a backdrop of low fertility

Many countries have been unprepared for how ageing affects society, including in terms of the increase in the health and social care expenditure burden and a decline in working-age populations.

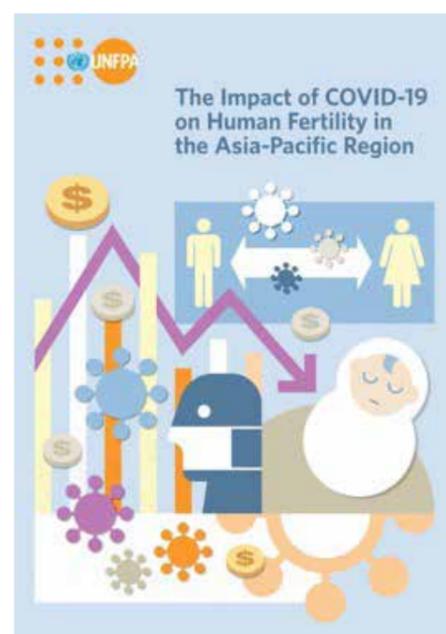
While it is important to accelerate and prioritize the development of policies to address both economic growth and the rights and needs of older persons, there is no single comprehensive policy that can address all aspects of the dynamic demographic transition as a result of population ageing in the region.

To that end, what we can do is learn from and improve on existing policies, to further our efforts in ensuring successful ageing and to shape strategies for the region.

In 2020, we examined selected analyses of population ageing and low fertility rate policies and issues, and proposed how UNFPA could support countries in addressing population ageing against a backdrop of low fertility in the region.

We linked these issues to the COVID-19 context as well, through a report exploring the possible impact of the pandemic on fertility in the Asia-Pacific region. While the mortality and morbidity consequences of COVID-19 have been well documented, the impact of the pandemic on human fertility trends, patterns and choices remains comparatively less explored.

It is too early to assess the full impact of COVID-19 on fertility with any certainty, but this report identifies key dimensions of the pandemic that may impact fertility, including a high death rate; restricted access to family planning services and supplies, including contraceptives; reduced work-life balance; economic recession and uncertainty; and disruptions to assisted reproduction services.



For each dimension, the report reviews the global literature on the effect on fertility of past 'proxy' events, such as previous epidemics, natural disasters, societal upheavals and economic recessions, as well as early evidence from COVID-19 itself where available. This review is supplemented with case studies from four countries (the Philippines, Viet Nam, the Islamic Republic of Iran and Japan) in the Asia-Pacific region.

The year 2020 marked both the launch of the Decade of Action to achieve the UN's Sustainable Development Goals, and the Decade of Healthy Ageing. However, as the COVID-19 pandemic has jeopardized progress on both fronts, it is now more urgent than ever for Asia and the Pacific region to recognize the demographic realities that many currently face or will face in the not too distant future. UNFPA is there to support governments and countries in this crucial effort.





Addressing older persons' vulnerability during the COVID-19 pandemic

INDONESIA

One in nine persons in the world is aged 60 years or over. This number is projected to increase to one in five persons by 2050, demonstrating that population ageing is a global phenomenon that we can no longer ignore. In Indonesia, the current population size of people over 60 years old is estimated to be 28 million people, and is expected to almost double to 50 million people by 2035.

Increased longevity is one of humanity's greatest achievements as healthy and socially active older persons can bring endless contributions to family, community, and society as a whole. However, such opportunities come with social, economic, and cultural challenges. In particular, their vulnerabilities and specific needs heighten during humanitarian crises.

In 2020, the COVID-19 pandemic amplifies and

highlights the vulnerabilities and specific needs of older persons. The fatality rate for older people is higher compared to the younger population, and for those over 80, it is five times the global average. In Indonesia, the proportion of older people (60 years old and above) accounts for 41 percent for the COVID-19 related deaths, while their proportion for the COVID-19 positive cases is merely 10.9 percent according to the COVID-19 National Task Force data as of 22 September 2020.

"This pandemic exposes the cracks in our societies—and they are huge fault lines of age discrimination, of racism and gender discrimination, and of discrimination by ability and mobility," says Dr. Natalia Kanem, the Executive Director of United Nations Population Fund (UNFPA), during UNFPA & WHO webinar on older persons and COVID-19 in April 2020.

As a custodian of population data and development, UNFPA helps to ensure the needs of older persons and their caregivers are at the center of the COVID-19 humanitarian response. In April, UNFPA Asia and the Pacific Regional Office (APRO) released the UNFPA COVID-19 Regional Technical Guidance on Older Persons, which was followed by the United Nations Secretary General issuance of Policy Brief on the Impact of COVID-19 on older persons in May.

Since the beginning of the pandemic, UNFPA Indonesia has been working closely with the Ministry of National Development Planning (Bappenas), Ministry of Health, and partners in National Protection and Displacement clusters so that priority is given to the needs of older persons in its collective response action toward COVID-19 pandemic.

