**UNFPA Contributions and Submission to the Office of the United Nations High Commissioner for Human Rights**

The pandemic and its long-term ramifications have revealed many of the structural issues that underlie societies, highlighting systemic inequalities across race, gender, socioeconomic status, and others. In humanitarian contexts, the pandemic has exacerbated the challenges already impacting communities in need, be it through health risks, the economic fallout, or on human rights and social harmony.

This is especially true for women and girls who, as is the case with most humanitarian crises, continue to bear the brunt of the pandemic. In addition to being at higher risk of contracting the virus due to shouldering a larger portion of frontline response and caretaking responsibilities, women and girls continue to face higher risks of gender-based violence, which have been significantly heightened in light of the pandemic and its consequences. The web of violence besetting them has only expanded; movement restrictions have meant that more women and girls will face even greater difficulties accessing basic sexual and reproductive health services, while those suffering violence at home are no longer able to escape their abusers. Meanwhile, the socioeconomic fallouts have heightened the risks of exploitation and negative coping mechanisms like child and forced marriage. Additionally, as governments shift resources away from development and towards pandemic response, investments in challenging social norms that stifle the rights of women and girls will become even less of a priority, and threatens the progress achieved in past years.

Since the onset of the pandemic, UNFPA has been aware of these risks and challenges, and has made significant changes to its programmes to ensure they are being addressed. UNFPA offices throughout the globe have continued to focus on innovations and alternative solutions that guarantee the continuity of services to those in need, maintaining safe access to health facilities that provide sexual and reproductive health services while tailoring programmes to allow for continued support to survivors of gender-based violence.

UNFPA has focused the COVID-19 response on advocacy for continuity of sexual and reproductive health services at national and sub-national levels in programme countries. In addition, to monitoring disruptions of SRH services and providing technical support to overcome the bottlenecks in service delivery. UNFPA focused on strengthening the operational and logistics support to national supply chains including providing PPE to health workers and facilitating additional supplies of modern contraceptives and other lifesaving SRH commodities. UNFPA continued in support the capacity building efforts for frontline SRH workers and health facility optimization for COVID-19 through virtual training platforms and mentorships. Support risk communications and community engagement initiatives aimed at reducing risk of COVID-19 transmission while addressing the increasing fear of health facilities by communities especially for women and girls.

UNFPA continued to focus on preventing and addressing GBV and harmful practices. UNFPA continued to protect the rights of the health providers the majority of whom are women from infection by providing personal protection equipment (PPE) and to support them with infection prevention and control (IPC) measures where possible.

While much attention has been focused on health concerns, reports of the social-psychological effects arising from this outbreak have been on the rise, from mental health impact and domestic conflicts, to blatant expressions of systemic racism.  More concerning, these social-psychological effects may have longer-term ramifications beyond the pandemic. There have been increasing reports of suicide cases arising from the pandemic.

The COVID-19 pandemic has created a global crisis, affecting lives and communities worldwide. Due to COVID-19, adolescent girls face a myriad of risks—ranging from an increased likelihood of exposure to violence and early marriage, to catastrophic learning, health and economic losses. Despite these concerns, girls’ unique needs have not been adequately prioritized in response plans and donor investments. UNFPA estimates that 13 million more child marriages could take place by 2030 than would have occurred prior to the COVID-19 pandemic. In addition, information about girls’ experiences often remains hidden within existing data, obscuring the complexity and uniqueness of their situation.

To strengthen and facilitate programming UNFPA this year launched the [Population Vulnerability Dashboard](https://covid19-map.unfpa.org/). A tool designed to provide policy-makers and partners with access to information on population vulnerabilities to COVID-19, as it relates to age, sex, isolation, residential density, and access to water.  It contains data on population projections, for more than 200 countries, as well as national health sector readiness.

