**Call for submissions**

***Women’s and girls’ sexual and reproductive health and rights in situations of crisis***

The Working Group on discrimination against women and girls will present a thematic report on women’s and girls’ sexual and reproductive health and rights[[1]](#footnote-1) (SRHR) in situations of crisis to the 47th session of the Human Rights Council in June 2021. The report will examine women’s and girls’ SRHR within an overarching framework of reasserting gender equality and countering roll-backs.

The Working Group will take a broad approach to crisis. In doing so, it intends not only to look at humanitarian crises, typically understood as encompassing international and non-international conflicts and occupied territories, natural disasters, man-made disasters, famine and pandemics, but it will also examine long-standing situations of crisis resulting from structural discrimination deeply embedded in histories of patriarchy, colonization, conquest and marginalization (such as in the case, for example, of indigenous women, Roma women and women of African descent), as well as other types of crisis based on the lived experiences of women, such as those induced by environmental factors, including the toxification of the planet, land grabbing, political, social and economic crises, including the impact of austerity measures, refugee and migrant crises, displacement crises, and gang-related violence, among others. The Working Group will examine how existing laws, policies, and practices can contribute to negative reproductive health outcomes for women and girls in situations of crisis and restrictions on their autonomy during their life-cycle, using an intersectional approach.

In order to inform the preparation of this report and in line with its mandate to maintain a constructive dialogue with States and other stakeholders to address discrimination against women and girls, the Working Group would like to seek inputs from all stakeholders. Submissions should be sent **by 31 August 2020** to wgdiscriminationwomen@ohchr.org and will be made public on the Working Group's web page, unless otherwise requested. The Working Group is particularly interested in receiving information about challenges faced in ensuring that women’s and girls’ sexual and reproductive rights are respected, protected and fulfilled in times of crisis, and are adequately prioritized, as well as examples of good practices.

**Questionnaire**

Concept/definition of crisis

1. Please provide information on the legal and policy framework used by your State to manage situations of crisis and on how the concept of “crisis” has been defined or framed.
2. Please list the type of situations that would fit the concept of “crisis” in your State and indicate what situations are excluded.
3. What institutional mechanisms are in place for managing a crisis and how are priorities determined?

Challenges and good practices

1. Please highlight any challenges faced in the provision of SRH services and good practices in ensuring women’s and girls’ SRHR in situations of crisis, including, for example, measures concerning timely access to the the following types of services and aspects of care:
2. Access to non-biased and scientifically accurate information about sexual and reproductive health matters and services;
3. Access to medical professionals and health service providers, including traditional birth attendants, with adequate provision for their training and safety including personal protective equipment;
4. Access to essential medicines as prescribed by the WHO, equipment and technologies essential for the quality provision of sexual and reproductive health services;
5. Prevention of HIV transmission, post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections;
6. Pregnancy-related health services, including pre- and post-natal care, assistance during child-birth, and emergency obstetric care;
7. The full range of modern contraceptive information and services, including emergency contraception, as well as family planning information and services related to the number, timing and spacing of pregnancies and infertility treatments;
8. Safe abortion services including surgical and non-surgical methods of termination of pregnancy and humane post-abortion care, regardless of the legal status of abortion;
9. Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others;
10. Screenings and treatment for reproductive cancers;
11. Menstrual hygiene products, menstrual pain management and menstrual regulation;
12. Prevention, investigation and punishment of all forms of gender-based violence, and access to timely and comprehensive medical interventions, mental health care, and psychosocial support for victims and survivors;

**CHALLENGES in access to timely and comprehensive medical interventions, mental health care, and psychosocial support for victims and survivors:**

**A number of challenges have presented due to COVID-19 concerning access to services for FGM survivors. Namely, the suspension of all non-COVID related medical service have disrupted support services for women and girls already affected by FGM. Although services were suspended to prevent the spread of the virus, this had a knock-on effect on women and girls affected by FGM, as it may have delayed seeking critical/urgent care (whether physical or psychological). Similarly, many women and girls have avoided booking appointments or seeking help, due to: feeling that their needs were ‘not as urgent’ within the overstretched health services, to avoid unnecessary exposure, or wrongly assuming that services were still closed. Waiting for a prolonged period of time to receive help for some women and girls in more critical conditions might have equally dire consequences could prove as dangerous as the coronavirus infection risk.**