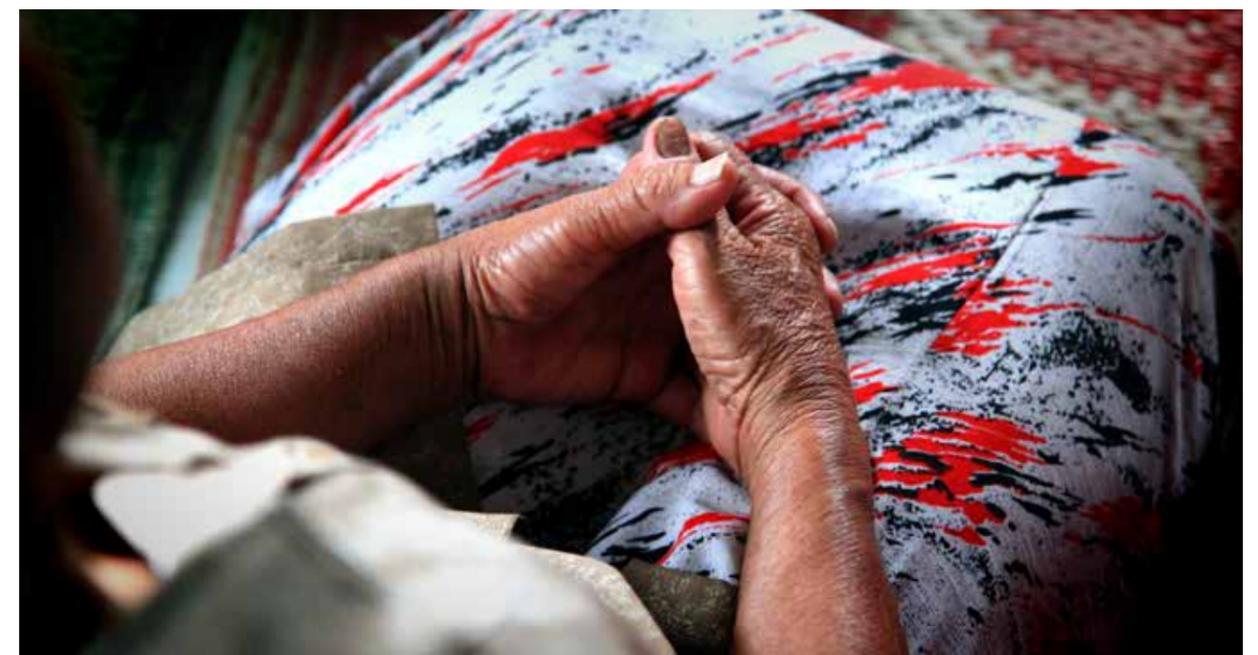
For example, in collaboration with Bappenas and Economic Research Institute for ASEAN and East Asia (ERIA), UNFPA Indonesia has provided technical assistance in a phone survey to explore the needs and experiences of older persons during the pandemic. Moreover, UNFPA Indonesia has distributed emergency supplies for older persons who reside in temporary shelters in Central Sulawesi, in collaboration with the Provincial Health Office, Provincial Women Empowerment and Child Protection office, and local non-government organisations (NGOs), namely

- **This pandemic exposes the cracks in our societies—and they are huge fault lines of age discrimination, of racism and gender discrimination, and of discrimination by ability and mobility. ●●**

Libu Perempuan, Yayasan Kelompok Pejuang Kesetaraan Perempuan Sulawesi Tengah (KPKPST), and Yayasan Kerti Praja (YKP).

With the Ministry of Health, UNFPA Indonesia is currently developing practical guidelines in the provision of essential services to older persons during disaster situations including the COVID-19 pandemic. "UNFPA is hoping to strengthen its partnerships with the Government of Indonesia and other stakeholders to ensure no one is left behind in humanitarian response as well as in development effort", says UNFPA Representative Anjali Sen.

The COVID-19 pandemic has made us aware of the specific needs of older persons, especially in humanitarian response. Now it is our homework to make meeting their needs a priority.



6

POPULATION DATA FOR DEVELOPMENT



The UN response, in support to national government efforts, recognizes the centrality of a government's role and the availability of quality data as the cornerstone of the COVID-19 response.



UNFPA in Asia-Pacific has long supported countries in gathering population data for development, including through the census, the Demographic and Health Survey (DHS), and other exercises. This helps governments gather the evidence they need to highlight development gaps and challenges that must be addressed, as well as fully understand a country's demographic profile under the wider umbrella of a thorough population count that is disaggregated in multiple ways.

A reliable data bank also strengthens a country's capacity to respond to crises, from humanitarian disasters to health crises such as the COVID-19 pandemic that struck countries on an unprecedented scale. In the humanitarian context, UNFPA supported the availability of Common Operational Datasets on Population Statistics.

