

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 rights¹ (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.

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.

Cameroon uses both national, regional and global legal and policy frameworks to manage crisis situations and define crisis to include both manmade and natural crisis that are detrimental to human life.

2. Please list the type of situations that would fit the concept of “crisis” in your State and indicate what situations are excluded.
 - Boko Haram violent Extremism in the Far North Region
 - Anglophone crisis in the North and South West Regions
 - Droughts and floods in the Northern Regions
 - Economic crisis
 - Cultural and linguistic crisis
 - Internal displacement crisis
 - Domestic and sexual violence
 - Refugee crisis
 - Environmental crisis
 - Land grabbing crisis
 - Worsening humanitarian situation
 - COVID-19 crisis
3. What institutional mechanisms are in place for managing a crisis and how are priorities determined? National government, United Nations Agencies, International NGOs and Civil Society Organisations. Both determine their priorities according to their political orientation, mandate, interest, target population and resources

Challenges and good practices

4. 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:
 - a. Access to non-biased and scientifically accurate information about sexual and reproductive health matters and services; **very limited to no access**
 - b. Access to medical professionals and health service providers, including traditional birth attendants, with adequate provision for their training and safety including personal protective equipment; **very limited to no access**
 - c. Access to essential medicines as prescribed by the WHO, equipment and technologies essential for the quality provision of sexual and reproductive health services; **very limited to no access**
 - d. Prevention of HIV transmission, post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections; **very limited to no access**
 - e. Pregnancy-related health services, including pre- and post-natal care, assistance during child-birth, and emergency obstetric care; **very limited to no access**
 - f. 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; **limited access**
 - g. 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; **limited access**
 - h. Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others; **limited access**
 - i. Screenings and treatment for reproductive cancers; **very limited access**

- j. Menstrual hygiene products, menstrual pain management and menstrual regulation; **Very limited access**
- k. 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; **None existent**
- l. Measures to prevent and prohibit practices such as female genital mutilation and child, early and forced marriage; **None existent**
- m. 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; **limited availability**
- n. The affordability of SRH services especially for those in situations of vulnerability; and **rare**
- o. Other pertinent information that may affect the availability accessibility, affordability, acceptability and quality of SRH services and information. **The lack of political will and laws on SRHS to adequately address these concerns couple with shrinking civic space to allow the UN, International NGOs and CSOs to address these issues.**

Experiences of crisis

5. Please list the situations of crisis experienced by your State in the last five years. **They are socio-political, economic, cultural and other crises and include:**
 - Boko Haram violent Etremism in the Far North Region
 - Anglophone crisis in the Nort and South West Regions
 - Draughts and floods in the Northern Regions
 - Economic crisis
 - Cultural and linguistic crisis
 - Internal displacement crisis
 - Domestic and sexual violence
 - Refugee crisis
 - Enviromental crisis
 - Land grabbing crisis
 - Worsening humanitarian situation
 - COVID-19 crisis

6. What was the impact of those crises on women and girls? Please provide information in particular on the following aspects:
 - a. 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?
 - Girls of school age have been out of school in Cameroon for the past 6 – 4 years and counting. These girls have been subjected to forced marriage, harmful practices like FGM, forced prostitution, drug manipulation, rape, incest, unintended pregnancies, recruitment into violent extremism and terrorism, very limited to no access to SRHS, infection with diseases and HIV/AIDS, trafficking, sexual and domestic violence with impunity and many other indescribable atrocities causing untold trauma to these children.
 - Women at the grassroot who constitute majority of the population and practice subsistence agriculture as their livelihood have been stripped of their activities by the cascading and multifaceted crises. They have been

- deprived of their SRHR with impunity, incidences of maternal and neo-natal deaths have spiked, domestic violence has surged and adequate and legal and policy framework to address these violations and abuses is lacking.
- Women with disabilities, elderly women, IDPs, refugees and indigenous women have particularly borne the brunt. Elderly and mentally deranged women have been burnt in their houses.
 - Women have lost their lives because they were unable to access health services due to government's extensive and arbitrary restrictive majors and/or militia lockdowns. Care work and unemployment has surged for women and gender roles have been inversed, with women acquiring house head roles, digging graves to bury their relatives, some taking to arms, being gang raped, impregnated and infected with diseases and HIV/AIDS as a crisis weapon. Women have been deliberately and systematically excluded and underrepresented in decision making and others.
- b. 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. *IDP and refugee status coupled with the COVID-19 health pandemic have further compounded the vulnerabilities of these women. Constant movements have prevented the tracking of women with HIV/AIDS to supply them with antiretrovirals for example. Neo /post natal consultations have been impossible for majority of women. Lack of policies to address sexual violence has led to high levels of induced abortion and many other consequences.*
 - c. 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? *Lack of political will and adequate legal and policy framework; undermining of civil society as partners and collaborators and restricting the involvement of UN and International NGOs.*
 - d. 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? *Not applicable*
 - e. 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? *Not applicable*
 - f. Were women's rights organizations² involved in the needs and impact assessments and the recovery policies? If not, please indicate why. *No, Because Cameroon government deliberately and systematically excludes women in such policies*
 - g. 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.
 - *UN agencies and International NGOs provided general humanitarian assistances*
 - *National CSOs especially those led by women provided lifesaving information through mobilisation and sensitization using local languages, provision of food and other needs, training in the production of homemade masks, hand sanitizers and others*

² The expression women's rights organizations should be understood as encompassing organizations of women of different ages, backgrounds and identities.

