



## COVID-19 IPPF Innovation and best practice: Leaving no one behind

**“I got married when I was 17. A year and a half later I got pregnant. Last year I met Valya, the health mediator. She invited me to take part in a women’s group. During these meetings we spoke often about contraception. I started to discuss with my husband. That’s how 6 months ago I decided to have an IUD. My friends told me I am crazy, they said I have only one child. I know for myself that I can decide for when to have a child and I did that consciously”.**

A 20-year-old woman, Kosharnik quarter, Montana, Bulgaria

**People living with disabilities (PWD), indigenous populations, refugees, migrants, people with diverse sexual orientation, gender identity and expression, sex characteristics (SOGIESC) and other minorities experience the highest degree of marginalization and exclusion from health promotion initiatives and service access. Inequality, exclusion, and discrimination limit their access to adequate resources, opportunities, and basic healthcare, resulting in individuals being more vulnerable to experience further discrimination and inequal access to health services. When a disaster occurs, these communities are most likely to be forgotten.**

The UN states that the COVID-19 pandemic worsened gender inequalities for marginalized communities<sup>1</sup>, with alarming rates of gender-based violence, and that the pandemic is “deepening pre-existing inequalities that perpetuate multiple and intersecting forms of discrimination, as well as racism, stigmatization and xenophobia”<sup>2</sup>. Pre-existing gender gaps have amplified the crisis asymmetrically between men and women, even as women have been at the frontlines of managing the crisis as essential workers<sup>3</sup>. Extending reach to these populations with integrated SRH and sexual and gender-based violence (SGBV) care and protection remains an urgent priority. In response to the pandemic, innovative approaches that combine SGBV helplines and home-based services have been expanded by various IPPF Member Associations (MAs) worldwide.

SRHR is often not recognized as a government priority during emergencies, resulting in additional barriers to provide and access to essential health services, especially for women. The situation for marginalized communities, who are already experiencing discrimination and multiple barriers to accessing information and services, can be catastrophic. Targeted and innovative approaches to reach these individuals are essential to ensure no one is left behind.

The initial findings of IPPF's COVID-19 impact survey March 2020 indicated the Bulgarian Family Planning and Sexual Health Association (BFPA) had to respond to the issues faced by many Roma communities, especially women and girls, that were left behind when the country went into a lockdown.

This Learning Brief highlights adaptations and innovations through BFPA's Roma support plan and work in response to the pandemic.

## COVID-19 impact

Bulgaria's COVID-19 pandemic has highlighted problems that BFPA and other organizations have focused on for several years. The poorest Roma communities are most at risk for several reasons: lack of infrastructure and water, poor living and hygiene conditions, illiteracy, barriers in access to health services and the mass recruitment of workers from these communities in Western Europe. Several villages and Roma neighbourhoods were isolated and under police quarantine, causing additional ethnic tension and continuing impoverishment of this population. The country faces a severe economic crisis, and Roma communities are most affected by growing unemployment and poverty rates.

## Enhancing services in the pandemic

For many years, BFPA has been working to bring about change, targeting political decision-makers, primary health care providers and Roma communities. Participation of Roma people themselves, is at the heart of the work, particularly young people, who are trained to become peer educators and advocates for change. Health mediators are a crucial bridge between communities and the health system.

From the very beginning of the pandemic, BFPA has been organizing and supporting the work of health mediators in the Roma neighbourhoods in close collaboration with the National Network of Health Mediators (NNHM). Help came from NGOs and the Roma health mediators' network, who shared information on COVID-19 measures, disinfectants, soaps, and food to those in need. BFPA was one of the first associations to develop a flyer to explain COVID-19 actions to be taken and this was reprinted many times by numerous institutions and translated into Turkish for the Millet - the Turkish speaking Roma.

The work of the health mediators in the Roma communities during the pandemic, supported by BFPA, received a positive response from the media and government institutions. Interest in health prevention information is growing, and more people trust professionals and try to recognize misinformation. Flexibility and new approaches for working in this environment will be most important for the coming year and BFPA will try to turn the challenges into opportunities in its strategy to promote SRHR issues and better access for vulnerable groups to health services.



# Leaving no one behind through work with health mediators



The pandemic has highlighted the vital role health mediators play, linking the Roma community, health care providers and the local health authorities and other stakeholders to improve access to care. With the closure of healthcare facilities and restrictions such as curfew, needs were not being met. Information, material, and essential services were absent, especially for those most vulnerable and needing support.