DATA AS AN ACCELERATOR

"The UN response, in support to national government efforts, recognizes the centrality of government's role and the availability of quality data as the cornerstone of the COVID-19 response,"¹ said a key UN action framework for pandemic response in 2020.

As such, UNFPA worked in concert with other UN agencies globally and in Asia-Pacific to urgently gauge the socioeconomic impact of COVID-19, conducting interagency impact assessments, as well as rapid assessments in areas of gender-based violence, sexual and reproductive health, and youth-oriented services.

¹ BRIEF #2: PUTTING THE UN FRAMEWORK FOR SOCIO-ECONOMIC RESPONSE TO COVID-19 INTO ACTION: INSIGHTS. June 2020. p4. <https://www.undp.org/content/undp/en/home/coronavirus/socio-economic-impact-of-covid-19.html>

UNFPA Country Offices recognized early in the pandemic the need for rapid assessment data to inform COVID-19 interventions, spearheading COVID-19 impact assessments on SRH and increased risk of GBV among women and girls, including those most vulnerable such as persons with disabilities, older persons, refugees, internally displaced persons and migrants, as well as youth and key populations.

Decades of experience within national statistics offices and through coordination within the UN system positioned UNFPA as a key agency to conduct rapid assessments of the needs of specific population groups, aware of the importance of disaggregated data to address discrimination and entrenched inequalities, aiming to ensure that no one was left behind as the pandemic unfolded.

Conducting regular mapping with national and local actors of community-based services helped identify needs and support an evidence-based response. This mapping during the COVID-19 lockdown helped to identify and reach under-served communities with GBV, SRH, and psychosocial services, as well as providing evidence for the need for safe spaces for children and youth resulting from school closures.

Given lockdown and mobility restrictions in the pandemic context, it was not always possible to conduct planned data mapping or surveys, especially in areas that are remote or affected by other natural disasters or conflict. In some cases such data collection was postponed; in other cases the UNFPA country and regional offices provided normative guidance and technical support to advance alternative data collection methods or sources to ensure the needs of the most vulnerable populations were identified and addressed.

Since the start of the pandemic, we have produced regular regional COVID-19 situation reports highlighting the work of UNFPA in response to the pandemic. We continue to support efforts to learn more about the impacts of COVID-19, to better serve the most vulnerable, including the collection of data to ensure that everyone is counted.

CENSUS

As the world grappled with the spread of COVID-19, UNFPA had to address the implications of the outbreak on preparations and implementation of the 2020 census round.

150 countries (including 85 UNFPA programme countries) were scheduled to conduct census

enumeration in 2020 and 2021, hence the potential disruption of the 2020 census round was a significant challenge.

The COVID-19 pandemic threatened the successful conduct of censuses in many countries through delays, interruptions that could compromise quality, or complete cancellation of census projects. There were worries that domestic and donor financing for census could be diverted to address COVID-19 leaving the census without crucial funds.

Early on in the pandemic, UNFPA issued a technical brief on the implications of the crisis on census that was shared and discussed with governments and census partners globally, including in Asia-Pacific.

Several countries eventually took decisions to postpone census, or carried out the process using various approaches to adapt better to the difficult circumstances. Of the 12 UNFPA programme

countries in Asia-Pacific scheduled to conduct census enumeration in 2020, six countries ultimately postponed the census (Malaysia, Marshall Islands, Micronesia, Palau, Papua New Guinea, Thailand) and only six conducted census enumeration (China, Indonesia, Kiribati, Mongolia, Philippines, Vanuatu).

For countries proceeding with the 2020 census during the COVID-19 pandemic, the priority was to reduce the risk of transmission for all census personnel, and the general public. UNFPA published recommendations on how to reduce the risk of transmission and the procurement and use of Personal Protective Equipment (PPE) during census activities.

UNFPA recommended postponement rather than cancellation of census plans, stressing the value of census data. UNFPA further discouraged countries from using new data collection methods on short notice in order to avoid compromising quality, noting

that untested methods are likely to face unexpected challenges.

Instead, UNFPA recommended continuation of census preparations, including adaptations to the COVID-19 context, and using other existing data sources, such as the Demographic and Health Survey, to provide statistical information until a census data set could be obtained safely. And as the pandemic advances, new forms and methods to safely implement censuses are being considered and supported.

UNFPA globally launched a dashboard - the COVID-19 Impact on Census dashboard - to provide real-time monitoring of the impact of COVID-19 on censuses. The dashboard is updated continuously based on information received through UNFPA Country Offices. Tracking these national adjustments to census schedules is crucial for updating global support plans for censuses.





A new approach to Indonesia's population census

INDONESIA

The COVID-19 pandemic has disrupted numerous plans and projects. The 2020 population census is not an exception. However, it must go on despite numerous challenges.