Maternity services should continue to be prioritized as an essential core health service, and other sexual and reproductive health care such as family planning, emergency contraception, treatment of sexually transmitted diseases, post-abortion care and where legal, safe abortion services to the full extent of the law, also need to remain available as core health services. Early data suggests a drop in facility-based care in many countries and projections of rising maternal mortality. And one of the technical briefs developed by UNFPA is focused to support countries to address issues related to maternity services. <https://www.unfpa.org/resources/covid-19-technical-brief-maternity-services>

Maternity care providers including midwives and all other health care workers providing maternal and newborn care, whether based in health facilities or within the community, are essential health care workers and must be protected and prioritized to continue providing care to childbearing women and their babies. UNFPA advocated for the rights of midwives issued a Global Call to Action: Protecting Midwives to Sustain Care for Women, Newborns and their Families in the COVID-19 Pandemic. [https://www.unfpa.org/resources/global-call-action-protecting-midwives-sustain-care-women-newborns-and-their-families#](https://www.unfpa.org/resources/global-call-action-protecting-midwives-sustain-care-women-newborns-and-their-families)

UNFPA was able to issue several COVID-19 technical briefs <https://www.unfpa.org/covid19>

Related to SRH and GBV technical briefs to guide staff, countries and partners in addressing COVID-19

[● Impact of COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage](https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital)

● [Implications of COVID-19 for Older Persons: Responding to the Pandemic](https://www.unfpa.org/resources/implications-covid-19-older-persons-responding-pandemic)

● [Technical Brief on the Implications of COVID-19 on Census](https://www.unfpa.org/resources/technical-brief-implications-covid-19-census)

● [Adolescents and Young People & Coronavirus Disease (COVID-19)](https://www.unfpa.org/resources/adolescents-and-young-people-coronavirus-disease-covid-19)

● [Gender Equality and Addressing Gender-based Violence (GBV) and Coronavirus Disease (COVID-19) Prevention, Protection and Response](https://www.unfpa.org/resources/gender-equality-and-addressing-gender-based-violence-gbv-and-coronavirus-disease-covid-19)

● [Sexual and Reproductive Health and Rights: Modern Contraceptives and Other Medical Supply Needs, including for COVID-19 Prevention, Protection and Response](https://www.unfpa.org/resources/sexual-and-reproductive-health-and-rights-modern-contraceptives-and-other-medical-supply).

● [Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19](https://www.unfpa.org/resources/sexual-and-reproductive-health-and-rights-maternal-and-newborn-health-covid-19-0)

● [COVID-19: A Gender Lens](https://www.unfpa.org/resources/covid-19-gender-lens)

● [Global Call to Action: Protecting Midwives to Sustain Care for Women, Newborns and their Families in the COVID-19 Pandemic](https://www.unfpa.org/resources/global-call-action-protecting-midwives-sustain-care-women-newborns-and-their-families)

● [COVID-19: Working with and for Young People](https://www.unfpa.org/resources/covid-19-working-and-young-people)

● [Not on Pause: Responding to the sexual and reproductive health needs of adolescents in the context of the COVID-19 crisis](https://www.unfpa.org/resources/responding-sexual-and-reproductive-health-needs-adolescents-during-covid-19-crisis)

● [Invisible but not Forgotten: Risk communication and community engagement with young people left behind during the COVID-19 pandemic](https://www.unfpa.org/resources/risk-communication-and-community-engagement%C2%A0-young-people-left-behind-during-covid-19)

● [Learning Beyond the Classroom: Adapting CSE education programming during the COVID-19 pandemic](https://www.unfpa.org/resources/adapting-comprehensive-sexuality-education-programming-during-covid-19-pandemic)

● [Equality for Girls in Crisis: Adapting child marriage and adolescent girls programming during the COVID-19 pandemic](https://www.unfpa.org/resources/adapting-comprehensive-sexuality-education-programming-during-covid-19-pandemic)

* [Adolescents, Youth and COVID-19 Q&A](https://www.unfpa.org/resources/adolescents-youth-and-covid-19-qa)

● [#youthagainstcovid-19 Campaign: All that you need to know](https://www.unfpa.org/resources/youthagainstcovid19campaign-%E2%80%93-all-you-need-know)

● [Surveys and assessments on young people and COVID-19: Domains, questions and resources](https://www.unfpa.org/resources/surveys-and-assessments-young-people-and-covid-19)

UNFPA teams around the world are working tirelessly to support the rights and choices of all women, girls, and young people during the unprecedented COVID-19 crisis we face today. Doing things differently to solve challenges through innovation is needed now more than ever.