**Furthermore, when services were still available (such as 24/7 telephone lines for violence or gender-based violence shelters), they were more difficult to access due to the limited mobility of women and girls, alongside the heightened family control they suffered during the lockdown. Seeking support is already a personal challenge for many, and with the additional adjustments due to the emergency measures, utilising hotlines may be impossible for many. Moreover, even when telephone lines may be available, this may not be the ideal type of communication to seek support for some women and girls (e.g. language difficulties, requiring a safe space outside of their homes to talk, lack of privacy at home when husbands and family members are in near rooms) and has often resulted in many choosing not to seek support. In particular, the lack of privacy at home to access support can been a challenge, since women may not feel comfortable sharing their feelings whilst children or partners are around. It may also be difficult for those from affected communities to access support online due to lack of appropriate IT tools, or knowledge of how to use them (e.g. downloading and accessing complicated apps for calls).**

**Lastly, the global pandemic has also further exposed and exacerbated existing inequalities (e.g. entrenched health inequalities), trickling down to the COVID-19 response mechanism. In particular, migrant communities being more exposed to the virus as a result of being on the frontline and or being from deprived areas with less resources. In addition, usual funding mechanisms have devoted huge parts of their funding basket to the COVID-19 response, meaning less funding (which was already insufficent) available.**

**GOOD PRACTICES:**

**On the other hand, there have been a number of good practices that have come out of these unprecedented times. For instance, we have seen among our members an increase in the prioritisation of wellbeing and psychological support for staff and community members, in the form of online sessions. Some orgnisations have intensified their online presence and reorganised their work around COVID-19 support sessions for hard to reach communities and women and girls in most vulnerable situations. This is a progressive takeaway that many organisations hope to incorporate into the working space as a new normal.**

1. Measures to prevent and prohibit practices such as female genital mutilation and child, early and forced marriage;

**CHALLENGES on FGM prevention:**

**Regarding the impact of COVID-19 emergency measures on women and girls at risk of FGM, there are several factors to consider which may have heighten the risk of FGM depending on the national and community context. The confinement at home and the disruption of prevention and protection measures for girls may put them in jeopardy. Since schools have been closed for a number of months (with many staying closed for the foreseeable future), this could provide enough time for wounds to heal and for the violations to go undetected. Sadly, in some countries, there have been cases of missing children who are at risk of FGM, and have not responded to school messages since the lockdown. Those children might be exposed to violations, which could easily go past undetected and unreported.**

**Moreover, and most importantly, the disruption of all prevention activities conducted by organisations with affected communities have been a major factor of concern. Some activities such as behavioural change and community group meetings, have been paused due to their objectives not being reachable without face-to-face interactions. For such meetings, in person interactions are imperative to ensure a safe and confidential space, to address traumatising and potentially triggering issues and allow experts (or other group members) to use non-verbal communication, listen and support individuals appropriately. This cannot be easily done online.**

**Furthermore, as a consequence of the pandemic, community needs have shifted considering emerging personal challenges (such as job losses, health issues, lack of income, home-schooling and care for children, mental health issues and anxiety, etc). This has also caused a de-priorisation of the issue of tackling FGM at community level.**

**In addition, funding also presents huge insecurities for organisations, who are not sure if they will be severely affected by lack of funding in the following years, as a result of the global pandemic, with current and future funding at risk. For many organisations, especially grassroots, it is still not clear whether usual funding programs will be available to finance activities in 2021. Some of the more immediate challenges have included donors asking to reduce staff costs, while activities are reduced or postponed due to the lockdown. As a result, this causes the need for organisations to move towards temporary technical unemployment, where such schemes are permited by the government or towards a massive loss of jobs. Overall, stress for the present and future for organisations’ staff, due to job and salary instability, remains a major concern. Moreover, for the workers who are lucky enough to be able to continue in their jobs, working from home and balancing parenting and home-schooling children at the same time is a major challenge. Also, this is still disproportionately affecting women due to persistent traditional gender roles.**

**GOOD PRACTICES:**

**A number of good practices have come out of the global pandemic concerning measures to prevent and prohibit practices such as FGM.**

**For example, activities have been shifted online where possible, such as virtual meeting with community members and peer educators already working together, which has been an effective alternative to physical meetings in some situations, allowing for cost reduction of activities. Moving some activities online, through tools such as social media and web-hosted service, have allowed for organisations, including grassroots to stay in touch with affected communities. Increasing interactions online, may continue to be an additional approach used to work with FGM-affected communities, once lockdown eases to ensure maximum engagement. Moreover, online e-learning platforms on FGM to train professionals (such as** [**United to End FGM**](https://uefgm.org/)**), have also been useful for training professionals, whilst in isolation. As such, remote learning and working have been vital for minimising the disruption to progress.**

**Social media has also been an incredibly powerful resource that enabled civil society and women's organisations, including grassroots, to stay connected with FGM-affected communities. Through utilising this tool (and innovative apps such as The Restorers,** [**I-Cut App**](https://www.youtube.com/watch?v=JQNmhTwjDfw) **to fight FGM), they have been able to carry on sharing FGM prevention messaging at community level.**