"We are only left with 25 percent of the budget because of the COVID-19 pandemic... So, I encourage all of our colleagues to stay optimistic and to work with what we have," Dr. Suharyanto, Chief Statistician of BPS-Statistics Indonesia, explains during a recent online interview with the United Nations Population Fund (UNFPA).

Adjusting to the rapidly changing circumstances, BPS has come up with innovative ways to ensure that the census achieves the objectives as planned, including improved data accuracy and efficiency, while paying attention to safety and health protocols.

A New Approach to Population Census

The 2020 population census marks the first census in the history of Indonesia that combines online and offline methods (multi-mode data collection) as well as uses different sources of population data (combined methods).

The combined methods are a way to use different sources of data as pre-listing data for the conduct of the population census. In the case of Indonesia, BPS uses the registration data from the Population and Civil Registration Office (Dukcapil) as a basis of population listing. They also use population identity number (NIK) data to improve accuracy and make the results of population census as the basis of a policy reference.

●● The 2020 population census marks the first census in the history of Indonesia that combines online and offline methods as well as different sources of population data. ●●

The online population census commenced on 15 February 2020 on the BPS website. Initially, BPS intended to complete it before 31 March. However, due to the COVID-19 pandemic, information about the online census was not shared effectively, leaving BPS with no choice but to extend it until the end of May. With the hard work of the BPS team and all partners, around 51.4 million people, or 19 percent of the total population, participated in the online census, which was slightly lower than the target of 23 percent. Starting this September, the census was resumed with offline door-to-door data collection throughout September to reach the remaining 81 percent.

"I think this is a really large number. Twice the size of Australia's population... seeing the response from 51.4 million is incredible. There are many areas that do not have internet access. Digital literacy rate also has to be considered... So, I'm not disappointed with the result," Dr. Suharyanto says. "There are many important lessons that we learned from this online census as well. In 2030 we might be able to conduct the population census entirely online so that we don't have to go to the field anymore," he adds.

Census in the Time of Pandemic

Various adaptations have to be made during the preparation and implementation of the population census due to the restrictions of movement and implementation of health protocols during the COVID-19 pandemic. UNFPA has supported BPS in conducting this census, including in providing long-distance learning to train field census workers through IT based technology and self-learning via national television (TVRI) and radio (RRI) broadcasting in lieu of in-person training.

To further ensure the safety and health of both the census officers and the census targets, BPS implements strict health protocols for all census armies before going to and when they are in the field. "Following directions from the COVID-19 Taskforce, all of our officers have to take the rapid test. When they're in the field they have to wear masks, gloves, and face shields as well as wash their hands and maintain physical distancing," says Dr. Suharyanto.

In conducting the offline population census, BPS uses a zoning system based on the situation and condition of each region. They divide the country nation into three zones. In Zone 1, census field workers use drop-off and pick-up (DOPU) sites to distribute printed questionnaires to the community and collect them when they are filled in. In Zone 2, census field workers verify population data on the ground without detailed interviews. In Zone 3, which covers 41 districts in Papua and West Papua, the census field workers conduct face-to-face interviews to ensure the quality of data, while observing strict health protocols.

"In Papua and West Papua, the quality of the Dukcapil data is still not up to par. That's why we need to conduct interviews there... The point is we would like to improve the Dukcapil data... to build one population data in Indonesia," Dr. Suharyanto asserts.

Population Census Key to National Development

The complete enumeration of the dataset obtained during the online and offline 2020 population census will be supplemented in 2021 with a full form survey and random sample respondents. The data gathered will later update the population registration data. This comprehensive, complete and up-to-date population data will be used as the basis for policy making, development planning, national programming, and monitoring and evaluation.

"We will also use the data to make population projections that span to 2050. So, population census is not only critical to current planning, but also to anticipate what would happen... The population census is critical because it's key to policies across sectors," Dr. Suharyanto says.

7 INNOVATION FOR EQUALITY



Virtual reality will have a big impact on me and other health providers. It's really going to help us to maintain our skills and increase our self-confidence.



In a rapidly changing world, UNFPA needs dynamic solutions to meet the needs of women and girls and deliver sexual and reproductive health and rights for all.

We must embrace innovation to deliver on our three transformative results grounded in gender equality and human rights: to end preventable maternal deaths, end unmet need for family planning, and end violence gender-based violence and all harmful practices, including female genital mutilation and child, early, and forced marriage.

The UNFPA Innovation Fund has investments under four innovation thematic priorities—digital health, SRH commodities, data, and innovative finance. The Fund supports small to medium innovative ventures which test, rapidly prototype, pilot, and transition to scale new solutions through the Innovation Pipeline, alongside big signature initiatives to create “global goods” for the development community writ large.

Amid the COVID-19 pandemic, the need to innovate was more urgent than ever, as resources were stretched thin on the ground in delivering lifesaving sexual and reproductive health services, or responding to gender-based violence triggered during pandemic lockdowns.

Here is a selection of our innovation work in Asia-Pacific in 2020.