7. 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. In the case of COVID-19, government instituted a national solidarity fund contributed into by citizens, companies, ministers, law makers and other Cameroonians. Also foreign assistance came in from friendly governments, IMF (& 226 million), and other well wishers and development partners like, Jack Ma the CEO of Alibaba group and other international business magnates. UNFPA donated large medical assortments to health frontliners and many other donations from different sources.

Unfortunately, no specific financing has been ensured for women's sexual and reproductive health. Gender is simply not mainstreamed in Cameroon emergency responses no is emergency data disaggregated according to gender.

- h. What obstacles have civil society organisations encountered in their efforts to deliver sexual and reproductive services? Civic space has been systematically curtailed in times of crisis, government has imposed restrictive measures including on fund raising by insisting that all funds be raised through government. Government's refusal to heed to the call of the UNSG call for ceasefire and national solidarity to combat the COVID-19 pandemic has led to continuous fighting making movement to the grassroots impossible both for national CSOs and UN agencies. The arrest and detention of volunteers distributing COVID-19 lifesaving items has scared many. The molestation of UN and International NGO staff in the restive regions, attacks on health services and villages, lack of funding and resources have been some the major obstacles of the CSOs.
8. 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. The lesson learned from my Cameroon country experience is that, emergency preparedness and response need more than laws, strategies and policies on papers. Action and proactiveness is needed, lot more effort is needed in managing crises in the country, i.e., reducing vulnerabilities and increasing preparedness and resilience.
9. 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. Humanitarian aid programmes in Cameroon in recent years include: to assist victims of boko haram violent extremism, those of the Anglophone crisis and the COVID-19 pandemic. However, in all these responses, a gender perspective has not been integrated.
10. 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.
- Legislative challenges including lack of adequate legal framework on sexual violence
 - Patriarchal norms, gender stereotypes and social constructs
 - Cost of justice and ineffective legal assistance schemes
 - Lack of specific training of authorities to address SRHR offences
 - Capacity building of victims
- A National Commission on Disarmament, Demobilisation and Reintegration was created in Cameroon in December 2018 but fails to even list the Ministries of Women

Empowerment and the Family; and Justice as key ministries to implement the initiative.

The groups of women and girls most affected are the victims, women and girls with disabilities, the elderly, grassroots vulnerable women and indigenous women.

Preparedness, recovery and resilience

11. Is there any preparedness or risk management strategy/plan/policy in your State? If so, please provide information on the following aspects: Cameroon presently has many laws relating to disaster risk management
- a. To what crisis does it apply? What situations are excluded? disasters like landslides, floods, gas explosions from lakes, and volcanic eruptions, armed conflicts, economic crisis and others.
 - b. Does it contain a definition of crisis? If so, please indicate the definition used. According to section 121 of the Cameroon General Tax Code, an Economic Disaster Zone, is defined as a geographical area in which economic activities is structurally and durably affected by insecurity or disaster of any kind
 - c. 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 preparedness and recovery. The National Action Plan for the implementation of the UNSCR 1325 on women, peace and security.
 - d. How were the risks related to women and girls' sexual and reproductive health and rights, in urban and rural areas, identified and assessed? Through civil society work
 - e. 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. Women's rights organisations were utterly underrepresented and gender perspectives mostly ignored in majority of these instruments
 - f. 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? Yes, we have assessed the UNSCR 1325 on women, peace and security and found out that Women's and found out that girls SRHR are not specifically mentioned. Hence, we recommended the need for specific policies relating women's and girls SRHR in line with the requirements under resolution 1325, CEDAW, BDPfA, The Maputo Protocol and others. We equally recommended the enactment of a family code in Cameroon and a specific law on sexual violence with specific provisions on sexual violence in times of crisis when women and girls vulnerabilities are compounded.
12. 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. Maybe lack of political will
13. Are there specific ways in which international human rights mechanisms can support States in their efforts to address a crisis? Yes, by using sticks and carrots like:
- recalling states of their obligations and commitments under international human rights instruments
 - investigating and publishing of human rights situation reports by special rapporteurs
 - communicating of human rights situation findings to the concerned state

- Proposing to serve as mediators to address human rights concerns of the state
- Inforcing sanctions for human rights violations