BFPA's work with health care providers – in close collaboration with the National Network of Health Mediators - and their constant efforts for better recognition of health mediators' work within the communities has resulted in important advocacy wins. BFPA was part of a working group that in 2019 had helped register health mediators within primary legislation, securing their inclusion in Bulgaria's Health Law. The Association continued working through a new group to create a sub-law through which SRH and Family Planning became part of the job description of mediators (it passed through the council of ministers and was officially published in August 2020). Another victory was achieved after long-lasting efforts when the government approved a 15 per cent increase to health mediators' salaries in the government's 2021 budget - on top of an additional payment connected with COVID-19, that will disappear after the pandemic.

## Lessons

- COVID-19 has amplified existing weaknesses within the systems. It has increased pre-existing barriers for different communities to access care and support. This situation creates high-risk situations within these populations as the means and tools to protect themselves are often absent. A proactive approach is needed to avoid the repetition of such dynamics.
- Work with the community and peers is crucial, and the work done by NGOs and health mediators has been critical during the pandemic to reach out to those most in need.
- The work performed by Roma health mediators, also related to SRHR, helps address the gaps within the system.

## Key challenges

- Many Roma people had to return from abroad (where the jobs they were doing became impossible to carry out due to COVID-19 restrictions). BFPA tried to avoid a humanitarian crisis and urged the government and municipalities to ensure water and basic food supplies during the quarantine.
- Lack of PPE for health care providers, and low levels of basic hygiene equipment for Roma communities to protect themselves.
- Within several Roma districts, quarantine rules were not observed due to lack of information and overcrowded housing.

## Next steps

- Continue work to create a more supportive and structurally embedded role for Roma health mediators within all countries where Member Associations work with these communities.
- Help BFPA to continue work in an environment that is safe for those reaching these communities.
- Continued training to increase the number of young people who are part of the process for change within their communities.





## Recommendations for SRH services, governments, and civil society organizations (CSOs)

- Sexual and reproductive health (SRH) services must be rights-based and comprehensive, including sexual and gender-based violence (SGBV) prevention and care management, and offer tailored access points for vulnerable and marginalized communities – including migrants, refugees, people living with a disability and people with diverse sexual orientation, gender identity and expression, sex characteristics (SOGIESC), especially during crisis periods. Information, guidelines and key SRH supplies for timely self-care and protection should be readily available.
- Governments should ensure that national risk mitigation strategies include access to essential SRH services, including SGBV care and prevention. In order to improve access for vulnerable and marginalized communities, a focus on innovative approaches is vital, such as decentralising services through mobile units, working with the community in outreach services, and developing self-care protocols and tele-health interventions, including for SRHR information and services.
- Civil Society Organizations (CSOs) must continue to advocate for prioritizing interventions and policies to address the specific health needs of people who are marginalized or left behind. By piloting and championing context-specific and population-sensitive initiatives, such as support and consultation helplines, inclusive training for staff and front-line workers, outreach services focusing on refugee and migrant populations, and including SRH care and services in national health benefits packages.

## Endnotes

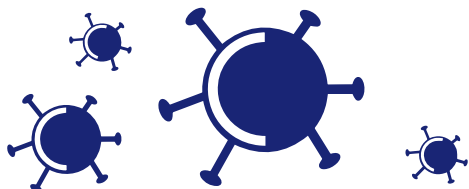
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- [3] World Economic Forum. "Global Gender Gap Report" March 2021: Geneva. Available at: [http://www3.weforum.org/docs/WEF\\_GGGR\\_2021.pdf](http://www3.weforum.org/docs/WEF_GGGR_2021.pdf)

## IPPF COVID-19 Impact Surveys

IPPF COVID-19 Impact survey 1 March 2020: [COVID-19 Survey Results | IPPF \(ippf-covid19.org\)](#)

IPPF COVID-19 Impact survey 2 June 2020: [COVID-19 Round 2 Survey Results | IPPF \(ippf-covid19.org\)](#)

IPPF COVID-19 Impact survey 3 November 2020: [COVID-19 Round 3 Survey Results | IPPF \(ippf-covid19.org\)](#)



## About BFPA

The Bulgarian Family Planning and Sexual Health Association (BFPA) focuses on advocacy, and on information and education activities for the whole community, but with a particular emphasis on young people.



The organization runs comprehensive sexual and reproductive health care clinics in Sofia and other cities. The clinics function as training centres for health personnel and social workers. BFPA is working in close partnership with the government on a project designed to extend these facilities to other parts of the country.

## Who we are

The International Planned Parenthood Federation (IPPF) delivers sexual and reproductive health services that let people make their own choices. We fight for everyone to exercise their right to make those choices. We are local, through our members and volunteers, and global, through our network. We meet need, wherever it is, whoever requires it, for as long as they want it.

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Image 1: Bulgaria/ BFPA  
Image 2: Bulgaria/ BFPA  
Image 3: Bulgaria/ BFPA  
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