A LIFESAVING APP FOR PREGNANT WOMEN AND NEW MUMS IN BANGLADESH:

The informal settlements of Dhaka are chaotic, overcrowded and under-resourced. For pregnant women with few resources, it can be a challenge just to get to the health center for antenatal care. Even more tenuous are the links between midwives and obstetrics units in referral hospitals. UNFPA is bridging that gap and saving lives through an app that helps doctors, nurses, midwives and drivers work together as a team.

UNFPA Bangladesh's Azmal Hossain and Jennifer Stevens were part of the team that developed the app.

For more than 20 years, government partners have delivered health care for women in community health centres, but with surging populations there are still women who do not receive adequate care.

More than 80 per cent of women in Dhaka slums have normal births without complications. However, in complex cases, every moment counts in getting the mother to the hospital. "That was our key population; those rare births, that two out of ten that might need a higher level of care and be referred to hospital," Azmal says.

Designing the project from the point of view of the mother helped them to identify the main barriers to

accessing services. "The most basic is getting them the transportation," says Azmal.

Despite the buzz about digital connectivity, as they conducted research the team discovered that within two key groups in the process not everyone has smartphones: drivers and pregnant mothers.

The project began by conducting consultations with midwives, mothers, drivers and hospital staff. The sessions helped uncover gaps in the existing, piecemeal system. "On transport, there was a list of drivers who the midwife would call," Jennifer says. "Sometimes, at 3 a.m., nobody would respond. So she might have to go out in the street and look for a driver out there to take the family to hospital."

The informal settlements around Dhaka are labyrinthine and impassable for cars or ambulances. That became part of the project design. "In some countries, they identified systems like this and used existing Uber apps or things like that, which were not options for us because you can't get a car into the slums," Jennifer says. "We're talking bikes and rickshaws with drivers who know the neighbourhood."

The app identifies a pool of drivers for each patient who will be on call and who are familiar with the locations of the family's home, health centre and hospital.

While streamlining transport was a major part of the project, improving patient information transfer was the other big step forward that the app facilitated. Reducing the time lost looking for drivers, tracking down patient files, testing for blood types – all these improvements increase the chances of survival for mothers and their babies.



VIRTUAL REALITY REDUCES MATERNAL DEATHS IN TIMOR-LESTE:

Dr Eni Lila Dila works at the Maubisse Referral Hospital in a remote part of Timor-Leste. She knows from experience how difficult complicated births can be in a hospital that is often under-resourced. Dr Eni took part in a 26-day obstetrics training course in the capital Dili and got to practice challenging cases using a virtual reality (VR) training platform being developed by UNFPA.

"The main reason for me to decide to become a doctor is because in Timor-Leste there are not enough doctors; the problem with health is so vast," Dr Eni says.

She decided to focus on maternal health and now runs the unit that seeks to ensure safe births in the rural interior of Timor-Leste, where lack of reliable roads or transport can deny women access to services. "I'm working in a mountainous area with very difficult access," she says.

Dr Eni's maternal health unit gets referrals from villages even higher in the mountains and she often has cases where there are complications and she has to make life and death decisions based on her training. She says that there are many gaps in resources, skills and policies: "In maternal health services, we are facing a lack of ability and knowledge of how to deal with complications. There's a lack of equipment and no guidelines on how to manage obstetrical problems."

Dr Eni is one of the first doctors in Timor-Leste to try out and provide inputs into the VR platform, which

will teach students how to handle complications in childbirth. Eni says she was amazed by the learning experience. "I never, never imagined something like this. This is an excellent tool to enhance our abilities, because you will see something in the headset, but it's as if it's real for you."

At the hospital in Maubisse, Eni will be busy treating patients. But when she has a moment, she'll be thinking about learning new skills on the VR platform. "VR will have a big impact on me and other health providers," she says. "It's really going to help us to maintain our skills and increase our self-confidence."



A LEGENDARY QUEEN AND A CHATBOX EMPOWER YOUNG PERSONS IN MONGOLIA:

Enkhmaa Baatarkhuu is 18 years old and lives with her son and parents in the Nomgon district of Ömnögovi province. After graduating from ninth grade, Enkhmaa moved to the provincial capital to pursue further studies but got pregnant at the start of tenth grade and left school.

She took part in a pilot project with UNFPA to try out the Mandukhai Facebook-based chatbot, a new way of getting information about sexual and reproductive health online. The chatbot icon is based on a legendary Mongolian queen.

Young persons are able to ask questions on family planning and sexuality and reproductive health round the clock via the chatbox. Through messaging with Mandukhai, Enkhmaa learned that provincial hospitals distribute free contraceptives through primary health-care centres.

Enkhmaa says that the answers provided by Mandukhai were accurate, easy to understand and short, which was good because "we don't read long answers". She explained that the openness and confidentiality of the chat made a big difference:



●● **Social media data is real-time, so we are able to capture sentiments about certain topics around family planning as they are happening.** ●●

"The most important thing was that Mandukhai would keep my secret. Girls prefer to chat online rather than having a face-to-face discussion when it comes to sexual and reproductive health issues."