The COVID-19 pandemic threatens the successful conduct of censuses in many countries through delays, interruptions, or complete cancellation of census projects, yet more than ever the need of reliable population data to guide national-level decision-making and accountability to ensure no one is left behind. Given this context, UNFPA is supporting National Statistical Offices around the world to address the implications of the COVID-19 outbreak on the preparations and implementation of the 2020 census round, which is expected to be conducted in 150 countries in 2020 and 2021.

To actively monitor and track countries' plans for their census preparations, UNFPA has created a dashboard that allows visualizations of the implications of COVID-19 on the censuses. The dashboard can display information in both map and tabular formats, and will be updated on a regular basis when news and changes are shared by national staff. To date, 26 countries have already postponed their census, 28 countries are considering delays or postponements, 21 countries are monitoring the situation, and 15 countries are facing disruptions in performing their census.

UNFPA continues to play a lead role in GBV prevention, mitigation and response both through programme implementation and inter-agency coordination. A Guidance Note on Establishing GBV Coordination Mechanisms in Global Humanitarian Response Plan (GHRP) countries in response to the global pandemic draws on the [Handbook for Coordinating GBV in Emergencies](https://gbvaor.net/sites/default/files/2019-07/Handbook%20for%20Coordinating%20GBV%20in%20Emergencies_fin.pdf). There is growing evidence that women and girls affected by the COVID-19 pandemic in crisis and displacement contexts face increased risk of domestic violence/intimate partner violence and sexual exploitation and abuse, in addition to and resulting from loss of income and household stress. UNFPA in the Arab States is increasingly investing in cash and voucher assistance (CVA) as one modality to address economic barriers to access SRH and GBV services or purchase necessary items. At the global level, UNFPA developed a [Cash and Voucher Assistance overview](https://gbvaor.net/sites/default/files/2020-05/UNFPA%20CVA%20Tip%20Sheet%20%231%20-%20CVA%20Overview.pdf) and [Humanitarian Cash and Voucher Assistance Tip Sheet on CVA and COVID-19](https://reliefweb.int/report/world/humanitarian-cash-and-voucher-assistance-cva-tip-sheet-cva-and-covid-19) for best practices. UNFPA, with the support of the Regional GBV in Emergency Advisors, has developed a short guide and tip sheet for GBV Coordinators, [Cash and Voucher Assistance: Your role as GBV Coordinator](https://arabstates.unfpa.org/en/node/52175) to introduce and champion GBV risk mitigation across CVA interventions.

**Country examples:**

* **Afghanistan:** SRH services have been provided to 22,500 people affected by the crisis in Herat, Kandahar, Nangarhar, Laghman and Kunar provinces since June 2020. In addition to 3,500 men and women have received mental health and psychosocial support services in Kabul, Herat and Kandahar provinces.
* **Bhutan:** Online monthly consultations with EmONC focal points from 51 hospitals to monitor quality of maternal health care services.
* **Bangladesh:** 197,452 women of reproductive age have been provided with SRH services in Cox’s Bazar and areas affected by cyclones and floods in 2020. Plus, 156,836 people reached with GBV prevention, risk mitigation and response services in 2020 in Cox’s Bazar and other areas affected by floods and cyclones.
* **China:** UNFPA continues to provide technical assistance to various UNFPA Country Offices on the procurement of PPEs for health workers.
* **Pakistan:** UNFPA continues to support health staff through provision of PPE. Close to 50,000 PPEs and hygiene kits have been distributed nationwide. Additional procurement of 200,000 masks is underway
* **Viet Nam**: A smartphone application was developed for piloting telehealth interventions for provision of SRH and family planning services targeting ethnic minorities and migrant workers in six communes of two districts
* **Philippines:** Reached 2,500 pregnant women with cash and voucher assistance in disaster-, conflict- and COVID-19-affected areas and initiated cash disbursement to 50 traditional birth attendants. Cash for health reduces unsafe delivery practices, increases women’s access to life-saving maternal health interventions and serves as a critical social safety net for poor pregnant women
* **Nepal:** 15,326 women and men have been provided with SRH information, counselling and referral services through helpline services supported by UNFPA.
* UNFPA together with WHO, UNECE, OHCHR and HelpAge International launched a new Joint Programme to support countries in strengthening the rights and dignity of older men and women during the pandemic and beyond through improving health and social care provision and enabling environments across the Eastern Europe and Central Asia region.
* **Azerbaijan:** UNFPA supported the MoH with the development of a mobile app containing information on COVID-19 and referral information on health facilities provided services. UNFPA also contributed to the preparation of a monitoring digital platform allowing COVID-related monitoring data collected from perinatal centers, women consultations, maternity hospital and gynecological departments. Additionally, a COVID-19 Epidemiologic Evaluation Handbook was developed by the MoH with UNFPA’s active involvement
* **Armenia:** Started work on enhancing “SafeU” application aimed at protecting women from violence
* **Turkey:** GBV case management services adjusted to COVID-19 continued to be provided to refugee women, men and key groups through women and girls’ safe spaces, key refugee group units and social service centers.
* **Kosovo**[[1]](#footnote-1): UNFPA responded to the urgent needs for masks of the Roma community located in the Roma mahalla in Mitrovica South with a donation of 5,000 disposable masks that were distributed mainly to women and school children. In partnership with Coalition K10 and Jeta Vita
* **Ukraine:** Mobile clinics provided psychosocial assistance to almost 2,000 people living in settlements along the contact line. This outreach support is critical for vulnerable population that is particularly at risk during the COVID-19 pandemic