**COVID-19 has also driven the re-shaping of community work within the framework on the pandemic, such as organisations adapting to the needs of those they are seeking to support, during such uncertain times. As such, many organisations have re-strategised to mainstream COVID-19 response into their FGM prevention and support activities, in order to spread information among communities on the pandemic. Examples include, translating official governmental information on the pandemic into community languages, producing flashcards on the subject together with FGM prevention messaging and distributing them at local level and providing increased telephone service. The lack of research in this area has also pushed organisations to take initative and gather data to better understand the needs of FGM-affected communities and organisations in times of crisis.**

**Although long-term funding is a continuing worry for organisations, a number of governments have provided short-term emergency funds covering home-working expenses (online services + staff phone and internet bills). Concerns regarding funding have also prompted organisation to carry out innovative fundraising initiatives through, for instance, launching crowd fundings, selling merchandise, etc.**

1. Legal and policy safeguards against abuses and delays in the provision of SRH services for example in relation to confidentiality, referrals, informed consent, conscientious objection, and third party consent requirements;
2. The affordability of SRH services especially for those in situations of vulnerability; and
3. Other pertinent information that may affect the availability accessibility, affordability, acceptability and quality of SRH services and information.

Experiences of crisis

1. Please list the situations of crisis experienced by your State in the last five years.
2. What was the impact of those crises on women and girls? Please provide information in particular on the following aspects:
3. Which groups of women and girls were most affected and how, taking into account different factors, such as age, geographic location (including urban and rural areas), ethnic and social origin, disability, marital status, migratory status, citizenship status or other status?
4. What was the impact on their SRHR? Were any specific risk factors and needs identified? Do you have data and/or qualitative information disaggregated by the factors listed under question 6(a)? If not, please explain why.
5. What were the main obstacles encountered by the State, if any, in identifying and addressing the impact of the crisis on women’s and girls’ SRHR?
6. What measures were adopted during and after the crisis to ensure women and girls’ access to sexual and reproductive health services? Please indicate which SRHR services are recognized as essential services in the health policy or laws of your State and are funded through the health system. What steps were taken to ensure the continuity of services and access during the crisis?
7. What other protocols or systems were put in place to prevent adverse reproductive and sexual health outcomes due to the common risks triggered by crisis including, for example, gender-based violence and child marriage? Were any special measures adopted for specific groups of women and girls?
8. Were women’s rights organizations[[2]](#footnote-2) involved in the needs and impact assessments and the recovery policies? If not, please indicate why.
9. Which actors or institutions played a role in the provision of emergency responses? Please describe their role and explain what roles were played, if any, by national women’s rights or human rights mechanisms, or other similar bodies as well as civil society organisations.
10. How were the emergency responses funded and to what extent did they rely on foreign aid or assistance, if any? Please also indicate how in your State adequate financing of women’s sexual and reproductive health is ensured more generally on an ongoing basis.
11. What obstacles have civil society organisations encountered in their efforts to deliver sexual and reproductive services?

**Civil society organisations have encountered a number of obstacles in ensuring continuity in the provision of SRHR and GBV services. Firstly, a lack of space for organisations to carry out their day to day work. In addition, lack of the necessary tools for staff to carry out work from remote (e.g. laptops), as well as limited space for individuals who are seeking support proved to be a major obstacle.**

**Organisations have also encountered difficulties in supporting individuals to access online apps used for communication. As many beneficiaries are parents, they may not be have available IT resources for calls, due to children using them for online school learning. Also, women may not feel comfortable sharing their feelings whilst children or partners are around.**

**Organisations may also experience lack of success with online meetings in comparision to their usual face-to-face support services; as in person interactions may be more effective in providing safe and confidential space to address traumatising and potentially triggering and allow experts to provide appropriate support. Moreover, although digital tools have proved useful, moving activities online still takes time and adaptation to new tools, as well as preparation, learning and strategic thinking. This is unfortunately not always taken into consideration by donors.**

**As mentioned previously, funding also presents huge insecurities for organisations, who are not sure if they will be severely affected by lack of funding in the following years, as a result of the global pandemic, with current and future funding at risk. For many organisations, especially grassroots, it is still not clear whether usual funding programs will be available to finance activities in 2021. Some of the more immediate challenges have included donors asking to reduce staff costs while activities are reduced or postponed due to the lockdown. As a result, this causes the need for organisations to move towards temporary technical unemployment, where such schemes are permited by the government or towards a massive loss of jobs. Overall, stress for the present and future for organisations’ staff, due to job and salary instability, keeps being a major concern. Moreover, for the workers who are lucky enough to be able to continue in their jobs, working from home and balancing parenting and home-schooling children at the same time is a major challenge. This is still disproportionately affecting women due to persistent traditional gender roles.**

1. Could you identify any lessons learned? Please indicate if and how these lessons have been applied in preparedness strategies or in subsequent situations of crisis.
2. If your State has humanitarian aid programmes, please indicate whether SRHR are explicitly covered in the humanitarian aid strategy and how priorities on SRHR are set.
3. Please indicate the main challenges, if any, encountered by women and girls to access justice and obtain reparations for violations of their SRHR, including any procedural barriers, and the types of assistance available to access legal and other remedies. Please also indicate the groups of women and girls most affected. Where applicable, please indicate the role played by a national truth and reconciliation commission (or a similar body) in ensuring the recognition of human rights violations in relation to women’s and girls’ SRHR and reparations.