Enkhmaa thinks that the need for a platform such as Mandukhai is urgent, because the lack of information is disrupting girls' lives. "We need counsellors like Mandukhai," she says, "to access information so we can make informed decisions that protect us from unwanted pregnancies, unsafe abortions, and sexually transmitted infections."

Enkhmaa found the whole experience easy and helpful. "I will continue using Mandukhai," she says. "She will be my friend and I'll tell others to consult Mandukhai about adolescent sexual and reproductive health."

BIG DATA AND FAMILY PLANNING IN THE PHILIPPINES:

Social media has transformed the way young people in the Philippines talk about women's health issues such as contraception and sexual rights. Candid conversations are happening online. UNFPA Philippines has developed a tool to track what people are concerned about so that public health messages can connect with the women and girls who need them most.

Andrew Bautista and Norbie Mendoza were part of the team that developed the artificial intelligence-powered tool. They said the first step was finding out where to look.



"The tool is designed to scour, or 'scrape', social media feeds in publicly available posts on Twitter and Facebook," Andrew explains. "The hope is that we can look into the sentiments behind these posts so that we can take a much closer look at what people think about these topics, especially in the areas of reproductive health, education, population and development, and family planning."

They got started when their UNFPA Innovation Fund proposal was selected; the project was part of a national effort to design tech projects to improve healthcare in the Philippines.

"What we're looking into with the project is how we can have more data mining, more real-time data in terms of what people think or know about family planning," says Andrew.

Norbie remembers that close consultation with partners was an important part of the development of the tool. "We started first with a design-thinking process," he says. "Together with government stakeholders, we researched and validated the idea in terms of its usefulness."

The team was motivated to design a tool that could provide more timely data than traditional surveys and other health data sources. "Social media data are given in real time," Andrew says, "so we're able to capture these sentiments about certain topics around family planning as they are happening."

Norbie explains that one of the important lessons was discovering which keywords would help them gather the buzz on issues such as safe sex and gender-based violence. "It is not random," he says. "We do the scraping by using a set of keywords. So these keywords started with ideas about family planning and then we had to identify other keywords."

The central innovation is the combination of a big data set with an algorithm that does sentiment analysis. "It classifies the sentiment of the post, if it's

positive or negative," Andrew says. "It does that by analysing the language of the post in context."

They emphasize that it's an ongoing process whereby machine learning helps the tool to get better at spotting the conversations that matter. "What we do is, we feed into the machine-learning component of the platform so it actually improves," Norbie says. They go through sets of tweets and teach the algorithm which ones are important and which ones it can ignore.

Andrew says that they followed the same process with keywords. It took some time to teach the tool how to filter out "noise". "If we added a new term like 'rubber' (a word used to refer to condoms), we got a lot of noise," he says. "But if you add an exclusion criterion to remove posts with the word 'car' in them, the scope narrows and the tool can learn. So we tried to put qualifiers into the scraping algorithm to make sure that we were scraping relevant discussions about condoms and sex."

The project has been meticulously documented so that they can learn as they go. "It's a learning process for us," Norbie admits. "We started with the idea that it would be really straightforward. We just put in the keyword. But then we realized that it's not as simple as we thought it was, so we had to learn along the way how to improve."

The platform has improved and it's now in its second year, with dynamic data graphing painting a first picture of what is happening with young people online in the Philippines. "It's very interesting to see what people are actually talking about," Andrew says. "We were surprised that these are conversations that are really happening."

He points out that the platform has multiple applications. "We are seeing that it's actually a very useful tool in terms of evaluating and monitoring the impact of your communications in our advocacy work," he says.

They can trace how major news stories on issues such as reproductive rights resonate on social media. "If there's some news piece on one of the major networks about an issue relating to contraception or childbirth," Andrew says, "right away we see that there will be an increase in the number of tweets or posts on the issue."

The goal is to get the platform to the point where it can help shape and inform programming. "As it improves and we're able to see what people's sentiments are," Norbie says, "we can actually adapt programmes to be more responsive to people's needs, rather than taking a more top-down approach."



PARTNERSHIPS, COLLABORATION AND BUILDING BACK BETTER



The challenges of the COVID-19 pandemic presented the UN family with an intensified need to collaborate and work more closely together, in which UNFPA was a significant stakeholder.



Well before the COVID-19 pandemic, UNFPA had proven itself to be a significant contributor to, and partner in, the UN Reform process initiated by Secretary-General Antonio Guterres globally, including in Asia and the Pacific. The challenges of the COVID-19 pandemic in 2020 presented the UN family with opportunities as well to collaborate more closely and effectively, and UNFPA was a significant stakeholder in this process.