# UNFPA documented best practices and lessons learned in humanitarian Operations in Arab Region which can be found [COVID-19: UNFPA Best Practices and Lessons Learned in Humanitarian Operations in Arab Region](https://arabstates.unfpa.org/sites/default/files/pub-pdf/covid-19_best_practices_-_english_-_141020-2.pdf)

Key elements that were identified were:

* The flexibility of donors and operational support from UNFPA has ensured the rapid scale up of training and procurement of PPE for targeted health facilities.
* Strong partnerships pre COVID-19 have proven significantly conducive to a rapid response. Supporting governments and local organizations to move services online has been conducive to increased service delivery.
* The change in service delivery modalities offers opportunities for future programming to extend the reach of essential, lifesaving interventions.
* Several country offices intend to continue offering, and potentially even further expanding, remote service modalities even as movement restrictions are lifted.

**In Iraq** with support from UNFPA: The online case management system put in place to ensure that survivors of GBV have access to the necessary support provided more than 586 counselling sessions. 10 mobile teams, 46 Women Community Centers and 161 staff were mobilized to assist GBV survivors. When possible, the women centers offered awareness-raising sessions on sexual exploitation, domestic violence and prevention methods as part of the COVID-19 response, reaching 1,254 individuals in camps and non-camp settings. In addition, 5 vocational trainings targeted IDP and refugee camps.

**In Morocco**: During the COVID-19 lockdown, UNFPA supported Anarouz network to ensure assistance to female survivors of violence, through the creation of a monitoring committee composed of 3 lawyers, 3 psychiatrists, social workers, a network coordinator. The survivors contacted the network by telephone or WhatsApp, the majority reporting domestic and family violence (82% by husbands, brothers, fathers), including physical, economic and psychological abuse. Most of the survivors reported they had never been exposed to violence before.

**In Libya**: Support Hotline 1417 received 550 calls for PSS and legal consultations on emotional, domestic and physical abuse issues, referring 14 individuals for specialized services. Libyan “Radio Nass” runs daily announcements about the available hotline services in both English and Arabic. UNFPA WGSS in Tripoli, Benghazi, and Sabha continued providing remote and in-person services, reaching 1,298 women and girls through awareness sessions on gender-related topics and 109 through PSS sessions. Livelihood and vocational training sessions were provided to 162 women, including COVID-19 face mask sewing sessions that produced over 1,965 protective masks and 50 medical uniforms. In addition, in Sabha, 38 girls were engaged in a camp for adolescent girls focusing on self-development and self-confidence. UNFPA trained 20 staff of the Ministry of Social Affairs and Ministry of Education from Tripoli and Sabha on the key concepts and guiding principles of GBV programming and coordination. UNFPA has scaled up its interventions to protect migrants and refugees, who are exposed to severe human rights violations and unlawful detention in detention centers where women and girls are at high risk of GBV. In partnership with LibAid, UNFPA conducted 4 monitoring visits to Al Seka, Al Ganfuda and Al Zawia detention centers to assess the conditions of the centers and the needs of the detainees, with a focus on women and girls. During the visits, the teams reached 76 women and 8 men from Nigeria, Eritrea, Somalia, Cameroon, Ivory Coast, Ghana and Togo with PSS sessions and activities, including sharing dreams, flying lanterns and practicing yoga for stress relief. Regular rapid protection monitoring and safety audits will be conducted in detention centers for purposes of advocacy and improved safety.