Preparedness, recovery and resilience

1. Is there any preparedness or risk management strategy/plan/policy in your State? If so, please provide information on the following aspects:
2. To what crisis does it apply? What situations are excluded?
3. Does it contain a definition of crisis? If so, please indicate the definition used.
4. Does it include measures concerning women and girls’ SRHR? If so, please describe the measures included and any special measures envisaged and/or adopted for specific groups of women and girls concerning both preparadeness and recovery.
5. How were the risks related to women and girls’ sexual and reproductive health and rights, in urban and rural areas, identified and assessed?
6. Were women’s rights organizations involved in: i) the development of the strategy/plan/policy; ii) assessment of the risks concerning SRHR; iii) the design of the measures implemented; and iv) the monitoring of the strategy/plan/policy? Please indicate the steps taken to ensure their participation and to include a gender-perspective in crisis preparedness, management and recovery.
7. Please indicate if the strategy/plan/policy has undergone any assessments to date. If so, what were the main findings and recommendations concerning women’s and girls’ SRHR?
8. If your State does not have a plan that can immediately go into effect in a time of crisis, please explain why it is so.
9. Are there specific ways in which international human rights mechanisms can support States in their efforts to address a crisis?

**International Human Rights mechanisms should ensure that protection, respect and fulfilment of human rights are fully integrated in humanitarian efforts to address crisis situations and that the emergency does not loose sight of the long term impact of policies on the human rights of the population as a whole. In this regard, the dissemination of a guideline on human rights impact assessment (including gender equality-impact assessment) in humanitarian contexts or a series of concrete recommendations on how to deal with these issues in crisis and fragile contexts would be extremely beneficial.**

***Please note***:

This submission refers to the European context, based on an internal survey End FGM EU conducted amongst Members and Ambassadors, around their work in Europe and beyond. Please find the survey results here: <https://www.endfgm.eu/news-en-events/news/covid-19-and-fgm-an-end-fgm-eu-survey-on-the-pandemic-impact-on-women-girls-and-organisations/>

***About End FGM EU***

*The End FGM European Network (End FGM EU), is an umbrella network of 30 national organisations working in 14 European countries who are expert on female genital mutilation (FGM). End FGM EU operates as a meeting ground for communities, civil society organisations, decision-makers and other relevant actors at European level to interact, cooperate and join forces to end all forms of FGM in Europe and beyond. We put at the heart of our work grassroots voices to influence European governments and policy-makers to work towards the elimination of FGM. We build our members’ capacity, offer spaces to share expertise and develop partnerships.*

*While dedicated to being the driving force of the European movement to end FGM, we are equally committed to build bridges and cooperation with all relevant actors in the field of FGM both in Europe and globally. In this sense, we actively promote and foster cooperation between the European movement and movements in other regions of the world.*

*For any further information, please contact Chiara Cosentino, Head of Policy & Advocacy, at* *ccosentino@endfgm.eu*

1. SRHR include women’s right to make free and responsible decisions and choices, free of violence, coercion and discrimination, regarding matters concerning one’s body and sexual and reproductive health, as well as entitlements to unhindered access to a whole range of health facilities, goods, services and information on sexual and reproductive health, such as maternal health, contraceptives, family planning, sexually transmitted infections, HIV prevention, safe abortion and post-abortion care, infertility and fertility options, and reproductive cancer. Women’s right to sexual and reproductive health further encompasses the “underlying determinants” of sexual and reproductive health, including access to safe and potable water, adequate sanitation, adequate food and nutrition, and adequate housing, among others, and effective protection from all forms of violence, torture and discrimination and other human rights violations that have a negative impact on the right to sexual and reproductive health. Moreover, it covers social determinants, notably social inequalities in society, poverty, unequal distribution of power based on gender, ethnic origin, age, disability and other factors, systemic discrimination, and marginalisation, which affect people’s patterns of sexual and reproductive health. [↑](#footnote-ref-1)
2. The expression women’s rights organizations should be understood as encompassing organizations of women of different ages, backgrounds and identities. [↑](#footnote-ref-2)