A KEY CONTRIBUTOR TO UN REFORM - AND A KEY PARTNER WITH THE WIDER UN FAMILY

In 2019, the Secretary-General had outlined five transformative areas for restructuring United Nations regional assets in support of the 2030 Sustainable Development Agenda. These included a unified UN internal mechanism for regional coordination; the establishment of strong regional knowledge-management hubs; annual reporting on system-wide UN results at the regional level in support of the Sustainable Development Goals; the consolidation of existing capacities on data and statistics; and the identification of administrative services that could be provided through common back offices.

The UN system under the Economic and Social Commission for Asia and the Pacific (ESCAP), has begun to implement these programmes in our region, including within the context of the response to the COVID-19 pandemic.

UNFPA is contributing to strengthened, integrated support to UN Country Teams (UNCTs) and governments in Asia-Pacific to achieve the 2030 Agenda and the ICPD Programme of Action, as a part of UN development system efforts.

We are actively engaged in the Regional Collaborative Platform, incorporating the Issue-Based Coalitions, various working groups and the Peer Support Group. UNFPA is the co-chair of the Issue-Based Coalition on Human Rights, Gender Equality and Women's Empowerment, as well as co-chair of the Regional Collaborative Platform Working Group on Data and Statistics.

UNFPA is also supporting Member States in tracking progress made on country commitments towards achieving the ICPD Programme of Action in the context of the SDGs.

The ESCAP Committee on Social Development, a key UNFPA partner, endorsed the Asia Pacific Indicator Framework for Voluntary Monitoring of Progress towards the Implementation of the ICPD Programme of Action and the commitments contained in the Asian and Pacific Ministerial Declaration on Population and Development (APMD), developed jointly by ESCAP and UNFPA.

In addition to providing technical guidance on monitoring progress towards ICPD and the APMD, drawn primarily from SDG indicators, the framework will also support national reporting and analysis of progress towards Agenda 2030.

UNFPA's contributions and commitment to UN Reform were noted in the 2020 Asia Pacific SDGs Progress Report issued by ESCAP - reflecting strongly on our lifesaving work for women, girls and young persons across the region, both in the context of the COVID-19 pandemic and beyond.



HUMANS OF ICPD: PARTNERSHIPS IN ADVOCACY AND STORYTELLING WITH A HUMAN FACE

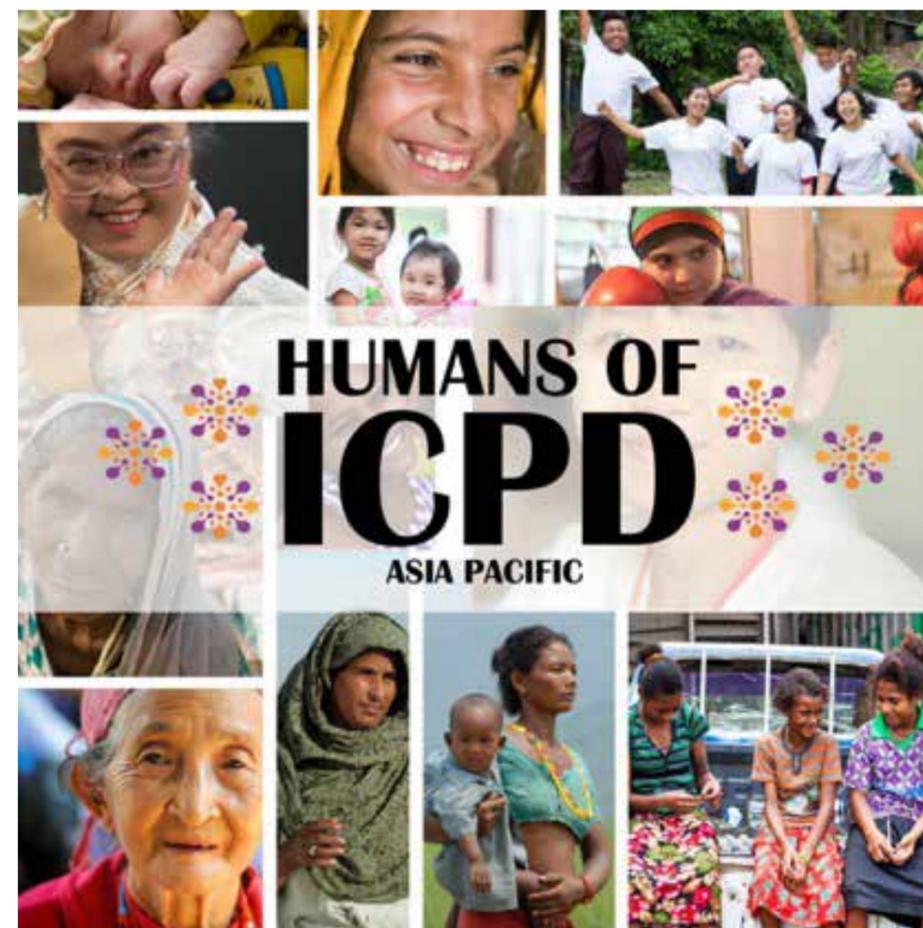
In 2020, we relaunched Humans of ICPD, a compelling online initiative that showcases inspiring personal stories of individuals as well as partnerships that work to achieve zero maternal deaths, zero unmet need for family planning, and zero gender-based violence and harmful practices against women and girls - transformative results all the more crucial as the region, and the world, seek to emerge from the devastation wrought by the COVID-19 pandemic.