**In Palestine**: UNFPA continued (1) GBV service provision - remote couples’ therapy through WhatsApp for safe spaces beneficiaries in the Gaza Strip; awareness sessions and recreation activities through safe spaces in the West Bank; equipping two counselling rooms in Al-Maqased and Augusta Victoria Hospitals in Jerusalem to provide psychosocial and health support to GBV survivors and women at risk; (2) Training and capacity development - a virtual training workshop for 55 social workers and psychologists from 12 community-based GBV service providers on Safety and Security Guidelines for GBV Remote Services; online training for 42 teachers on GBV; capacity development for 36 service providers on “running a help line for GBV survivors”; and (3) support to GBV organizations through a technical committee to develop GBV contingency plans in Gaza and the West Bank.

**In Yemen**: UNFPA and the GBV sub-cluster adopted the use of hotlines and toll-free numbers as an alternative to in-person services previously provided, such as counselling. The concept of tele-counselling is now being mainstreamed among all GBV services with SOPs as well as tele-case management. The hotlines for tele-counselling through the GBV sub-cluster are nationwide as well as governorate-specific. The service areas covered under tele-counselling include psychosocial counselling, psychosocial support services, GBV case management and referral, legal aid consulting, COVID-19 awareness and protection services related to women in prisons. Critical services such as specialized psychological centers and shelters continue running, with distancing measures in place and with the provision of PPE. Meanwhile, measures are in place for a phased return of some of the services and to continue livelihood interventions.

In **Uganda:** UNFPA continues to support the programme districts with PPE and fuel to support referrals for emergency obstetric care. As a result a total of 18,615 women have been supported to access antenatal care (ANC) services; 4,958 have accessed delivery services, including 723 who accessed emergency obstetric care (EMOC); 8,944 women have accessed postnatal care services 8; 10,016 clients, including young people have been supported to receive family planning services. In addition, health facilities have supported 76 gender-based violence (GBV) survivors to access services during COVID-19.

**Risk communication and community engagement - leaving no one behind**

Risk communication and community engagement (RCCE) is an essential tool for governments and development partners to ensure that people are aware of the dangers posed by COVID-19. In order for RCCE efforts to be effective, they need to be gender-responsive and include all segments of societies, particularly the most vulnerable and marginalized groups. COVID-19 is having a devastating impact on the Arab States region. However, its repercussions are not felt evenly across societies. Marginalized and vulnerable groups, particularly those living in conflict-affected countries, are among the hardest hit by the health and socio-economic impact of the pandemic. Among them, women, displaced people, migrants, older persons and people with disabilities, may experience the most harmful impacts of COVID-19.

UNFPA is a member of the Eastern Mediterranean RCCE Working Group, an inter-agency coordination platform established to provide technical support to COVID-19 preparedness and response in the region including the recent launch of new guidelines “[COVID-19: How Can Risk Communication and Community Engagement Include Marginalized and Vulnerable People in the Eastern Mediterranean Region](https://arabstates.unwomen.org/en/digital-library/publications/2020/06/risk-comm-and-community-engagement-in-the-emed-region)”. These practical guidelines illustrate the vulnerability of marginalized groups to the pandemic and how national and local efforts can address these vulnerabilities so that no one is left behind