Humans of ICPD was initially unveiled on Facebook and Instagram in November 2019, as UNFPA and partners convened the Nairobi Summit to commemorate the 25th anniversary of the International Conference on Population and Development (ICPD) in Cairo.

Through the initiative, UNFPA Asia-Pacific was able to identify online influencers who could be converted into ICPD partners to help amplify UNFPA's mission guided by the ICPD Programme of Action. These

partners supported our work amid COVID-19 in 2020, sharing our social media and online content through their significant networks, including activists and advocates such as Priyanka Chaudhary Raina and Chavi Vohra (a.k.a. @SDG2030 on Twitter) of India, and Shin Koyamada of the Koyamada Foundation (Japan and the United States).

"By putting rights and choices at the centre of socioeconomic development policies, we're emphasising that every person counts," explained UNFPA Asia-Pacific Regional Director, Bjorn Andersson. "Every story counts, whether it's the stories of new mothers and the midwives who help deliver their babies. The stories of people who want to better plan their families, freely deciding if or when to have children or not, and how many. The stories of women and girls seeking lives free of gender-based violence and those helping tackle this lingering menace to rights and to peace. The stories of older persons insisting on their right to contribute their skills and talents for as long as they are able. In short, we are all Humans of ICPD, and our initiative seeks to establish and strengthen that common thread in this diverse region, using the power of social media to connect, share and celebrate the movement."



UN POPULATION AWARD 2020 DEMONSTRATES THE VALUE OF PARTNERSHIPS

The United Nations Population Award, which every year honours an individual and/or institution for outstanding contributions to population and reproductive health questions, was presented to two laureates from Asia during a virtual ceremony held on 10 December 2020.

The laureates were UNFPA India's longtime partner HelpAge India, in the institutional category, and Her Majesty Gyalyum Sangay Choden Wangchuck, Queen Mother of Bhutan and a UNFPA Goodwill Ambassador, in the individual category.

HelpAge India has been working with and for disadvantaged elderly people in India for nearly four decades, enabling them to live active, dignified and healthier lives. Working in 20 States across India, the organization also provides employment opportunities to older people, advocates for their rights in the community and helps local organizations to support them. The organization has been very active in responding to the challenges of the COVID-19 pandemic that has hit older persons particularly hard.

Her Majesty Gyalyum Sangay Choden Wangchuck is a longtime champion of sexual and reproductive health and rights and the need to end violence against women, girls and children in Bhutan. Among her many achievements in recent decades, she has helped to create an enabling environment to openly discuss sexual reproductive health in the kingdom and founded a volunteer organization called "Respect, Educate, Nurture and Empower Women" (RENEW) in 2004. She has also been a Goodwill Ambassador for UNFPA for more than 20 years.



BUILDING BACK BETTER FOR A SUSTAINABLE AND RESILIENT FUTURE- WITH GRATITUDE AND TRUST

The challenges of 2020 were truly unprecedented. But through accountable coordinated action and diverse partnerships, UNFPA in Asia-Pacific was able to deliver results, providing lifesaving care and supplies, and helping meet the needs of the most vulnerable.

Our partners consist of governments, United Nations agencies, intergovernmental bodies, businesses, foundations, civil society organizations, parliamentarians, philanthropic organizations, academia and media.

These partnerships are based on shared values and aim to leverage the combined strength of each partner to achieve a level of impact that would otherwise not be achievable independently - a point driven home repeatedly amid the COVID-19 pandemic. We are thankful to our partners for the results we have collectively achieved.

The partnerships and engagement with communities and civil society organizations are absolutely essential to ensure relevant, empowering and accountable programmes and responses.

We would also like to express our gratitude to all our donors that demonstrate their trust in us by supporting our work through core and non-core contributions - and whose flexibility in 2020 facilitated our effective response to the pandemic all the more, benefitting millions across Asia-Pacific. .

The greatest lesson learned through this challenging year - and the ongoing challenges of 2021 - is the importance of working together, of sharing information and resources, of the One UN philosophy and work modality we strive to uphold, and the humanity we strive to serve.

Truly, we stand together, or we fall apart. This report provides just a snapshot of the story of how UNFPA in Asia and the Pacific has adapted, how the pandemic has impacted our goals, and how the lessons learned will be used to advance our mission as we build back better towards a brighter future.





**Ensuring a world where
every pregnancy is wanted,
every childbirth is safe,
and every young person's potential is fulfilled.**



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