* **Lebanon:** UNFPA contributes to efforts to combat misinformation regarding COVID-19. Following the Beirut port blast, the RCCE task force is scaling up RCCE and accountability to affected populations (AAP). UNFPA is taking the lead on mapping and identifying post-blast community-led initiatives active in the Beirut blast response including youth groups, women groups, faith-based groups, and targeted door-to-door campaigns.
* **Libya:** UNFPA delivered COVID-19 messages through Community Health Workers raising awareness in 4 PHCs (2 in Tripoli, 1 in Sabha and 1 in Ghat) on hand hygiene, respiratory hygiene, and COVID-19 and pregnancy, reaching a total of 838 individuals.
* **Somalia:** UNFPA, in partnership with the Ministries of Planning of the Federal Government of Somalia and the Federal Member States, has been preparing population density maps that show hotspots and areas that present vulnerability to COVID-19 by various risk factors. Maps provide better visualization, understanding of the situation, and facilitate targeting of the population. The maps integrate population densities with the locations of social amenities, including markets, hospitals, places of worship and information on critical risk factors, such as levels of chronic diseases, disability, older population and IDP sites. These maps provide a standard frame of reference for COVID-19 risk factors, thereby serving as tools in identifying where critical resources are needed and in prioritizing interventions of the MOH and other stakeholders.
* **Liberia:** 27,317 childbirth deliveries took place with UNFPA support. Out of this number, 2049 were by C-section and 254 were via forceps or episiotomy. In addition, 114 women and girls were assisted by skilled providers during delivery at health facilities.
* **Burkina Faso:** To address the sexual and reproductive health concerns of young people and adolescents, Marie Stopes International in collaboration with UNFPA, set up a hotline 3005. The hotline aims to meet the health needs and rights of young people in this context of COVID-19 and give the right information to young people about the virus.
* **Mauritania:** Given the prison density in the context of COVID-19, UNFPA Mauritania donated several handwashing devices, hygiene products, and dignity kits to limit the spread of the virus in the prisons of Nouakchott and Nouadhibou. UNFPA also distributed to the 45 women inmates in the prisons of Nouakchott (30) and Nouadhibou (15), a set of sewing machines and fabrics to make masks in order to initiate an income-generating activity to strengthen the livelihoods of this population.
* In the **Democratic Republic of Congo**, UNFPA donated 7.5 tons of medical and surgical equipment to the Ituri province. This equipment is expected to strengthen the resilience of health systems in the areas affected by the COVID-19 pandemic and protracted conflict. The province was also hit by the Ebola Viral Disease outbreak before the onset of the COVID-19 pandemic. The equipment will help the facilities improve on the availability and quality of basic and emergency obstetric care
* In **Namibia**, UNFPA distributed dignity kits to 6,000 targeted women and girls of reproductive age in six drought-affected regions. As part of the emergency and COVID-19 response, UNFPA raised awareness on GBV referral pathways, PSEA and menstrual hygiene management reaching 681 community members in Omaheke and Kunene in October 2020.
* In **Mozambique** to address the rising cases of GBV in Cabo Delgado province new mobile clinics supported by UNFPA that are providing basic health and GBV services, information and referrals. 80 brigade visits are planned, with each visit benefiting up to 60 people. 40 volunteers and activists supporting the emergency response in the Paquetequette area of Pemba city were trained on Protection against sexual exploitation and abuse. 2,150 dignity kits will be distributed in Pemba province, 300 will be distributed in Niassa and 550 in Nampula province.
* In **Zambia**, through ongoing support to drought prone Districts in Southern Province, the UNFPA continued to support community outreach activities, including door to door sensitization on GBV as it relates to COVID-19. The door to door sensitizations are held with strict adherence to COVID-19 prevention measures. As a way of strengthening GBV information desks in 120 volunteers in two target districts received mentorship in relation to PSEA and GBV risk identification and protection mechanisms including COVID 19 aimed at reducing GBV incidences and COVID-19 cases.
* In **South Sudan**, UNFPA has supported the South Sudan AIDS Commission and partners to install condom dispensers in strategic locations in Juba city that are accessible by men and women with limited access to condoms. The severe social economic impact of COVID-19 has left many people with no resources to spare to buy condoms which are critical for prevention of unplanned pregnancies and transmission of sexually transmitted infections including HIV.
* In **Kenya**, To promote meaningful participation of women in the sector, the Boda Boda (motorcycle taxi) Safety Association of Kenya (BAK) in collaboration with the State Department for Youth Affairs, the State Department for Gender, UNFPA and I Choose Life – Africa, partnered to launch the national women chapter of the boda boda association which aims to improve the welfare of boda boda women entrepreneurs. The BAK Women Chapter brings together women riders from all the 47 counties, with a goal of strengthening the organization of women in the sector, and amplifying their voices for greater empowerment and social change
1. All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) [↑](#footnote-ref-1)